

Barchester Healthcare Homes Limited

Beeston View

Inspection report

Rode Street
Clotton
Tarporley
Cheshire
CW6 0EG

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Tel: 01829732454

Website: www.barchester.com

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

Beeston View is a residential care home providing personal and nursing care to 54 older people living with dementia at the time of the inspection. The service can support up to 55 people in one adapted building that is split into two units one of which provides nursing care.

People's experience of using this service and what we found

People benefitted from a range of stimulating and enjoyable activities on offer which were meaningful to them. People were supported to access the community and enjoyed the entertainers that visited the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's dietary needs and preferences were catered for and people enjoyed the homemade food on offer. Mealtimes were relaxed, informal, social occasions where people living with dementia received the support they needed to choose and eat their meal.

People were treated with dignity and respect by kind and caring staff that knew them well.

There were sufficient numbers of safely recruited, suitably qualified and experienced staff on duty to meet people's needs.

The environment was fully adapted to meet people's needs and was well maintained, clean and hygienic.

People and their relatives were happy with management of the service and the care people received. They had the opportunity to give their views in a number of ways and felt listened to.

The provider had comprehensive systems in place to assess and monitor the quality of the service people received and drive improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (report published 21 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Good ●

Beeston View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector and an Expert by Experience.

Service and service type

Beeston View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before this inspection, we reviewed the information we already held on the service. This included notifications sent to us by the provider. Notifications are information about specific incidents the service is required to tell us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection. We also requested feedback from the local authority safeguarding and quality assurance teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

During the inspection we spoke with six people and four people's visitors about their experience using 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. We observed the administration of medicines and the lunchtime experience on both units. We also spoke with the registered manager, regional director, eight care staff the cook and a visiting healthcare professional. We reviewed a range of records, this included care plans, daily records, three staff recruitment files and several documents relating to the management of the service and premises.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Sufficient numbers of safely recruited staff were deployed. One person's relative commented, "My relative is very definitely safe the deployment of staff means there is always someone nearby"
- People did not have to wait long for staff support when they needed assistance.
- People and their relatives felt there were enough staff on duty to meet people's needs.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding referrals had been appropriately made and the provider had safeguarding policies in place for staff to follow.
- Staff had completed safeguarding training which was updated on a regular basis.
- People and their relatives felt the service was safe. One person commented "Oh yes I am safe the staff look after me.

Using medicines safely

- People received their medicines when they needed them.
- Staff had guidance to follow describing when individuals, who lacked capacity to say they were in pain, needed their pain relieving medicines.
- Medicines were stored securely and at the right temperature.

Assessing risk, safety monitoring and management;

- Risks to people's health and safety had been assessed. Where risks had been identified action had been taken to reduce them.
- There were checks in place to ensure the safety of the environment and equipment.
- People had access to equipment they needed to help keep them safe. Staff were observed using moving and handling equipment to transfer people safely.
- The food standards agency had awarded the service the highest score of five stars for food safety.

Preventing and controlling infection

- The service was clean and hygienic.
- Personal, protective equipment was available and used appropriately by staff.
- People and their relatives were happy with the standard of hygiene maintained. One person commented, "The cleaners are always at it and they have just decorated my room". Another person's relative commented, "The cleaners are fastidious it is like they are in perpetual motion."

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated appropriately.
- The registered manager had oversight of these and monitored them for themes and trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service, this ensured the service could safely meet the individual's needs. One person's relative commented "Yes I was involved in the plan for my spouse. They did a home visit for a preliminary assessment and they had a three way telephone conference with another family member and I".
- Assessments were used to inform care planning and were updated regularly.
- The provider followed guidance and good practice recommendations to ensure people's needs were met.

Staff support: induction, training, skills and experience

- People were supported by staff who had up to date training relevant to their roles. Staff spoke positively of their induction and told us it prepared them for their role.
- Staff were supported and had regular supervisions and appraisals with their line manager. One staff member said, "The training is very good. If there's anything you fancy doing you can just ask, and you can do it. Barchester has always supported me."
- People and their relatives felt staff were competent. One person's relative commented, "The staff appear to know how to do their jobs"

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed the food and drink on offer and had enough to eat and drink. One person told us, "The food is very nice."
- People had a choice where to eat. Most people chose to eat in the dining room where we observed mealtimes to be relaxed, informal and social occasions.

Adapting service, design, decoration to meet people's needs

- The premises had been designed and built to meet the needs of people living with dementia. Bathrooms and toilets were adapted and there was level access to the spacious gardens.
- People were afforded privacy as well as a number of spaces to socialise should they choose.
- There was signage in place to assist people living with dementia to identify communal bathrooms and their own bedrooms. The service was in the process of being redecorated in colours and themes that met the needs of people living with dementia.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- People were supported to access healthcare services and had their health needs met. We saw evidence in records that appropriate referrals to health and social care services had been made. One person told us, "They arrange for me to see a dentist and a podiatrist if I need one. I go to an optician in Chester and a hairdresser is here during the week."
- Care plans informed staff of the support people needed to maintain good oral care. The registered manager told us they had recently accessed good practice guidelines for oral care. They told us they planned to implement this to bring about improved outcomes for people.
- Feedback from a healthcare professional involved in people's care was positive. They told us staff knew people well and sought advice when needed.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA

- Where required, the service completed mental capacity assessments and made DoLS applications appropriately.
- We observed staff always consent before care interactions and respected people's decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were kind and supported them in the way they wished. One person's relative commented, "The staff genuinely care, and they hug the residents, so they don't miss out on human contact."
- Staff were aware of people's preferred terms of address and knew people well. We observed people were relaxed around staff and shared things that were important to them.
- Staff showed patience and understanding when supporting people and comforted and distracted people when they become distressed.

Supporting people to express their views and be involved in making decisions about their care

- Care plans were written collaboratively with people. People, and where relevant their relatives, were invited to be a part in the care planning process.
- People were signposted or referred to advocacy services if required. An advocate is someone who can speak up independently for someone if they need them to.
- People were observed consistently being asked their choices and preferences. We observed staff following good practice guidelines by showing people living with dementia plates of the food on offer at lunch time. This helped them to understand and make an informed choice of what they ate.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respected their personal space. Staff used people's preferred terms of address and knocked on people's doors before waiting for a response.
- We observed staff covering one person with a blanket to protect their dignity before they transferred them using a hoist.
- We observed staff offering support and encouragement to people to do things for themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained guidance for staff about people's care needs and preferences and how they wanted their care to be delivered. Staff were aware of and followed this guidance. People and their relatives confirmed they were involved in the formulation of care plans and had signed their agreement to them.
- People had access to call bells to alert staff if they needed assistance. Sensor mats and other assistive technology was used to alert staff if people who could not use a call bell and that needed staff assistance to move, tried to stand or walk unaided.
- People could choose how they spent their time and that their personal preferences were catered for.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's individual communication needs and recorded these in their care plan. This information was shared with other healthcare professionals appropriately.
- The service could provide adapted documentation when required, for example, large print, pictures and photographs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were personalised to people's preferences and hobbies. This included both group activities and one to one sessions. One person's relative commented, "They do indoor sports like 10 pin bowling and have Cinema nights. They also have sing a-longs."
- We observed some people living with dementia were provided with 'Twiddle muffins' to engage with. These are knitted muffins with items attached to keep the hands of people living with dementia active and busy. A staff member told us "We have rummage drawers and objects for people to engage with. (Person's name) likes painting and baking and really enjoyed painting the bird boxes."
- People's friends and relatives were encouraged to visit and felt welcomed.

Improving care quality in response to complaints or concerns

- Complaints by the service were dealt with appropriately and in line with the provider's complaints policy.
- People told us they were aware of the complaints policy and would feel comfortable to make a complaint if required. One person told us, "Upstairs I would speak to the nurses. Downstairs I would speak to the unit

manager if I had to escalate it I would speak to the registered manager."

End of life care and support

- Some people had their end of life wishes recorded in their care plan. This was recorded using a nationally recognised framework.
- We saw positive written feedback from relatives about the care and kindness shown to people by staff.
- Staff received training in end of life care and told us they were supported to provide high quality support at the end of people's lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team completed audits to ensure people's safety and quality of care. Where shortfalls were identified action plans were in place to bring about improvements.
- The registered manager was aware of their regulatory requirements and had submitted to CQC statutory notifications of events at the service as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff consistently told us the management team were approachable, available and listened to them. People and their relatives felt the service was managed well and relatives knew the registered manager.
- Staff felt the morale within the staff team was good. They told us they were well supported and felt valued.
- The registered manager had a good understanding of people's needs and the importance of providing person-centred care. They told us there were plans to improve the outcomes for people by providing staff with more training in supporting people living with dementia.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had good understanding of the duty of candour. They were able to provide examples of where this had been met.
- The service communicated openly with people and their families.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was regularly sought from people using the service and their families. This was done through satisfaction surveys, meetings, care plan reviews and informal meetings.

Continuous learning and improving care Working in partnership with others

- Continuous learning was encouraged. The registered manager kept up to date with good practice and supported staff to obtain nationally recognised qualifications.
- The service maintained close links with local health care professionals such as specialist nurses and GP's.

