

South West Care Homes Limited

Beechmount

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 

Overall summary

Beechmount is a large Victorian building set in its own grounds on the outskirts of Torquay. It is registered to accommodate 25 older people. People who live at the home have memory impairment or a form of dementia. The home is not registered to provide nursing care. A community nursing team provides this service.

There was a registered manager employed by the service. 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.

The inspection took place on 9 and 20 October 2015 and the first day was unannounced.

The service was last inspected on 2 December 2014 when it was rated as 'Requires improvement'. Improvements were needed to the environment, the lunch time experience and the way people's social needs were met.

Summary of findings

The service's quality assurance systems had not identified issues raised by CQC and the registered manager had not notified CQC about all relevant incidents. At this inspection in October 2015 we found that improvements had been made.

The registered manager was enrolled on a training course provided by Dementia Care Matters who are leaders in the field of dementia care. They told us the training had enabled them to introduce a culture change within the home, by giving them practical information on 'how' to make the changes. Staff told us they loved the changes that had been made and had seen a positive effect on people. They told us their jobs had become less task orientated and things were much calmer around the home. Staff said they still had to work hard but were not so task orientated, they said they felt more relaxed and thought people living at the home did too.

Staffing levels were determined by the number of people living at the home and their needs. This ensured people's needs were met in a safe and timely way. People were supported to receive the healthcare they needed and visiting professionals told us staff were knowledgeable about people and their needs. There were systems in place to ensure people received their medicines as they had been prescribed by their GP.

People were supported to maintain a healthy balanced diet. They were given choices about what to eat and staff used pictures of food to help people decide what they wanted. People's needs were met in a kind and caring manner by staff who treated them with respect. People's privacy and dignity was respected and all personal care was provided in private.

The care and support that was provided to people was responsive to their needs. People's care plans were comprehensive and reviewed regularly so staff had the most up to date information available. People and their relatives were supported to be involved in making decisions about their care. Regular meetings were held and people were supported to talk about anything they wanted to.

Staff knew people's histories and how best to meet their needs. Staff were quick to respond to people when people started to display signs of anxiety or needed help. Staff reassured one person who was becoming distressed by telling them they hadn't done anything wrong. Staff started chatting about their own and the person's hair and the person began laughing about it and their distress began to ease.

People were protected from the risks of abuse as staff knew how to recognise and report any suspicions of abuse. Robust recruitment procedures minimised the risks of unsuitable staff being employed at the home. People were supported by staff who displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). Staff always offered people choices and asked for their consent before providing personal care.

Visitors told us they could visit at any time and were always made welcome. They also said they were confident that if they raised concerns they would be dealt with quickly by staff. Everyone we spoke with told us the registered manager was very open and approachable.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. The registered manager told us they wanted to be able to provide outstanding care to people living with dementia. They said the training course they were enrolled on was helping them with this. The home had started using the 'Butterfly household approach'. This approach aims to improve the quality of life for people living with dementia by encouraging staff to engage with them 'in the moment' of their experience and not impose reality on them.

Improvements had been made to the environment to make it suitable for people living with dementia. The three downstairs communal rooms were being used more effectively and people had more space to move around the home. People also had a choice of where to eat their meals, which had resulted in mealtimes being more relaxed and unhurried.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People's needs were met in a safe and timely way as there were enough staff available.

There were systems in place to manage people's medicines.

People were protected from the risks of abuse.

People were protected by robust recruitment procedures.

Good



Is the service effective?

The service was effective.

The environment was suitable for people living with dementia.

People were supported to receive the healthcare they needed.

People were supported to maintain a healthy balanced diet.

People were asked for their consent before staff provided personal care.

People were supported by staff who displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

People's needs were met in a kind and caring manner.

People's privacy and dignity was respected and all personal care was provided in private.

People and their relatives were supported to be involved in making decisions about their care.

Visitors told us they could visit at any time and were always made welcome.

Good



Is the service responsive?

The service was responsive.

People received care and support that was responsive to their needs.

People's care plans were comprehensive and reviewed regularly.

Visitors were confident that if they raised concerns they would be dealt with quickly by staff.

Good



Is the service well-led?

The service was well led.

The registered manager was very open and approachable.

Good



Summary of findings

<p>There were effective quality assurance systems in place to monitor care and plan on-going improvements.</p>	
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Beechmount

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 was 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 took place on 9 and 20 October 2015 and was unannounced. The registered manager was not available on the first day of inspection, so we returned when they were available to look at staff records and the quality assurance processes.

Before the inspection we gathered and reviewed information we hold about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider.

We walked around the service and completed the King's Fund tool, which looks at how suitable the environment is for people living with dementia.

We met, spoke with or spent time with everyone using the service, two visiting relatives, five staff and the registered manager. We also spoke with two health and social care professionals and staff from the local authority who had commissioned some placements for people living at the home. We observed the interaction between staff and people living at the home and reviewed a number of records. The records we looked at included four people's care records, the provider's quality assurance system, accident and incident reports, staff records, records relating to medicine administration and staffing rotas.

Is the service safe?

Our findings

At our inspection in December 2014 we identified several areas for improvement. These included items going missing from people's rooms, some bedrooms not having access to hot water, unsuitable window restrictors, call bells not able to be heard in all rooms and low staffing levels particularly at mealtimes.

At this inspection in October 2015 we found that the necessary improvements had been made. People rarely walked around the home unattended as there were staff around to distract them and engage with them. This meant they did not go into other people's rooms and take items that did not belong to them. Staff and the registered manager told us that all bedrooms now had access to hot water and call bells could be heard in all parts of the home. Those window restrictors that had been identified as unsuitable had been replaced. Changes had been made to the culture and ethos of the home meant that there were staff available at all times to meet people's needs.

Everyone at the home was living with some level of dementia. Some people were in the early stages and were able to communicate their needs and wishes, while others were completely reliant on staff to recognise and meet their needs. People were not able to tell us if they felt safe, so we observed how they interacted with staff. People smiled and took hold of staff's hands when talking to them, showing us they felt safe in their company. One relative told us they thought their relative was safe as all the staff were lovely.

People were protected from the risks of abuse. Staff knew about different types of abuse. They knew how to recognise abuse, and told us what they would do if they thought anyone was being abused within the service. They said initially they would tell the registered manager, but knew they could also contact the police or the local care management teams. Staff had also received formal training on keeping people safe.

People's personal risk assessments contained good details on how risks were managed. Moving and transferring and pressure area assessments were in place and had been updated when risks had changed. Pressure relieving equipment was used when needed. Some people spent

most of their time in bed and needed their position changed to relieve pressure on sensitive areas. Staff knew how often people's position needed changing and charts indicated people were being repositioned as required.

Recruitment practices ensured, as far as possible, only suitable staff were employed at the home. Three staff files contained the required pre-employment documentation including police checks, photo identity and application forms.

Staff and visitors told us they thought staffing levels were sufficient. Staff said there was an extra staff member on duty for part of the morning which enabled them to spend more social time with people living at the home. They also told us that the changes the registered manager had implemented had resulted in staff having more time to spend with people, especially at mealtimes. Throughout the inspection we saw and heard staff attending to people's needs in a timely way. There was a relaxed and unhurried atmosphere in the home which indicated there were enough staff on duty. On the first day of inspection there were three care staff and a senior care staff member on duty, plus cook and cleaner. On the second day of inspection there were three care staff, the registered manager plus cook and cleaner on duty. Rotas confirmed these were usual staffing levels. The registered manager used a specific tool to determine staffing levels depending on the needs and number of people living at the home.

Medicines were stored securely in a locked cupboard and only staff who had received training administered medicines. Each person was identified with a photograph and the medicines they were prescribed, with a description of their use, was clearly recorded in the medicines administration records (MAR). Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor to promote good health. Regular audits ensured any errors would be picked up and action taken to prevent it happening again. There had been no medicine errors since the last inspection. No one administered their own medicines.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the home. Personal emergency evacuation plans were in place for people. These gave staff clear directions on how to safely evacuate people.

Is the service effective?

Our findings

At our inspection in December 2014 we found several improvements were needed. Staff training in caring for people with dementia, the way mealtimes were managed and the environment all needed to be improved. At this inspection in October 2015 we found that improvements had been made.

All staff working at the home had received training in caring for people living with dementia. Staff told us the registered manager was themselves receiving training in caring for people living with dementia. They said the registered manager then came back and trained them in things they had learned. Staff told us they felt there had been a change in their attitude due to their dementia care training. One staff member told us about how they had learned different ways of helping people, perhaps by showing them pictures to help them understand better. Another staff member said knowing how different types of dementia affected people's behaviour had helped them understand people better.

Other training staff received included dignity workshops, person centred approaches to care, end of life care, first aid and moving and transferring. Training is provided to staff either by internal trainers, external trainers or by staff watching DVDs.

New staff with no care experience had to complete the full care certificate induction. The care certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support. Staff who had worked in care for a long time completed a self assessment to identify areas they were not confident in. They would then then complete the relevant unit. Staff who had worked at the home had also completed the self assessment to identify any unit they wanted to complete as a refresher.

Staff confirmed they received regular supervision and staff meetings were held. The registered manager said supervision was usually every two months, but if someone's work was not up to standard then they would receive more supervision. Records showed that supervision and staff meetings were used to ensure staff remained competent to do their job. Minutes from one meeting indicated staff were reminded to ensure everyone living at the home had regular contact with staff and this was to be documented on activity sheets.

People were supported to have enough to eat and drink and we saw a great improvement in the way meal times were managed. Mealtimes were relaxed and unhurried. Changes to the environment meant that there were now three rooms in which people ate their meals. While people could eat where they chose, generally those who needed more help to eat ate in the smaller of the rooms. The changes enabled staff to spend more time with people who needed the most help. Staff now eat their meals with people and they told us this had encouraged people to eat better. Staff told us people were always offered a choice of meal. We saw pictures of food being used to aid people's choice of meal. There were snacks and drinks available at all times, and people were helping themselves to crisps, fruit and biscuits throughout the inspection.

Improvements had been made to the environment to make it more suitable for people living with dementia. The home has three downstairs living areas. At our visit in December 2014 one room was being used as a lounge, one as a dining room and one hardly used at all. At this visit in October 2015 we found that the rooms were all being used as lounge/dining areas, and people could choose where to. All staff said changes had much improved people's well being and they were more relaxed now everyone wasn't in the one room together.

We completed the King's Fund tool to see how suitable the environment was for people living with dementia. We found the environment helped people, their visitors and staff interact as chairs were arranged in small clusters and there were dedicated areas for group or individual activities. We also found the environment promoted well being as there was good natural light around the home and the décor was age appropriate. However, not all aspects of the home promoted mobility. For example, there were no handrails around the home. We discussed the King's Fund with the registered manager and registered provider, who told us they would complete the tool themselves and make adjustments where they could.

There was a large garden that was suitable for people living with dementia. The area was secure with a walkway all around the garden. There was a variety of seating areas and lots of different plants. People were walking around the garden throughout the inspection.

People living at Beechmount were living with dementia and this could affect their ability to make decisions about their care and treatment. Although not all staff had

Is the service effective?

received formal training in the Mental Capacity Act 2005 (the MCA) and the associated Deprivation of Liberty Safeguards (DoLS) people were supported by staff who had a good understanding of the legislation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

People's liberty was only restricted when there was no other means of keeping them safe. Staff were aware that any such restrictions should be properly authorised and always be the least restrictive option. As everyone at the home was living with some level of dementia the home

used a keypad lock to prevent them leaving the home. This was because it was unsafe for them to leave the home without someone with them. Applications had been made to the local authority's DoLS team to authorise these restrictions. Two DoLS applications had already been authorised and staff were aware of the restrictions the authorisations placed on people.

People were supported to make decisions about day to day aspects of their life, such as what to eat, what to wear and where to spend their time. People were asked for their consent before staff provided personal care. Care plans directed staff to always ask people what they wanted and if they consented to care.

People were supported to see GPs and other healthcare professionals when needed. We spoke with visiting community nurses who said they visited daily to support one person with nursing needs. They told us since the environment had been changed the home was much calmer. They said staff were "helpful and friendly" and they "never had any concerns here". They said nothing was too much trouble and they had never had to remind staff to change pressure relieving equipment as it had already been done before they noticed it. One person had a small mark on their heel and community nurses had advised the person's foot be placed on a pillow. Staff took care to ensure the directions were followed.

Is the service caring?

Our findings

At our inspection in December 2014 we found people's privacy was not always respected as people walked in and out of other people's rooms. At this inspection in October 2015 we found that this no longer happened. Adjustments had been made to the environment to discourage people from entering certain areas. For example, some doors had posters of bookshelves attached to them, so that people would think the bookcase was a barrier and not go through that door.

Throughout the inspection we saw people were treated with respect and dignity. For example, staff addressed people with their preferred name and spoke with respect. People responded to this by

smiling and engaging with staff in a friendly way. The atmosphere in the home was warm and welcoming. The interactions between people and staff were positive. There were many cuddles and hugs between staff and people they cared for. We heard and saw people laughing and smiling and people looked comfortable and relaxed in their home. People were assisted with care tasks in gentle and caring ways. All staff carried out their duties with a caring and enthusiastic manner. Staff spoke about people in a respectful, confidential and friendly manner.

People were supported by staff that had a good knowledge of them and knew them well. They were able to tell us about people's preferences and personal histories. For example staff knew what people liked to eat and when they liked to get up and go to bed. People were clean, well-cared for and well dressed.

One relative said "They (staff) look after them very well" and "They dress her very well". They said their relation always seemed very happy and laughed all the time. They went on to say "This place is good, it's the care that counts".

Another person's relative told us although their relative couldn't communicate verbally they made it clear to them they liked the home. They also told us they felt their relative was "well cared for and always seems happy".

Staff were quick to respond to people when people started to display signs of anxiety or needed help. Staff reassured one person who was becoming distressed by telling them they hadn't done anything wrong. Staff started chatting about their own and the person's hair and the person began laughing about it.

People living at the home all had some level of dementia and were not able to be involved in planning their care. However, relatives told us they were involved in developing and planning their relative's care. One relative told us they looked at their relative's care plan and gave staff information they requested. Another relative said they went through their relative's care plan once a month to look at and comment on any changes that may have occurred.

People were encouraged and supported to maintain relationships with their relatives and others who were important to them. Relatives and friends were welcome at any time and were coming and going all the time during our inspection. They could have privacy in individual rooms or in any of the lounges. Visitors told us they were always made to feel welcome.

Is the service responsive?

Our findings

At our inspection in December 2014 we found improvements were needed to the way people's social care needs were met. At this inspection in October 2015 we found that improvements had been made.

Following on from the registered manager's dementia care training, many changes had been made to the routines and general running of the home. On arriving at 9.30 people were eating breakfast in a relaxed and calm atmosphere. The registered manager told us that when they came back from training they were able to use what they had learned to try different techniques within the home. Staff told us they loved the changes that had been made and had seen a positive effect on people. They told us their jobs had become less task orientated and things were much calmer around the home. Staff said they still had to work hard but were not so task orientated, they said they felt more relaxed and thought people living at the home did too.

The home had started using the 'Butterfly household approach'. This approach aims to improve the quality of life for people living with dementia by encouraging staff to engage with them 'in the moment' of their experience and not impose reality on them. Staff no longer wear uniforms as this is seen to be good practice and reduce the barriers between them and people they care for. Night staff wear now wear pyjamas to reinforce the fact it is night time. Menus had been changed to provide more 'finger foods' to promote independence.

One person kept lifting one leg of their trousers. Staff kept asking if they were alright as they had not seen them do that before. The person's relative visited and assured staff it was something the person had done occasionally for some time. One person asked staff if they could have an apron to protect their clothes at lunch time. Staff found one for them and asked if they needed help to put it on.

People were able to walk around the home as they pleased. Staff discreetly engaged with people and offered them choices of things to do such as looking at books or walking in the garden. After lunch one person requested to go to their room and was taken there. People were able to take part in listening to music, playing games, doing

puzzles or watching TV. Staff also spent time with people looking at books or just chatting with them. There were lots of items around the home such as soft toys and books that people could pick up and look at.

Care plans contained details of people's preferences. For example, what time they liked to get up and information about their past life. Staff were able to tell us about people's preferences and past lives and how speaking with people about their past helped to relieve any distress. Care plans also contained instructions to staff about people's sleeping patterns and any particular assistance needed. Care details for people were outlined in their care plan, showing what care was needed for the morning, afternoon, evening and night time. Care plans were reviewed regularly and updated as required.

One person started reciting a list of names starting with the same letter. This was obviously a regular thing they did, as staff joined in with them causing person to smile broadly. The staff member asked them if they knew any names starting with a different letter and the person straight away recited a list, causing the staff to praise the person who again produced a broad smile.

Staff told us they regularly went in and out of the rooms of people who remained in bed to ensure they did not become socially isolated. We saw many examples of staff engaging positively with people. At one point during the inspection a member of staff started to sing and several people joined in with them. On the second day of inspection there was an exercise session being held, and much laughter and chatter was coming out of the room. Staff were chatting to people and encouraging them to talk about things they liked to do. Activities records showed people had taken part in a variety of activities including scrabble, drawing, church sing a longs, dominoes and puzzles. One staff member had completed a massage and aromatherapy course and now massaged people's hands and painted their nails. People were supported to take part in activities around the home and we saw one person helping staff to fold napkins.

Staff said they enjoyed the individual time they were able to spend with people and the fact can have a say in the way people are cared for. They told us they knew everyone on a personal level and were able to give individual care because of that. They said they always remembered "We work at their home, rather than they live where we work".

Is the service responsive?

Resident meetings were held monthly. Staff said this could be difficult as people had limited understanding, but they always encouraged people to join in and give their opinion. One person had requested more singing and dancing and staff were responding to this.

Relatives told us they knew how to complain, but had never had to. They said all the staff were approachable and they could discuss anything with them. The registered manager kept a record of all complaints received and the date they were resolved.

Is the service well-led?

Our findings

At our inspection in December 2014 we found the home's quality assurance systems had failed to identify many of the issues we had found during our inspection. The registered manager had failed to notify us of an incident because they were unaware of the requirement. At this inspection in October 2015 we found that improvements had been made.

Staff, relatives and health and social care professionals all spoke positively about the registered manager. The registered manager took an active role within the running of the home and had good knowledge of the people living at the home and the staff who worked there.

The registered manager was enrolled on a training course provided by Dementia Care Matters who are leaders in the field of dementia care. They told us the training had enabled them to introduce a culture change within the home, by giving them practical information on 'how' to make the changes.

We saw evidence of an open and transparent culture. There was a positive and welcoming atmosphere at the home. Staff gave positive comments when asked if they felt supported and also commented on how well they worked together as a team. Staff were absolutely confident the registered manager would deal with any issues that were raised. Staff told us the registered manager was always trying to make things better for people.

One relative told us the registered manager was very good and really cared about what they did. Staff said the registered manager was very approachable and they could make suggestions, such as different types of activities.

The registered manager wanted to develop and improve the service. They told us they wanted to provide an outstanding service for people living with dementia, and that they had only just started on their journey towards this.

There were systems in place to assess, monitor, and improve the quality and safety of care. The registered provider now has a quality assurance team that supports the registered manager. The registered manager completes a variety of weekly audits relating to medicines, maintenance and care provided. There is also a system of three monthly, six monthly and annual audits to continually monitor the quality of care being provided. An audit of staff files had identified some photographs were missing, this had been rectified. A health and safety audit had identified gas appliances needed servicing, this had been done.

The results from a 'visitor satisfaction survey' had recently been collated. The results indicated high levels of satisfaction, with visitors feeling staff communicated well with them. We saw a copy of a compliment that had been published in a local newspaper which said "grateful thanks for the exceptional care from (registered manager's) team at Beechmount Residential Home".

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.