Lifestyle Care Management Ltd

Beech Court Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 28 February 2017. At our last inspection in January 2016 the service did not meet two legal requirements relating to consent to care and recruitment checks. At this inspection improvements had been made and the provider now met these two requirements.

Beech Court Care Centre is registered to provide accommodation, nursing care and personal care to a maximum of 50 people on three separate communities: Rosebud supports 20 people with nursing needs, Primrose supports 20 people some of whom may be living with dementia whilst Marigold supports up to 10 young people with disabilities. There is a garden area, a sensory room and communal areas on each community.

On the day of our visit a registered manager was in place. 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 2008 and associated Regulations about how the service is run.

People told us they felt safe living at Beech Court Care Centre. They were treated with dignity and respect by staff who understood their needs.

Staff were aware of how to recognise and report any allegations of abuse and had attended safeguarding adults training.

There were systems in place to ensure risks were assessed and steps taken to mitigate the identified risks. Incidents and accidents were managed safely with clear actions taken to reduce the likelihood of the same incidents occurring.

Medicines were managed safely with the exception of covert medicine instructions. These were undergoing review by the pharmacist to ensure there were clear and specific for each medicine administered covertly.

Maintenance checks were completed in order to keep the premises safe. Staff were aware of the procedures to follow in the event of a fire or a medical emergency in order to reduce the risk of avoidable harm.

People and their relatives thought there were enough staff to support them with the exception of Marigold unit where they felt staff were rushed at times. Staffing rotas confirmed staffing was adjusted as and when needed in response to people's dependencies as well as other care related issues such as GP review rounds.

Staff received annual appraisals, regular supervision and attended meetings to ensure they reflected on practice and were kept up to date with any changes or practice issues.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

Staff responded to call bells promptly. We observed staff treating people with dignity and respect and addressing people by their preferred names.

Care plans were person centred and reflected people's emotional, social and physical needs. Currently activities were mainly one to one and a communal activity scheduled once in the morning and once in the afternoon.

People and their relatives thought there was an open culture. There were effective systems in place to monitor the quality of care delivered. Feedback was actively sought from people their relatives and staff in order to improve the service.

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 told us they felt safe and secure. Staff had attended appropriate training that enabled them to identify, report and respond to any allegations of abuse.

Medicines were managed safely with the exception of covert medicines. Pharmacist instructions were in the process of being adopted and implemented.

There were safer recruitment processes in place and there were enough staff to support people.

Incidents and accidents were managed safely with actions to reduce the incidents from reoccurring.

Is the service effective?

Good

The service was effective. Staff were supported by means of annual appraisal and regular supervision.

Staff had some understanding of the Mental Capacity Act 2005 and how it applied in practice. Capacity assessments were in place for specific decisions.

People were supported to maintain a balanced diet that met their individual and cultural needs.

People were supported to access health care services where required and had regular reviews from the GP.

Is the service caring?

Good

The service was caring. People told us staff were kind and compassionate and respected their wishes.

People were encouraged to maintain their independence.

Staff explained to people what they were doing and involved people in planning what they wanted to do for the day.

Is the service responsive?

Good

The service was responsive. People told us staff listened and responded promptly to their requests.

Assessments of needs were completed before people started to live at Beech Court Care Centre. Once people started living at the service another assessment including risk assessments were completed and care plans developed with people and their relatives.

Complaints were acknowledged, investigated and responded to promptly.

Is the service well-led?

Good

The service was well-led. Staff were aware of their roles and responsibilities and worked as a team.

People, their relatives and staff thought there was an open culture and that they could approach management at any time to discuss any issues or concerns.

There were effective quality assurance systems in place.

The registered manager completed regular audits on areas such and record keeping and infection control.

Beech Court Care Centre

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 unannounced inspection took place on 28 February 2017. The inspection was completed by an 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.

Before the inspection we reviewed notifications we had received from the service. We also reviewed information sent to us by relatives. We contacted the local authority and Healthwatch for feedback about the service.

We used the Short Observational Framework for Inspection (SOFI) during lunch time on Primrose. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 10 people and 10 relatives. We case tracked five people, reviewed 15 medicine administration records, nine staff files and maintenance records. We reviewed complaints records, minutes of meetings and audits.

We spoke with the registered manager, the deputy manager, two nurses, two care staff, a cook, one domestic staff, a maintenance man and an administrator. We also spoke briefly with the regional manager.

Good

Is the service safe?

Our findings

People told us they felt safe living at Beech Court. One person said, "I feel safe. They take good care of us." Another person said "I am very safe, I have no concerns." A third person said "I think I am safe, if I ever have concerns, I talk to staff." Relatives also commented "My [person] is very well looked after and we feel very safe." and "[person] is very well and safe here". Staff were aware of the need to protect people from avoidable harm. We saw them remove hazards from people's way and ensuring people's footwear was appropriate and worn properly to reduce the risk of falls.

At our previous inspection in January 2016, we had concerns that staff did not have current disclosure and barring checks and employment gaps were not explained. At this inspection we checked the staff files of 10 staff on duty and found current disclosure and barring checks and appropriate recruitment systems in place. Disclaimers had been completed to explain any employment gaps. The registered manager was auditing recruitment files monthly in order to ensure recruitment checks and nurse's registration was up to date.

People were protected from the risk of avoidable harm because appropriate procedures were followed. Staff had attended safeguarding training. They were able to explain the steps they would take to report and record any allegations or witnessed abuse. They knew where to locate the safeguarding policy and said they would refer to it or the registered manger if in doubt. We reviewed safeguarding information and found that appropriate steps had been taken to reduce the risk of the same events happening.

Medicines were managed safely with the exception of covert medicines. Although covert medicine authorisations were sought, they needed to be specific to each medicine administered covertly so as to ensure medicines retained their potency. The deputy manager had already spoken to the pharmacist about this and sent us information to confirm these were in place after the inspection. We recommend best practice guidelines are sought and followed in relation to covert medicines.

Staff were aware of the procedure to order, receive and return medicines. We checked the controls drug register against the actual stock and found no discrepancies. Room and fridge temperatures where medicines were stored were checked daily. This ensured they were within appropriate temperature range in order to retain their effectiveness.

Six out of ten people and ten relatives thought there was enough staff. One person said "There is enough staff. They come fairly quick when I press the button." Another person said, "I don't have to wait for anything. Someone is usually available to help". There other four people thought staff could be increased.

We looked at staffing rotas on the three units and saw that they were based on dependency. For example on one community they had extra staff on the days the GP visited to enable for one staff to go with the GP. We observed that call bells were answered promptly and nine out of ten people confirmed that staff came when they called. However on two out of the several interactions we observed, it took time for some staff to notice the little things. One person told us "There is not enough staff, look at me at the moment, my trousers are falling down and no one here to help me". The person was later made presentable. We saw another staff

member brought a person to the lounge and gave them a colouring book and colouring pencils. However there was no attempt to interact or encourage the person. The person sat there for an hour and did not colour the book or have any other interaction. We recommend further advice is sought on deploying staff and training staff to be more aware of people's needs.

There were risk assessments in place in order to protect people from avoidable harm. These included choking, moving and handling, falls and nutrition. On the walls in different rooms we saw fire risk assessments and hoist charger risk assessments. There were personal emergency evacuation plans for each person. Staff were aware of the contents of risk assessments and were able to explain the procedures they would take to minimise harm.

There were procedures in place to effectively manage emergencies, monitor people's health conditions and monitor incidents and accidents. Staff were aware of the procedures to follow in an emergency. They had attended fire training and basic life support and were able to support people safely should a fire or medical emergency occur. Staff told us how they would monitor people following a fall in order to ensure that they had not suffered any injuries. Staff demonstrated knowledge of how to safely support people living with various conditions such as epilepsy, diabetes and those on regular anticoagulant (medicines used to thin the blood so as to avoid blood clots therapy.

The premises were kept clean and well maintained. There were cleaning schedules in place which were followed in order to keep the place clean. Equipment was clean and serviced annually. We checked hoists, scales and fire extinguishers and found they were clean and in working order. Staff had been trained on how to use equipment safely and could explain the procedure in place to report any faults.

Good

Is the service effective?

Our findings

Eight out of ten people and their relatives told us staff assisted them when they required. They thought staff were able to meet their individual needs. One person said, "I am satisfied with the care I receive." Another person said, "The staff are good to me. They sit and have a chat sometimes." Relatives comments included: "From my observations, staff are very attentive", "Staff are very helpful. They encourage people a lot," and "The staff know what they are doing."

At our previous inspection in January 2016 we found staff had not yet completed their Mental Capacity Training and capacity assessments were not specific. 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. During this inspection capacity assessments were completed for specific decisions. Do Not Attempt Resuscitation (DNAR) records were completed in consultation with people, their relatives and members of the multidisciplinary team. Best interest's decisions for procedures such as covert medicines were followed. Staff were aware of people who had a DoLS in place and there was a system in place to ensure reassessments were completed where required before the DoLs expired.

People were supported to maintain a balanced diet that suited their individual preferences. One person said, "I like the food, they know what I like and dislike this just makes everything easier, I am so grateful." Another person said, "The food is really nice. I have no complaints about the food. It suits my needs." A third person said, "The food is enjoyable." A relative said, "The food is presented well and seems varied." Another relative commented, "The food is always served hot. We come and help [person] sometimes and they usually finish their meal"

There was a menu with choice and if people were not satisfied with the options they could have an alternative. The menus were also available in pictorial format to enable people to choose. During mealtime observations on Primrose we saw that people were assisted to eat at an appropriate pace. Those who needed assistance were enabled to be independent by staff that cut up their food into manageable bitesize pieces. Plate guards and assistive crockery were also used to enable independence. There was a supply of cold drinks during meal times and cold and hot drinks were offered at regular intervals. Monthly weights and nutritional risk assessments were completed and action taken where any excessive weight loss or increase was addressed. Where enteral feed was recommended and prescribed, there was a clear documented feeding regime followed to ensure people received appropriate nutrition.

The adaptation and design of the premises was suited to people's needs. On Primrose there were textured wall hangings, soft toys and rummage boxes as well as mural for a bookshelf which were all useful in keeping people living with dementia engaged. We saw one person spend time feeling one of the textured wall hangings. Different coloured doors and pictorial signs for different rooms were in place to aid people living with dementia in find their way throughout the community.

Staff were supported by means of annual appraisals, regular supervision and team meetings. The manager also worked shifts on the unit at times to model best practice. Staff told us they were happy with the support they received from the manager. One staff member said, "I feel supported and can ask anything without fear." When staff started they completed an induction programme which included shadowing another staff member to ensure they were familiar with the environment people and the policies of the service.

Training for staff included face to face, online and practical learning. We reviewed the training matrix and found that there was a plan in place to ensure all staff kept up to date with mandatory training. For registered nurses there was a procedure in place to ensure that their Nursing and Midwifery Council (NMC) registration was up to date. We saw portfolios to evidence the nurse's revalidation (a process nurses have to do to prove they are keeping up to date with practice) process and saw that they kept up to date with continuing professional development.

Where staff demonstrated interests in particular areas they were supported to progress within their career. For example, one care staff had progressed to be the internal trainer and had attended the relevant courses to support this. There were also dignity champions in place on each community in order to model compassionate person centred care.

People were supported to maintain a healthy lifestyle. Where required referrals were made to other health care professionals and advice was followed. People were supported to attend hospital appointments where required and had access to a GP, chiropody, optician and dental services when required.

Good

Is the service caring?

Our findings

Eight out of ten people and their relatives told us staff were caring. One person said, "They [staff] are caring and very polite." A second person said, "They are very pleasant and patient with me." A third person said, "They treat me very well, I have no complaints." Another person commented,
"I think they are caring, and kind." The other two thought staff moods fluctuated. One person said, "Some staff are more patient than others." And the other person told us, "They are good. But some smile and laugh more than others and that's what I prefer." When probed further, none cited any bad treatment but said sometimes just a smile and having a bit of time to talk with staff as they assisted them. Most staff demonstrated an understanding of people's needs and how to support them.

We observed people being treated with dignity and respect. One person said, "I am very happy about everything." Another person said, "Staff respect my privacy and dignity." A third person told us, "They do respect my privacy and dignity, they always close the door and the curtain." A fourth person told us, "[Staff] know that they have to knock and close the doors." A relative said, "Yes, I have left the room a few times because they had to do personal care, and they were very polite." We observed staff promoting people's dignity at various times during the inspection. They were discreet in assisting people to go for comfort breaks.

Staff addressed people by their preferred names and were aware of their likes and dislikes. Care records clearly stated if people preferred to be washed and dressed by same gender staff. Staff were aware of people's stated bath or shower preferences and we saw them respecting these in practice.

During meals, staff attitude was positive as they encouraged people to eat. They were patient, kind and also sat beside people assisting them in anything needed. There was a nice and calm atmosphere which enabled people to enjoy their meal.

People were supported to maintain their independence wherever possible. One person said, "They let, me get on with it, but just help me get out of my chair, when I get a bit stiff." Another person said, "They let me do what I can, which is great as it makes me feel useful." Mobility aids were kept within reach in order to enable people to get up when they could. Cups and utensils were available within reach in order to enable people to eat and drink independently.

Good

Is the service responsive?

Our findings

People told us staff responded to their needs. They told us they had choice over how they spent their day. We asked people about choices and they told us, "Yes, at all times, if I want to stay in bed or not", "Yes, I am given choice" and "Yes, eating in your room or dining area". Relatives confirmed that they saw staff offering choices. We observed that people woke up when they wished and chose where they preferred to have their meal.

Assessments were made before people started to live at Beech Court Care Centre. On arrival to live at the service, new assessments were completed including risk assessments and care plans developed to reflect people's individual needs. Care plans included people's past medical history, allergies, likes and dislikes and personal preferences. Day time and night time routines specified people's preferred wake up and sleep times,. Staff told us that they were always flexible depending on people's moods and wishes - they would only support to get people up when they were ready.

Care plans were reviewed monthly and rewritten when people's conditions changed. They also reflected personal preferences such as how often they wanted a bath or shower, bed time routines, likes and dislikes. Care plans were reviewed monthly and reflected people's current social, emotional and physical needs. Where people had behaviours that challenged the service, behavioural charts were used to identify, monitor and try and avoid anything that triggered such responses. Throughout the inspection we observed staff being careful about people's interactions as one person became agitated when another person came into the room.

People and their relatives had mixed reviews about the activities. Five out of ten were satisfied whilst the other five were unsure. One person said, "Well, I like Bingo and Karaoke, I don't get bored here but I know people who do." A second person told us, "Sometimes they do activities here, but nothing I like actually, apart from Bingo." A third person said, "I have my laptop here, a lot of movies, my brain never stays still, I am bedbound now and it stresses me." A relative said when asked about activities, "It's a difficult one, because some people don't want to participate." Another relative said, "From what I have seen, I think they need more."

We looked at the activities calendar and found there was an average of two activities a day one of which was one to one. We noted that some people did not want to participate in activities whilst others were unable to participate in some group activities, which was all in their care plan. We recommend more research around activities for those wishing to participate in a more varied range of activities.

People told us they were able to make a complaint if they were not happy with the service. People when asked who they would complain to responded by saying, "The nurse", "The manager", "My loved ones (family)." All the relatives knew it was the manager they would complain to and there was information. Complaints were managed promptly and resolved as quickly as possible. The complaints procedure was displayed within the service. There was one ongoing compliant from a relative which was still in the process of being resolved. We also saw a total of 24 compliments made between January 2016 and the day of our

inspection. These included comments about staff being caring and supportive.

Good

Is the service well-led?

Our findings

People and their relatives thought the service was well managed. People said they saw the manager around almost on a daily basis. One person said, "Yes, I know the manager, she comes around now and again." Other people nodded and responded by saying they knew who the manager was. They said the manager was visible and listened to their concerns. There was a registered manager in place who notified us of all incidents as required by law.

The service was in the process of transition. It was waiting to be managed by a new company. This was the fourth time in three years. Staff were aware of this and told us the changes had been communicated effectively. Staff told us this did not affect the daily running of the service. However, it did have an impact on documentation, uniform and training. The registered manager was positive about the changes as this time it would be a 20 year lease and hopefully meant consistency. One staff told us, "Yes, it's yet another change in a short space of time. Just as we have gotten used to the documentation. However, the residents and staff and the building remain the same."
There were effective systems in place to monitor the quality of care delivered. The registered manager completed audits on several aspects of care to ensure staff were working according to the service's policy and guidelines. These included record keeping, infection control and medicines management.

Staff were aware of their roles and responsibilities and the reporting procedures in place. The trainer took pride in showing us their work and so did the dignity champion. They told us they had chosen these roles as they had an interest. They knew who to contact out of hours in case of emergencies or staff absences. A business continuity plan was available and kept up to date and ready for use when required.

We saw evidence that regular health and safety checks were in place in order to keep the environment safe. We reviewed maintenance records and found these had been completed including, legionella water testing, gas, electricity, emergency lighting. Appropriate valves were in place to ensure people were protected from the risk of scalding. Regular temperature checks were completed by the maintenance man and before people were assisted to have a bath.

People, their relatives and staff were involved and felt they contributed to how the service was run. People and their relatives completed satisfaction surveys annually. However, the results were analysed by head office and feedback was only given where there were areas for development so the service could improve. Staff and the registered manager would have benefitted from receiving the positives and not just the negatives. We spoke to the registered manger about this and they said they would try to ask for the complete results.

We saw regular resident and relatives meetings were in place to ensure people's views and wishes about how the service was run were respected. Staff also had regular meetings to ensure that all aspects of care delivery were discussed and any new information passed on.