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Beeches Care Home

Inspection report

25 Park Road
Coppull
Chorley
Lancashire
PR7 5AH

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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

The Beeches is a detached property set in its own grounds in the village of Coppull, Chorley. Accommodation is offered in single rooms, most of which are en-suite. There is a safe, enclosed sensory garden to the rear of the property with ample parking space at the side. Accommodation is offered in single rooms, most of which are en-suite across two floors. The home caters for up to 40 older people who require nursing or residential care, many of whom have a diagnosis of dementia. All rooms have an on-call system. At the time of the inspection there were 28 people who lived at the home.

At the last inspection carried out in December 2015 the service was rated Good. At this inspection we found evidence continued to support the rating of 'Good'. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager 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.

During the inspection visit we observed many examples of staff being kind, sensitive and attentive to people in their care. They were caring, patient and respectful. This was confirmed by our observations and relatives and people who lived at the home we spoke with.

People who lived at The Beeches received their medicines as required. Care records we looked at contained a medication care plan and risk assessment to inform nursing staff about medication details for each individual.

There was a safeguarding procedure document on display in the reception area of the home. This gave people who lived at the home, visitors and staff information about who to report any concerns to. Staff informed us they had received training in safeguarding vulnerable people and records confirmed this.

The registered manager completed risk assessments to guide staff about the mitigation of risk to people who lived at The Beeches. Completed accident and incident documentation with instructions about any injuries and measures introduced to reduce their reoccurrence were kept. In addition, the registered manager would look for any patterns or trends that they identified and addressed them to ensure people were kept safe.

The layout of the premises was appropriate for the care and support provided. We found facilities and equipment had been serviced and maintained as required to ensure The Beeches was a safe place for people to live.

Staff had been recruited safely, appropriately trained and supported. They had skills and experience required to support people with their care and social needs.

The management team had sufficient staffing levels in place to provide support people required. We saw staff showed concern for people's wellbeing and responded well when people required their help. This was confirmed by talking with people who lived at the home and our observations during the inspection visit.

All people who lived at the home were highly complementary about the quality and quantity of food and comments included, "All the food is good." Also, "I have not ever had a bad meal."

People had been 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.

The management team used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys to seek their views about the service provided. In addition, daily 'handover' meetings were held to discuss the day's events and any issues in relation to people who lived at the home.

The Beeches had a complaints procedure which was made available to people on their admission to the home and their relatives. People who lived at the home and relatives we spoke with were aware of the process to follow should they have any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Beeches Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The Beeches is a detached property set in its own grounds in the village of Coppull, Chorley. Accommodation is offered in single rooms, most of which are en-suite. There is a safe, enclosed sensory garden to the rear of the property with ample parking space at the side.

Beeches Care Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This comprehensive inspection visit took place on 14 August 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before our inspection visit on 14 August 2018 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the services had been received.

We contacted the commissioning department at Lancashire County Council and Healthwatch Lancashire. Healthwatch Lancashire an independent consumer champions for health and social care. In addition, we contacted Chorley and South Ribble CCG. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return and completed our planning tool. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to

make.

We spoke with a range of people about the service during the inspection visit. They included six people who lived at the home, three relatives and kitchen staff. We also spoke with the registered manager, area manager, deputy manager (nurse), business manager, the owner and four care staff. We observed care practices and how staff interacted with people in their care during the inspection visit. This helped us understand the experience of people who could not talk with us.

We looked at care records of three people who lived at the home. We also viewed a range of other documentation in relation to the management of the home. This included records relating to the management of the service, medication records, recruitment of staff members and staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People who lived at the home told us they felt safe and relaxed in the care of staff and management team at The Beeches. Comments we received confirmed this and they included, "Staff are always around." Also, "Yes always feel staff in their care."

Procedures were in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff spoken with understood their responsibility to report any concerns they may observe and keep people safe.

Care records of people who lived at the home contained risk assessments of their health, nursing and social needs. These documents included reviews of any risks associated with receiving care to manage risk. For example, they covered the environment, infection control and falls.

We observed a calm and relaxed atmosphere throughout the day of our visit. We noticed call bells and requests from people who lived at the home were responded to within a timely manner. One person visiting the home said, "They are busy but they attend to people straight away."

We looked at how accidents and incidents were managed by the service. The registered manager had a record of falls, accidents and incidents. They detailed the nature of the incident, time and action taken to resolve it. There had been few accidents however, where they occurred any accident or 'near miss' was reviewed so that lessons could be learnt and to reduce the risk of similar incidents.

Staff files we looked at held required documents, such as references and criminal record checks, before they commenced employment. The registered manager had the same good recruitment systems in place as the previous inspection. We also observed staff made themselves available and were not rushing around. Staff comments confirmed they were satisfied with the numbers of staff on duty. One person who lived at the home said, "They are busy but always have time for me."

Infection control policies were in place at The Beeches and followed by staff, who when questioned were knowledgeable about infection control procedures. We observed good practice being followed and staff told us that there sufficient protective equipment available such as aprons and gloves. Infection control audits were completed to ensure staff were following safe practice.

We looked at medication records and found people's medicines continued to be managed safely by nursing staff. We observed the deputy manager during the day administered medication and found this was done in a safe way at the correct time required. We found the nurse focused on one person, explained the purpose of their medication and provided a drink. They observed the person took their tablets before signing to confirm the action was completed and only then moved on to the next person. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the management team had systems to protect people from unsafe storage and administration of medicines. Each person's care file held medication care plans, which provided good guidance for staff about their

specific needs.

We found equipment had been serviced and maintained as required. Records were produced for us confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. We found window restrictors were in place where they were required.

Is the service effective?

Our findings

We looked at evidence the management team was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. People who lived at The Beeches received effective care because staff had a good understanding of their nursing and care needs. People who lived at the home and relatives we spoke with found staff were competent, skilled and knowledgeable. One person who lived at the home said, "Staff really help me to remember what I need to remember and I could not manage without them." Another person said, "They are excellent and always there to help me."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We observed during our visit people were not deprived of their liberty or restricted. We found good recordkeeping standards, such as capacity assessments and legal authorisation forms. We discussed the principles of the MCA with staff and found they were knowledgeable.

Care plan records confirmed a full assessment of people's care and nursing needs had been completed before they moved into the home. Following the assessment, a plan of care was developed with the person at the centre of the discussions with family for staff to follow. Care records contained information about people's current needs as well as their preferences. Consent had been agreed and signed for by the person or family member. We found documentation was there to confirm this.

Information was made more accessible to people who could not communicate their needs. This included easy read documents, such as meal selections. In addition, appropriate signage was displayed around the building to help people who lived with dementia. We also looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified information about whether the person had communication needs.

The registered manager told us staff had completed nationally recognised courses in health and social care to support them in their role and develop their skills. Care staff were encouraged to do their National Vocational Training (NVQ) and nursing staff were supported with their revalidation. In addition, other training relevant to their posts. This included medicines management and catheterisation. The management team had a training strategy which is reviewed annually. Staff records evidenced a range of such training as fire safety, safeguarding, infection control and dementia awareness. All staff we spoke with confirmed access to training courses and support from the registered manager to develop their skills was very good. One staff member said, "Very good training opportunities and great support to develop from [registered manager]." Staff told us they had regular supervision and appraisal to support them to carry out their duties.

We observed breakfast and lunch was a social occasion with people having their meals where they chose to. People who lived at The Beeches had options if they did not like the food available. A staff member said,

"[Person who lived at the home] likes a bacon butty so I have just made one, they can have what they want." Staff were encouraging when supporting people and polite throughout the lunch. We noticed they checked person had enough to eat and drink. We witnessed staff helping a person to eat, offering seconds and a choice of drink. The lunch experience was person centred and focussed on the person. We saw gentle use of napkins to ensure people kept their dignity. Comments were positive about the quality of meals provided and included, "All the food is good." Also, "I have not ever had a bad meal."

The management team completed risk assessments to reduce the risk of malnutrition. We saw good evidence of weight and food/fluid intake monitoring. The staff had information about people's dietary needs and these were being accommodated. These included people who had their diabetes controlled through their diet.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process. Records looked at confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. A relative said, "Any issues and they call a doctor they are very good."

We had a walk around the premises. It was appropriate for the care and support provided. Each room had a nurse call system to enable people to request support if needed. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems.

Is the service caring?

Our findings

We spent the day observing interactions between staff and people in their care and talking with them. This helped us assess and understand whether people who used the service received care that was meeting their individual needs. We found many examples of staff being kind, sensitive and patient. For example, one staff member distracted a person who was wondering around and gave them a doll which was an obvious comfort to them. The person sat down and was relaxed cuddling and stroking the doll with reassurance from staff member. This showed compassion and understanding of people's needs.

We looked at people's care records and found evidence they had been involved with and were at the centre of developing their care plan. The plans contained information about their needs and any nursing input required as well as their wishes and preferences. Daily records completed were up to date and informative for staff to follow. We saw evidence to demonstrate care plans had been reviewed and updated on a regular basis. This ensured the information documented about people's care was relevant to their current needs.

The registered manager and staff documented people's diverse needs and assisted them to maintain their different requirements. For example, they recorded each person's religion, along with details about whether they were practicing and how they wished to maintain their spirituality. We saw equality and diversity was extended to all personnel. For example, information outlined no staff should be subject to unlawful discrimination on the grounds of gender reassignment and sexual orientation. This intended to give staff confidence they worked in a safe and non-prejudiced environment.

Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on all doors before entering. Also, staff conversed with people and maintained eye contact when they engaged with them and used soft, caring tones. One person who lived at the home said, "I feel staff are there for me and are gentle and kind." Staff also addressed people as they wanted to be. People had their bedroom doors closed if they chose to and their relatives were offered private space to visit them. This was confirmed by relatives we spoke with.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. They had information details should people and their families require the service. Information was on display in the hall area of the building. This ensured people's interests were represented and they could access appropriate services outside of the home to act on their behalf.

Is the service responsive?

Our findings

There was a programme of activities provided at The Beeches to suit individual and group choices. An activity co-ordinator was employed and people responded to them in a positive way. For example, one person who lived at the home said, "She is great and we do lots together." Activities included board games, arts and crafts and reminiscence therapy. Other events included a 'newsletter' that people who lived at the home, staff and management team contributed to. A staff member said, "We have fun doing the newsletter."

Records we saw were detailed and staff used a person-centred approach to plan and deliver people's support. Areas assessed covered physical, mental, social and medical health and we noted plans were detailed to guide staff to fully support people. Other documents outlined the person's background and preferences. These covered people's wishes about activities, personal care, preferred name, nutrition and sleeping times. This was a good approach to support staff and nurses at the point of care delivery.

People's end of life wishes had been recorded so staff were aware of these. The registered manager informed us they did not at the time of the inspection visit have anyone on end of life care. However, staff had completed training in 'end of life care'. This was confirmed by staff members we spoke with and documentation we looked at. This showed the registered manager understood the importance of providing end of life support and how this should be delivered and people cared for. We also received positive comments from relatives who had recently lost a family member on end of life care. They told us staff openly grieved with them, ensured they were kept informed of any changes and made provisions for the family to stay over at the home. A relative said about the support they received, "Amazing staff at The Beeches." Also, "I was made to feel very, very comfortable. The care is second to none."

There was a complaints procedure which was on display in the reception area of the home. The procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. People who lived at the home and relatives we spoke with knew how to make a complaint. They told us they would not hesitate to raise concerns with the registered manager if they had any issues. One relative said, "No complaints at all."

Is the service well-led?

Our findings

We discussed the leadership and organisation of the management team and received positive comments from those who lived at the home, relatives and staff. Comments included from a staff member, "Very good [registered manager] is so supportive and open we get on so well." A relative, said, "The manager was so supportive during a bad time for us it is a fantastic home." A person who lived at The Beeches said, "It's a good home with a good manager."

We found the service had a calm and relaxed atmosphere and staff were smiling and constantly chatting with people who lived at The Beeches. Staff told us they had good levels of support. One staff member said, "All the senior management are good and always supportive in what we do."

We found the personnel structure had clear lines of responsibility and accountability. The registered manager and staff team were experienced, knowledgeable and familiar with the needs of people they supported. This was confirmed by talking with staff, relatives and people who lived at the home. One staff member said, "We have been here a long time most of us and are experienced and know the organisation of the home well."

The management team focused on involving people and their relatives in the running of The Beeches by constantly seeking their views. This was confirmed by people we spoke with. They conducted annual surveys from staff, relative/residents and health/social care professionals about the quality of care provided. Results from these surveys had been displayed for people's attention. We found the results of the last survey in 2017 were positive. Comments seen included, 'All staff go beyond the call of duty.' Also, 'Upmost praise for a caring team.' The registered manager informed us any negative comments would be analysed and acted upon.

The management team had completed a range of quality audits to ensure a safe environment and monitor the service they provided. These for example included, bi-monthly checks on the building, fire safety, falls management and medication a recent building audit identified a faulty washing machine in the laundry. This was identified and repaired in a timely manner. The audit in July 2018 documented this had been attended to and fixed. This showed the commitment to improve and monitor the service for the benefit of people who lived at The Beeches.

We found evidence of the management team worked with other health and social care agencies in the ongoing improvement of people's lives. They ensured this assisted The Beeches to follow current practice, and provide a quality service. This meant people's safety and support was maintained. For example, they engaged with medical services such as GP surgeries, district nurses and social services.

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

