

David Nery Ltd

Beechcroft Residential Home

Inspection report

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21 March 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an unannounced inspection that took place on the 20 and 21 March 2018.

Beechcroft is a 'care home'. People in care homes receive accommodation and nursing or 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. Beechcroft provides care for up to 18 people and there were 18 living in the home when we inspected.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the last inspection in February 2016 the overall rating was good.

At this inspection the overall rating was good.

People told us they felt safe using the service. A range of risk assessments were completed, managed and reviewed regularly. People were involved and made decisions about how they wanted to live their life in the home.

Staff knew how to keep people safe and understood their responsibility to protect people from the risk of abuse. Staff were safely recruited and there were sufficient numbers of staff to provide the care and support people needed.

People received their medicines at the right times. People were involved in planning the meals they wanted. People had access to a range of specialist health care support. The registered manager and staff worked closely with relevant health care professionals to ensure people's on-going health needs were met.

Staff received induction and training updates which helped them understand how to meet the needs of the people they were supporting. Staff received support and guidance through supervision and staff meetings.

People received responsive and personalised care. Care records were easy to understand, reviewed and kept up to date. These provided staff with clear guidance and information on meeting people's on-going needs.

People were supported by kind, respectful and caring staff that knew them well. Staff had developed positive trusting relationships with people and whom they interacted well with and focussed on promoting their independence. The design of the environment made it homely for people.

People knew how to raise a concern or make a complaint. The provider had a complaint policy and procedure and there was a range of complimentary correspondence received by the home.

The registered manager was approachable and people felt confident that any issues or concerns raised would be addressed and appropriate action taken. The registered manager and staff team were committed to providing quality care. The registered manager showed an awareness of their legal responsibilities. They kept their knowledge up to date with legislation and best practice and worked with outside agencies to continuously look at ways to improve the experience for people.

The service learnt lessons from incidents and made improvements when things went wrong. The provider's governance system to monitor and assess the quality of the service was used effectively to improve the service and looked at ways in which people were supported to achieve greater independence.

The service had introduced new ideas and was planning to introduce further developments to improve the people's experiences and quality of life in the home.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Beechcroft Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 comprehensive inspection took place on 20 and 21 March 2018 and was unannounced.

The inspection team consisted of one 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, in this case elderly and dementia care.

As part of planning the inspection, we checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We also looked at any information that had been sent to us by the commissioners of the service or the local authority safeguarding team.

Before the inspection, the provider was asked 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. The PIR was received within the correct timescale and we took this into account when we made the judgments in this report.

We spoke with eight people, three relatives and two health care professional. During the inspection, we spoke with the registered provider, registered manager and two care staff. We looked at three care records and ensured the written information reflected the needs of the people they were written about. We spent time reviewing records, which included service and maintenance information, training and supervision lists, staff recruitment files, and audits.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "Yes, I feel safe living here. I'm trying to think of problems and grumbles but I can't find any." Another person said, "I feel totally safe and secure living here. It is very comfortable here." A relative said "I can sleep at night knowing he is safe here."

A range of assessments were carried out to ensure people were kept safe from risks in their daily lives. Care plans and risk assessments were linked so that staff had clear guidance on how to support people using the service to maintain their independence and safety. For example the home had taken certain measures to enable one person to go into town on their own.

People lived in a safe environment. Certificates confirmed that the service complied with gas and electrical safety standards. Fire risk assessment and regular checks were carried out on the fire alarm system and fire equipment. We saw emergency evacuation plans had been written for everyone. These documents would be used by the emergency services if people needed to be evacuated in the event of an emergency.

People were protected from the risks of infection. We saw that all areas of the service were clean, tidy and odour free. Staff were trained in infection control procedures and used appropriate personal protective equipment to prevent the spread of infection.

Accidents and incidents were recorded and monitored by the registered manager to ensure they had been managed appropriately and lessons learnt. We recommended that monthly monitoring of accidents should become an annual summary to give the registered manager a wider overview of the factors which contributed to accidents.

Safe recruitment procedures were followed to ensure staff were suitable for their role in the service. Staff records contained the required documentation such as a police check, two references and proof of identity. In the first few weeks of starting, staff received induction training and worked alongside colleagues before being able to work on their own with people using the service.

On the days of our inspection there were enough staff employed by the service to ensure people were safe and received the support they needed. One person said, "If you ring the bell they come. I've only had to ring once and they came quickly and sorted me out." The registered manager monitored the needs of people and used a dependency calculation which we saw in the care plans, to maintain the staff numbers to keep people safe and enable them to attend appointments or outings. Staff said there were enough staff and did not feel under pressure when carrying out their duties.

People's health was supported by the safe administration of medication. Staff were trained in the administration of medicines and their competencies were assessed by the registered manager. One person said, "Medication is given on time. They deal with everything; I don't have to worry." Medicine was safely stored, managed and checked regularly. The medicine administration sheets we viewed were complete and correctly filled in.

Medicine to be administered 'as required' had protocols that staff followed and most of the people in the home were able to ask for their medicines when they required them. People were also able to manage and administer their own medicines, and staff continued to monitor the medicine balances to ensure people were taking their own medication safely.

The registered manager looked at what lessons could be learnt when things went wrong and when required changed their approach and procedures to ensure the service focused on continuous improvements to develop the service. For example making adaptations to the home's environment to meet people's changing needs.

Is the service effective?

Our findings

People's needs were assessed to ensure the service would be able to support them. Before people moved into the service, the registered manager would visit the person to assess the support they needed and provide them with information about the home. We viewed the up to date service user guide available for people and their visitors.

People told us they felt the staff team were appropriately trained and gave them the support they needed; one person said "Staff are kind and caring. They know what they are doing."

The training matrix showed that staff received training on a range of topics. These related to health, keeping people safe and dementia awareness. The training programme was used effectively to ensure staff knowledge and training was kept up to date and appropriate to meet people's needs. As one relative told us "The staff are lovely. My relative had a stroke and the staff were very keen to find out all about the condition. They created a simple sign language which they could use together. You can't fault it here."

There were systems in place to provide staff with on-going support and regular group supervision. Supervisions covered areas such as current best practices and keeping people safe. A staff member said, "We have supervisions and get a lot of support from the registered manager." From looking at the supervision arrangements we noted that new staff were not getting sufficient regular, one to one, formal supervision to monitor their progress. The registered manager planned to introduce the necessary changes.

People were supported to eat, drink and to maintain a healthy balanced diet. People were encouraged to contribute towards menu planning and we saw that some people's food preferences which appeared in their care plans were on the menu. The managers had been on dietary and nutritional training but had yet to assess the menu for its nutritional values. The registered provider confirmed menu nutritional assessments would be started.

The registered manager gave examples of how the service worked in partnership with other agencies. They said, "We have a very good working relationship with the local GP surgery." We spoke with two health care professionals who said they felt they worked well with the staff and always found them welcoming, friendly and knowledgeable about the people in the home.

People were supported to maintain good health and had access to external healthcare support as necessary. Care records showed that referrals had been made to other professionals such as opticians, hospital out patients, to ensure people received the care they needed.

People's capacity to consent to their care and support was sought by staff on a day to day basis. The care plans showed that people had been given a range of information which they signed to consent to the care and support they needed from staff. We observed staff always asked people's permission before any action was taken.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed people's capacity to make decisions about all aspects of their life had been assessed and the necessary action taken.

People's diverse needs were met by the adaptation, design and decoration of premises. The home and outside areas were fully accessible to people. The layout of the home was conducive to providing people with a homely atmosphere and suitable communal and personal accommodation.

Is the service caring?

Our findings

People were happy with the care and support they received. One person said, "All the staff are lovely and friendly" whilst another said "They are ever so good here; I don't know what I would do without them." A relative told us "We are very happy with it here; it's marvellous" another said "You can't fault it here." And a visiting health professional said "The residents seem really happy here; the staff always seem to go the extra mile for them."

People told us that staff were always respectful towards them and took steps to promote their privacy and dignity. We saw staff greeted people cheerfully, took an interest in people's plans for the day and spoke in a respectful manner. We also observed that staff knocked before entering peoples' bedrooms.

We saw people were relaxed in the company of staff. We heard positive conversations which indicated that staff knew people well. People's choices in relation to their daily routines and activities were respected by staff. For example, when one person felt like going out, staff worked flexibly to support this decision.

There was a positive culture whereby people were valued and encouraged to be part of the home's community. We heard staff encouraging people to participate and join in the homes activities. The service also provided people with treats and snacks in the afternoon and there was also a snack basket so that people could purchase what they fancied for themselves.

Staff treated people as individuals, listened and respected their wishes. People were supported to make decisions and express their views about their care. This included meeting people's diverse cultural and religious needs. One person told us "We get Communion once a month and I do readings from the Bible."

One person said, "We have meetings every month; we can talk about things and makes sure everyone is happy here." People told us they were able to express their views, both positive and negative. Records showed that meetings were held monthly and required actions were recorded.

Staff were provided with training on confidentiality. They understood their responsibility and that information about people was shared on a need to know basis. We saw that people's files were kept secure and information held on computers were password protected, to comply with the Data Protection Act.

Is the service responsive?

Our findings

People were involved in decisions made about all aspects of their care and support. This included their needs assessed before they moved to the service and in the development of their care plans which took account of the way they choose to live their life in the home.

Staff worked in a person centred way and were responsive to people's needs and choices. Care records contained information about people's personal histories, interests and preferences to help staff to support people appropriately. For example, a care plan described a person's daily routine, how they liked to access the wider community and the support needed to develop daily living skills. The care records were reviewed monthly, we saw that changes were made to people's care and several documents in the care records were signed by the person the record belonged to.

The home provided a variety of activities based on people's wishes and staff knowledge of people's likes and dislikes. The activities timetable was on display in several areas of the home and we were shown the changes made to the timetable based upon people's requests. People told us "The activities are very amusing. I like quizzes and puzzles; I generally win! Friends take me out and about." Another said "I enjoy the balloon and ball games."

People and their relatives told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided to people and in every bedroom. There had been no complaints in the last year; partly because the manager went round every day and spoke to everyone living in the home. People told us "If I was unhappy about something I would know who to go and see. It would be people I trust and see every day" another said "Staff ask regularly if everything is ok. The manager is very good and approachable. She comes to see me in my room. You can grumble anytime but I don't find anything to moan about." A health care professional told us "They are very good on picking up little things and will always sort things out." We saw several complimentary cards sent to the home from grateful relatives; one said "Beechcroft is a charming establishment and you have very hard working and caring staff."

The service ensured people had the opportunity to express their views and decisions made regarding their end of life wishes. Staff had received end of life care training and the records showed where people had made decisions; the relevant people who needed to be involved were documented in the care records.

Is the service well-led?

Our findings

At the time of our inspection, there was a registered manager in place. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager and provider had notified us about incidents and events as required by law, and understood their responsibilities. We saw the rating from the last inspection was on display for people and visitors to see, this was also on the providers website.

People's conversation and body language showed that they were very comfortable with the registered manager and staff. People and their relatives said they were comfortable in approaching the registered manager as well as staff. One person told us, "The manager is delightful; if I was unhappy I would speak to her." Another said "I can't praise the manager and the staff enough, the food and the living conditions."

The service had a clear vision and values that staff understood and embraced and made people aware of what they could expect from the home, People confirmed they were given choice, felt respected, could be involved in how the home was run, maintain their independence, friends and family and could go out into the community. The registered owner and registered manager shared their vision for Beechcroft with us and could give details about what was currently being done to develop the service and the plans they had in place for the service for its continued development.

Staff felt well supported by the registered manager and management team. They thought that the suggestions they made to improve the service were listened to and given serious consideration. A staff member told us, "Yes, my opinions are heard."

People's views about the service were sought through questionnaires, monthly meetings and the registered manager meeting everyone when she was on duty. We saw action had been documented and taken thereby improving people's quality of life.

Regular audits and checks were carried in all aspects of the service. We looked at a sample of audits and action plans used to monitor improvements to bring about change. We found records relating to the safe running and maintenance of the home were kept up to date.

We found that the home worked in partnership with other agencies to enable people to receive good care. There were systems in place to ensure information was passed over when people moved between services and the registered manager worked collaboratively with specialist nurses to meet people's needs. Both health professionals we met and commissioners we liaised with, spoke positively of the relationship they had with this service.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach

to the inspection, being cooperative with us and helpful throughout.