Essex County Care Limited

Beechlands

Inspection report

42 Alderton Hill
Loughton
Essex
IG10 3JB

Tel: 02085085808
Website: www.southendcare.com

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 2 September 2016.

Beechlands is registered to provide accommodation with personal care to up to 28 older people, some of whom may be living with dementia related needs. There were 26 people receiving a service on the day of our inspection.

A registered manager was in post. 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.

Some work was needed to ensure that records relating to risk and care were effectively completed, accurate and current and that quality assurance processes were successfully implemented to identify issues that needed improvement. This included ensuring that information in care records was easily accessible.

Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Recruitment procedures were thorough. Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs.

Care records were regularly reviewed and showed that the person had been involved in the planning of their care. People told us that they received the care they required. People had support to access healthcare professionals and services. People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences.

Staff used their training effectively to support people. The manager understood and complied overall with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff were aware of their role in relation to MCA and DoLS and how to support people so not to place them at risk of being deprived of their liberty.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People's dignity and privacy was respected and they found the staff to be friendly and caring. Care records were regularly reviewed and showed that the person had been involved in the planning of their care. People told us that they received the care they required. People were supported to participate in social activities including community based outings.

People knew the registered manager and found them to be approachable and available in the home. People living and working in the service had the opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response.

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.

The provider had systems in place to manage safeguarding concerns and minor issues relating to risk recording were completed during the inspection for the safety of people living in and working in the service.

Staff recruitment processes were thorough to check that staff were suitable people to work in the service and there were enough staff to meet people's needs.

People's medicines were safely managed.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were well supported and had the knowledge and skills required to meet their needs.

Guidance was being followed to ensure that people were supported appropriately in regards to their ability to make decisions and to respect their rights.

People were supported to eat and drink sufficient amounts and people enjoyed their meals. People had access to healthcare professionals when they required them.

Is the service caring?

Good

The service was caring.

People were treated with kindness. People, or their representatives, were included in planning care to meet individual needs.

People's privacy, dignity and independence were respected and they were supported to maintain relationships.

Is the service responsive?

Good

The service was responsive.

People were provided with care and support that was personalised to their individual needs. Staff understood people's care needs and responded appropriately. People had activities they enjoyed and that met their needs.

The service had appropriate arrangements in place to deal with comments and complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems in place to gather information about the safety and quality of the service and to support continual improvement needed strenghtening.

People who used the service and staff found the manager approachable and available. Staff felt well supported.

Opportunities were available for people to give feedback, express their views and be listened to.

Beechlands

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 inspection was undertaken by one inspector on 2 September 2016 and was unannounced.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection process, we spoke with seven people who received a service and two relatives. We also spoke with the registered manager and four staff working in the service.

We looked at four people's care and seven people's medicines records. We looked at records relating to five staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Good

Is the service safe?

Our findings

People told us they felt safe and comfortable in the service. One person said, "I do feel safe. The staff come when you need them. I am so glad I came here." Another person said, "The staff are so kind and come and help me when I ring the buzzer. They are always there so, yes, I do feel safe."

The registered manager had procedures in place to identify and manage risk relating to the running of the service. This included fire and dealing with emergencies. Confirmation of disinfection of the water system was in place. The newly appointed maintenance person advised they were to complete planned training on water safety, and will then complete an up-to-date risk assessment on water safety in the service. The registered manager confirmed they would ensure that checks of infrequently used outlets and cold water temperatures were consistently completed in the interim.

Procedures were also in place to manage people's individual risks, however some gaps were noted. The system to monitor people's mattresses did not include checks of pressure relieving mattresses to ensure that these were working effectively and maintained at the prescribed setting for the person. A pressure relieving mattress is equipment to help reduce the risk of a person developing pressure ulcers and needs to be maintained at a setting suitable for the individual. One person recently admitted to the service was identified as at risk of falls, however a risk assessment for this aspect had not been completed to guide staff on how to mitigate the risks for the person. The registered manager completed this during the inspection, and confirmed they would follow it up with the relevant staff member. Staff were aware of the risk for the person and how to manage it. Observed staff practice demonstrated that the person was safely supported.

The provider had clear policies and procedures in place to support staff to safeguard people. The registered manager and staff had a good knowledge of how to keep people safe from the risk of abuse and had attended training in safeguarding people. The registered manager had maintained records of safeguarding matters raised in the service and had taken prompt action to ensure people were safeguarded. This included taking prompt and clear action to implement their staff performance procedures to ensure people's safety. Staff knew how to report any suspected abuse and about whistleblowing and confirmed they would do this without hesitation to protect people.

Safe recruitment processes were in place to ensure that staff were suitable to work with people living in the service. Records showed that the required references, criminal record and identification checks were completed before staff were able to start working in the service. Staff had had a detailed interview to show their suitability for the role in line with the registered provider's policies and procedures, including on equal opportunities.

People told us there were enough staff available to meet their needs safely. One person said, "There are enough staff. They come when I ring the buzzer." People were supported by sufficient numbers of staff to meet their needs safely. Rotas showed that the staffing levels advised by the manager as suitable were consistently in place. The registered manager reviewed people's dependency needs each month and used this to determine the number of staff required to meet these. The registered manager confirmed that they

had the authority to 'flex' staffing levels as needed to meet people's changing needs. Staff confirmed that staffing levels were suitable to meet people's needs. Staff were suitably deployed and were allocated to specific units. We saw that staff were available when people needed them and that call bells were answered promptly.

People were satisfied with the way the service managed their medicines. One person said, "I prefer that they keep my tablets for me and they do always bring them on time." Another person said, "They are very good with my tablets, they bring them in a little pot for me to take."

People were protected by safe systems for the storage, administration and recording of medicines. Medicines were securely kept and at suitable temperatures to ensure that medicines did not spoil. Medication administration records were consistently completed and tallied with the medicines available. Systems were in place to check some medicines on a daily basis to ensure their safe management. The service had procedures in place for receiving and returning medication safely when no longer required. Assessments of staff competence to administer medicines safely were completed.

Good

Is the service effective?

Our findings

People were complimentary about the staff working at the service. One person said, "The staff are just wonderful here."

People were supported by staff who were well trained and provided with opportunities for guidance and development. Staff told us that they received a range of basic training courses before starting to work in the service. They then shadowed an experienced staff member for at least one week or until they felt competent to work alone. The provider employed their own training staff and care staff told us they received additional training and regular updates to enable them to meet people's needs well.

Staff received an annual appraisal to assess staff competence and development needs. We saw that detail in these records was limited. Staff told us that they felt well supported and received regular formal supervision with their line manager and opportunities for development. Records provided by the registered manager confirmed this and showed that these were used to support staff in their development. One staff member said, "I got my NVQ [National Vocational Qualification] level two and level three in Health and Social Care here." We observed that staff used their training effectively to support people, for example while using equipment to help people move from one place to another, when gaining people's consent or in supporting effective management of infection control.

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 application 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.

Records showed that people's capacity to make decisions was assessed and decisions were made in their best interests where needed, although they had not been routinely reviewed. Where appropriate, records showed that relevant people such as relatives had participated in the decision. The registered manager completed some further assessments during our inspection in relation to the use of bedrails where people did not have capacity to consent to this restriction. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been recorded. Where people were deprived of their liberty the registered manager had made appropriate applications to the local authority for DoLS assessments to be considered for authorisation.

Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff demonstrated an understanding of MCA and DoLS and when these should be applied. People told us that staff asked their consent before undertaking any interventions and we

observed this during our inspection.

Nutritional assessments were completed to provide a clear baseline to support effective nutritional monitoring for people. People's weight was checked routinely and records showed that referrals were made to appropriate healthcare professionals as needed. Fluid intake charts were also in place where people's risk assessment indicated, however staff were signing these rather than recording or totalling the fluid intake to ensure effective monitoring. The registered manager took immediate steps to address this with staff to ensure appropriate recording. Where staff supported people to eat, they sat with the person and assisted them in a calm and unhurried way to allow the person to enjoy their meal.

People spoke positively about the choice of food and drinks served. One person told us, "You can have what you like. There are three choices everyday. Its usually fish on Fridays but we always have ham, egg and chips, its what we like." Another person said, "The food is excellent. I have put on so much weight since I have been here." Information on the meal choices was clearly displayed and people were offered choices, including of drinks. We also saw that people were offered a range of snacks during the day, including fresh fruit and chocolate biscuits, to boost both nutritional and calorific intake and provide people with a choice.

Good

Is the service caring?

Our findings

People felt well cared for. Comments from people living in the service included, "The care is good. The staff are alright too, friendly like." Another person said, "The staff are very friendly and I am looked after well here."

People's care documents showed that people and their relatives had been involved in the assessment, planning and review of their care. Care records noted people's preferences such as in relation to food, drinks, social activities and routines of daily living such as their preferences for getting up and going to bed. They also noted people's preferred names, which staff were aware of and used, along with how best to commuinicate with the person.

People were involved in making day-to-day decisions. They confirmed they were asked for their preferences and that these were respected. This included choices about where to spend time, what to wear, what to eat and drink, and whether or not to join in social activities. One person said, "I prefer to stay in my room and watch the television, I don't go to the lounge, it's my choice. There is always a choice here." Another person said, "I make all my own choices, such as going to bed just like I did when I was at home, everything here is exactly the same." Some people told us they had been involved in the choice of colour scheme and furnishings for their own bedrooms, and invited us to view their bedrooms, which were saw were very individual and personalised.

People told us that they were supported to maintain relationships and that their visitors were always welcomed. One person said, "There are no restrictions. My [relative] comes in regularly as they live nearby." Another person said, "My visitors can come any time." People also told us that friendships within the service were supported and respected.

We saw that people had positive relationships with staff. People told us, "The staff do our nails and make a fuss of us." Staff had taken the time to get to know people and responded to them in ways that were appropriate. We saw, for example, staff using forms of communication relevant to individuals such as holding someone's hand while speaking with them gently. One person told us that staff were aware of an important event in their life which at times distressed them and that staff were kind and supportive of the person on these occasions. The registered manager told us that permanent staff covered for each other at times of leave. This was so that people had consistency as it was the registered manager's view that it was unfair to people to have too many different staff supporting them.

People were treated with dignity and respect. Staff spoke to people in a respectful way and gave them time to respond. We saw that people who needed support with personal care were assisted discreetly and with dignity. Staff closed doors when people were receiving care.

Good

Is the service responsive?

Our findings

While people received care that was responsive to their needs, care records supporting this needed work. Care records varied in the quality of their information and improvements were identified as needed to ensure all areas of people's needs and risks were included. Care plans were written on admission to the service. Reviews of people's care needs were undertaken, however the care plan itself was not updated and all of the review sections had to be read to determine the person's current care needs. This meant that while up to date information relevant to the care the person now required was available, it was not easy to find.

One person's care plan, for example, including their 'resident profile at a glance', did not include clear information that the person was now using a pressure relieving mattress, or note its prescribed setting so that staff had guidance to maintain this. The document did not identify that the person was provided with additional equipment to protect their feet, so that staff had clear guidance on maintaining good care. Another person's care plan, also written in 2014, identified in their activities of daily living that they needed to use a particular type of equipment to help them stand. However, the review entry dated March 2016 stated that the person was bedbound and unable to mobilise. This information had not been updated in their care plan. The registered manager confirmed that the system did not support clear information and they would discuss with the provider to ensure improvements were implemented. The registered manager also confirmed that none of the people living in the service had a pressure ulcer at the time of our inspection.

Although we noted these areas for improvement in recording, staff knew the people they cared for well and understood their care needs. Staff knew about people's personalities and preferences and spent time responding to people and meeting their needs. One person said, "We have regular staff. I have really gotten to know them and them me." Staff were able to tell us how they supported people's individual needs, for example, what things might upset people and how to reassure them when this happened or who was at risk of falls or pressure ulcers and how to support this. Staff knew people's routines and that some people preferred to spend some time on their own. All of the people we spoke with told us that people received care that met their needs in a person centred way. Some people told us, for example, that they liked to have their drinks in their own personal mugs, which staff knew about and always complied with. They also told us that they were not limited to set days to have a shower or a bath and staff, including their identified keyworker, supported them with this when they requested it.

People had opportunity to participate in a range of social activities suited to their needs. We saw that this included one to one activities such as word puzzles or being supported to walk around to maintain mobility and chat with staff. People told us that activities such as dominoes, playing big sized cards, and going out into the 'beautiful' garden were available and that they also enjoyed the church singers who came into the service regularly. Some people were supported to maintain social activities in the community, such as attending clubs. People told us that they mostly preferred watching television, listening to music and chatting with staff and other people in the service and were content with this.

People told us they felt confident to raise any concerns or complaints in the service if they needed to. One

person said, "I have no faults or complaints at all. I could always speak to [registered manager], who always listens to you even if you are just upset."

A comments and suggestion system was available in the form of a 'grumble book' for people to provide their view and comments. We saw this contained a number of positive comments as well as issues that needed to be attended to and a response to confirm that actions were taken, such as the cleaning of wheelchairs. People were given information on how to raise any complaints and the provider's complaints policy was displayed. This gave people information on timescales within which they could expect a response so people knew what to expect. A system was in place to record complaints and to show any actions taken. The records of complaints received in the service was well organised and clearly showed that actions were taken in response to people's comments and complaints.

Requires Improvement

Is the service well-led?

Our findings

Aspects of the provider's system to monitor and assess the quality and safety of the service people received needed to be strengthened. While audits of care plans were completed within the service, they did not identify the issues we did, such as incomplete risk assessments, inaccurately completed fluid and repositioning charts and unsigned and undated preadmission assessments. They had not identified, for example, that a pressure relieving mattress was now in use and needed to be included within the regular checks to ensure its effectiveness in supporting the person's safety and well-being.

An electronic system was in place to feedback information to the provider, however this relied on the quality of the information provided by the service. The provider's quality assurance procedure had been updated in June 2016 and reflected current regulations. It identified procedures to be carried out by the registered manager within the service, but did not clearly state what actions would be taken by the provider to reassure themselves of the quality and safety of the service through external monitoring. The registered manager told us that there had been no external monitoring of the service by the provider since 2014 and that they were unsure as to why this was. This meant that the provider could be not be fully reassured that their quality assurance system was vigorous and reliably implemented.

People told us the home was well managed. They knew the registered manager and the senior staff by name and told us they saw them regularly in the service. The service had an established registered manager in post, who was supported by staff who were clear on their roles and responsibilities. Staff told us there was an open and positive culture in the service and that the registered manager was available to them and a strong presence in the service.

People had opportunities to express their views about the service. Records showed that a satisfaction survey was currently ongoing. The registered manager told us that a similar survey had been completed last year, however no summary or analysis was available on request. We saw that people had opportunity to attend meetings and offer suggestions, for example, about social events, one of which was a summer fete, which people told us they had recently enjoyed.

The registered manager demonstrated that they were open to working with other organisations to improve the safety and quality of the service people received. The service was part of various projects to improve safety, reduce harm such as from falls, pressure ulcers and infections, and to reduce emergency hospital admissions for people living in care homes. The registered manager met with local healthcare professionals and other care home managers. This group looked at new initiatives and training available as well as improving communication systems and healthcare interventions for people living in care services in the area.