

The Partnership In Care Limited

# Beech House - Halesworth

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Beech House – Halesworth is a residential care home providing personal care to 44 older people at the time of the inspection. Some of these people were living with dementia. The service can support up to 49 people in one adapted building.

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

There were systems in place designed to reduce risks to people. This included assessing risks and providing guidance for staff in how these were to be reduced. Staffing levels were calculated to provide people with the care and support they needed. Recruitment of staff was done safely. Infection control processes reduced the risks of cross infection. Medicines were managed safely.

The service had systems in place to assess and monitor the service people received. This supported the registered manager and provider to identify potential shortfalls and address them. There was an open culture in the service and people using the service, relatives, visitors and staff were encouraged to share their views about the service. Lessons were learned, for example from incidents and people's comments, and these were used to drive improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 2 September 2017).

### Why we inspected

The focused inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to investigation. As a result, this inspection did not examine the circumstances of the incident. A decision was made to inspect the key questions Safe and Well-led only to assess if there were overall risks to people using the service and if the provider had governance systems in place. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this report. The overall rating for the service has not changed and remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beech House - Halesworth on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Beech House - Halesworth

## 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 undertaken by one inspector.

#### Service and service type

Beech House - Halesworth 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

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 reviewed the information we had received about the service since our last inspection, including notifications about specific incidents. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and two people's relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, assistant manager,

care worker, activities and domestic staff. We also observed interactions between staff and people who used the service, including at lunch time and during medicines administration.

We reviewed a range of records. This included four people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and meeting minutes were reviewed.

After the inspection

We reviewed governance and quality assurance records sent to us by the registered manager.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. We asked one person if they felt safe and they responded, "Oh yes I do." One person's relative commented, "I know [family member] is safe here... I sincerely would not want [family member] anywhere else. They support [family member] so well in [their] dementia journey. They recognise when something is wrong [with family member] and get attention immediately."
- Staff received training in safeguarding and understood their responsibilities in reporting concerns to the appropriate professionals responsible for investigating abuse.

Assessing risk, safety monitoring and management

- People's care records included risk assessments, which showed risks were being assessed and measures put in place to guide staff how these risks were to be reduced. This included risks associated with pressure ulcers and falls. Where appropriate, guidance for staff included how to recognise and respond to people's distress reactions associated with their conditions, such as dementia.
- The registered manager told us there were no people who had a pressure ulcer. There were systems to reduce the risks of people developing pressure ulcers, including the use of equipment, supporting people with repositioning and supporting people to spend time in different locations, such as beds and chairs, to reduce the risks of these developing.
- Referrals had been made to other professionals where there was a risk of and/or people had fallen. This included occupational therapists and falls prevention specialists. The service also used technology to reduce risks, this included equipment to alert staff if people were attempting to stand or leave their bedrooms without staff support, where a risk had been identified.
- Environmental risk assessments included fire, bed rails, legionella, and control of substances hazardous to health (COSHH). The risk assessments demonstrated measures were in place to mitigate them. Equipment, such as mobility, and fire safety equipment were regularly checked and serviced to ensure they were fit for purpose and safe for use.
- There was an emergency plan in place which provided guidance for staff on actions to take to keep people safe, for example if there was a loss of services such as gas or electricity, and emergency situations.

Staffing and recruitment

- People told us there were enough staff to provide support when needed and staff we spoke with agreed. We were talking with a person in their bedroom and a care staff member came in to offer them a drink. The person told us, "That's my carer, I usually see the same one or two, they are very good." We saw staff were attentive to people's needs and responded to requests for assistance promptly.
- The registered manager told us how they received a budget for staffing and they calculated the staffing numbers and deployment relating to people's needs. There was a system to provide one to one care staff

where required.

- Recruitment of staff was done safely, this included undertaking required checks to ensure prospective staff members were of good character and suitable to work in this type of service.

#### Using medicines safely

- People told us they were satisfied with the support they received with their medicines. One person said, "They bring me my tablets, you have a choice if you want to take them." Another person told us how they had been prescribed antibiotics recently by their GP and received them as required.
- Since our last inspection, the service had ensured people's medicines such as creams, were stored securely in their bedrooms to reduce the risks of them being accidentally used inappropriately by people.
- There was a new electronic system for managing medicines which had been in place for a month prior to this inspection visit. A staff member told us they had been trained in the new system. The system alerted staff if medicines were being given too close together and recorded when medicines had been administered by using a bar code on the original packaging.
- We observed part of the lunchtime medicines administration round. This was done in a caring and safe manner by staff.
- Staff responsible for administering medicines had been provided with training to do so safely and had their competency checked by a member of the management team.

#### Preventing and controlling infection

- People told us the service was kept clean, including their bedrooms. One person said about their bedroom, "I am happy in here it is nice, and they keep it that way, always clean."
- The service was visibly clean throughout. There were sufficient personal protective equipment (PPE), including disposable gloves and aprons for staff to use to reduce the risks of cross infection. Staff were reminded to wear PPE in staff meetings.
- Infection control audits assisted the registered manager to identify shortfalls and address them. The service had achieved the highest rating in a local authority food hygiene inspection.
- Records demonstrated there was a system to ensure the service was cleaned throughout, including a programme of deep cleaning.

#### Learning lessons when things go wrong

- There were systems to learn lessons when things had gone wrong and use this learning to improve practice. This included reflective meetings with staff to discuss what had happened, provide support and actions going forward to reduce future risks.
- Staff meeting minutes demonstrated staff discussed, for example feedback from an infection control audit and improvements implemented.



# 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 has 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.

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

- There was an open and person centred culture in the service. Throughout our inspection visit we saw people were engaged and staff interacted with people in a caring and compassionate manner. One person told us, "They are all very kind."
- People were complimentary about the service and how it was run. One person said, "You can do what you want here. I have been here a long time, I like it," they pointed to the registered manager and added, "She is a good girl." One person's relative told us about the family atmosphere and how their family member was supported and engaged by the staff, "As a relative we are part of the family here... I have witnessed amazing teamwork and giving care to the residents... It is well led from [registered and deputy managers] it is unique... the way they carry on is outstanding."
- People's care records demonstrated their individual needs and preferences were assessed, planned for and guided staff in how they were to be met to achieve good outcomes for people. This included information about potential triggers for people's anxieties, how this affected them and guidance for staff in how to support them to reduce their distress.

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 understood their responsibilities relating to the duty of candour.

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

- The registered manager understood their role, responsibilities and regulatory requirement. This included telling us about specific incidents in the service and actions they had taken. The registered manager was passionate about providing high quality care to people. The registered manager led by example and was a visible presence in the service.
- The registered manager's passion was shared by the staff team who were committed to ensure people received high quality care. This included a good level of social engagement and activity.
- The registered manager said the provider was very supportive, "One of the best you will ever work for." They told us the managers of their services attended quarterly meetings to share good practice and any concerns. The providers also participated in the staff induction training which ensured they met all the staff working for them.
- The registered manager told us about the audits they completed to assess and monitor the service

provided, in addition the provider also undertook a programme of robust checks and audits. Records confirmed what we had been told.

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

- There were several ways the service engaged with people and their relatives. This included newsletters which updated people on what was happening in the service and meetings where people could discuss their views about the service. Minutes from meetings attended by relatives and people using the service showed they discussed the service and made decisions about, for example menu choices and activities.
- People were also asked for their views about the service in satisfaction surveys. The outcomes for surveys were displayed on a notice board so everyone in the service could see them. The registered manager told us how the outcomes for the surveys were also discussed in meetings including any actions taken as a result of comments received.
- Staff meeting minutes showed they discussed any changes in the service and people's care needs, their roles and responsibilities and were encouraged to share ideas of how to continuously improve the service people received.

Continuous learning and improving care

- Staff received the training they needed to meet people's needs. One staff member told us about the training they received relating to people's specific needs such as dementia and behaviours. They said, "We are taught they [people living with dementia] are the same people but on a different path." They told us how people could choose when they wanted to eat and what they wanted to do. They also explained how they picked up on a person's anxieties and supported them to divert them to reduce risks.
- The registered manager told us about the training staff received including supporting people living with dementia and distress reactions. In addition, 'Making the links' day provided staff with an understanding of all the processes in the service and why they were needed, for example records detailing when people had demonstrated behaviours that may be challenging to others.
- The service had champions, who had expertise in areas such as dementia and infection control. They received enhanced training in these subjects and could provide guidance to their colleagues.
- We saw a certificate which stated that a representative of the service had attended all of the infection control link meetings held by the local authority in 2019. The deputy manager had attended these meetings and was the infection control champion. They shared good practice guidance with the staff team.

Working in partnership with others

- One person's relative told us how the service worked in partnership with them, "We are a team. I just love the place, they are part of Halesworth, part of the community."
- The registered manager told us they had good relationships with other professionals involved in people's care, including health and social care professionals. This ensured good outcomes for people. For example, the GP surgery visited the service weekly which ensured people's health needs were routinely reviewed.
- The service worked within the community, this included visits to the service from local schoolchildren, entertainers and the service's participation in local activities including the carnival.