

Sherburn House Charity Beddell House

Inspection report

Sherburn House
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 1 and 2 August 2018 and was unannounced. This meant the staff and the provider did not know we would be visiting. Beddell House was last inspected by CQC on 13 November, 9 and 11 December 2015 and was rated Good.

At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risk 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.

Beddell House 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.

Beddell House accommodates up to 60 older people who require personal care. On the day of our inspection there were 37 people using the service. People who used the service and their relatives were complimentary about the standard of care at Beddell House.

The home had a registered manager in place. A registered manager is a person who has registered with CQC 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 provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. Staff were supported to provide care to people who used the service through a range of mandatory training, supervision and appraisal. Staff said they felt supported by the registered manager.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs, in the home and within the local community.

Care records showed people's needs were assessed before they started using the service and care plans were written in a person-centred way and were reviewed regularly. Person-centred is about ensuring the person is at the centre of any care or support and their individual wishes, needs and choices are taken into account. Care plans were in place that recorded people's plans and wishes for their end of life care.

The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults. People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. People had access to healthcare services and received ongoing healthcare support. Appropriate arrangements were in place for the safe management and administration of medicines.

The home was clean, spacious and suitable for the people who used the service. The provider had effective procedures in place for managing the maintenance of the premises and appropriate health and safety checks were carried out. Accidents and incidents were appropriately recorded and risk assessments were in place where required.

The provider had an effective complaints procedure in place and people who used the service and their relatives were aware of how to make a complaint. The provider had a quality assurance process in place. People who used the service, relatives and staff were regularly consulted about the quality of the service through meetings and surveys.

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.

Beddell House

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 took place on 1 and 2 August 2018 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the home, we checked the information we held about this location and the service provider, for example we looked at the inspection history, complaints and statutory notifications. A notification is information about important events which the service is required to send to the Commission by law.

We contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. 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.

During our inspection we spoke with 10 people who used the service and three relatives. We spoke with the registered manager, chief officer, maintenance manager, seven care staff, cook, kitchen assistant, domestic and administrator.

We looked at the personal care or treatment records of four people who used the service and observed how

people were being cared for. We also looked at the personnel files for four members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as quality audits, surveys and policies.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at Beddell House. One person said, "I feel very safe." Another person said, "Yes, I don't lock my door and every time I pull my cord they [staff] come straight away." A third person commented, "I'm safe here" and a fourth person said, "I just press my buzzer and they [staff] come straight away, there is plenty of staff." There were sufficient numbers of staff on duty to keep people safe. Staff, people who used the service and visitors did not raise any concerns about staffing levels. Our observations confirmed call bells were responded to by staff in a timely manner.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. The provider's safeguarding people from abuse policy provided staff with guidance regarding how to report any allegations of abuse. Staff had been trained in how to protect vulnerable people. The staff we spoke with demonstrated a good awareness of safeguarding and whistleblowing procedures.

The home was clean, spacious and suitable for the people who used the service. All visitors were required to sign in. En-suite bathrooms, communal bathrooms/shower rooms and toilets were well maintained. Appropriate personal protective equipment (PPE) and hand washing facilities were available. Staff had completed infection control training. One person told us, "The cleaners are excellent and the laundry is fantastic as nothing ever goes missing."

The provider had effective procedures in place for managing the maintenance of the premises. Appropriate health and safety checks were carried out and the records for portable appliance testing, gas safety and electrical installation were all up to date. Equipment was in place to meet people's needs including hoists, pressure mattresses, wheelchairs and pressure cushions. Where required, we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

Accidents and incidents were recorded and referrals made to professionals when required, for example, to the falls team. People had risk assessments in place relating to, for example, falls and nutrition. The assessments were detailed to ensure staff were able to identify and minimise the risks to keep people safe. The service also had environment risk assessments in place relating to, for example, the use of equipment and chemicals which contained detailed information on particular hazards and how to manage risks.

There were arrangements in place for keeping people safe in the event of an emergency. The provider's crisis management and service continuity plan provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations and emergency contact details. People who used the service had Personal Emergency Evacuation Plans (PEEPS). A fire emergency plan was displayed in the reception area, a fire risk assessment was in place and regular fire drills were undertaken. The checks or tests for firefighting equipment, fire alarms and emergency lighting were all up to date.

Appropriate arrangements were in place for the safe management and administration of medicines. The provider's medicines management policy covered all key areas of safe and effective medicines management. Staff were able to explain how the system worked and were knowledgeable about people's medicines. Medicines were stored appropriately and temperature checks for treatment rooms and refrigerators were recorded on a daily basis. These were within recommended limits for safe storage.

People's medication administration records (MAR) showed the medicines a person had been prescribed and recorded whether they had been administered or not, and if not, the reasons for non-administration. Records we viewed were up to date with no omissions. Medicine administration was observed to be appropriate. Staff who administered medicines were trained and were required to undertake an annual competence assessment. Medicine audits were up to date. One person told us, "I get my medication on time."

Is the service effective?

Our findings

People who lived at Beddell House received care and support from trained and well supported staff. One person told us, "They instil confidence in me" and another person said, "They [staff] are very well trained." New staff completed an induction to the service. Staff mandatory training was up to date and where gaps were identified, training was planned. Mandatory training is training that the provider thinks is necessary to support people safely. Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

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 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 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. The registered manager had a good understanding of their legal responsibilities with regard to the MCA and DoLS and staff had received training in the MCA. Applications for DoLS had been submitted to the supervisory body and consent to care and treatment was documented in people's care records.

Care records provided information on people's preferences, whether they had any specific dietary needs and guidance for staff to follow to support the person. They also demonstrated people's weight was monitored regularly. The cook was knowledgeable about people's special dietary needs and preferences. The provider had a nutrition and hydration policy in place and staff had completed training in food hygiene and nutrition. The home had been awarded a "4 Good" food hygiene rating by the Food Standards Agency on 19 June 2018.

At lunch time we observed staff assisted people to their tables in the dining room and we saw staff supporting people on a one to one basis if they required assistance with their meal. People were asked if they wanted a dignity tabard to avoid food spoiling their clothes. Staff chatted with people and the mealtime was not rushed. Lunch was a sociable experience. People were supported to eat in their own bedrooms, if they preferred. One person told us, "The choice is fantastic, where else could you get bread and butter pudding with Baileys and the sherry trifle has real sherry in. The local fish and chip shop brings in our fish and chips on a Friday and we eat out of the box, like a real picnic, marvellous." One relative said, "The choice is excellent, the chefs here are marvellous."

People had access to healthcare services and received ongoing healthcare support. Care records contained

evidence of visits from external specialists including, GPs, district nurses, dentists, Macmillan nurses, dietitians, opticians, physiotherapists and Marie Curie nurses.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely and the home was suitable for the people who used the service. The provider had a maintenance schedule in place and the registered manager told us how people had been consulted about, and involved in, the ongoing major refurbishment of the home.

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the standard of care at Beddell House. One person told us, "They [staff] are kind and caring. They make everything light and cheerful, nothing is a bother. They chat away, even when they are supposed to be going home. The staff are exceptional and kind, they treat us like their own family and to be honest I think of them as my family."

We observed staff chatting to people in communal areas and engaged with them in meaningful conversation. Staff knew people's names and talked with, and listened to, people in a kind and caring manner. People were well presented and looked comfortable in the presence of staff. We saw that staff were very kind and thoughtful and interacted with people in a friendly and reassuring way. One person told us, "They [staff] are very kind and patient."

Staff demonstrated they understood what care people needed to keep them safe and comfortable. We saw staff assisted people, in wheelchairs in a calm and gentle manner. We observed two members of staff aided a person to move safely from their chair in the lounge to their wheelchair. Staff constantly reassured the person, until they were seated and comfortable.

Staff worked well as a team giving individualised care and attention to people. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. One person told us, "They [staff] keep my dignity and lock the door when I`m having a bath" and another person said, "They [staff] respect you and that's very important. They are very caring." Staff had completed dignity in care and equality and diversity training. Our observations confirmed staff treated people with dignity and respect.

People had a good rapport with staff. Staff knew how to support people and understood people's individual needs. One person told us, "I can't think of anything that they [staff] wouldn't try to do for you. The care is excellent, especially if you are poorly, feeling weepy and sad, they cheer you up by giving you a cuddle, that's a motherly touch."

People's bedrooms were individualised, most with their own furniture and personal possessions. Many contained photographs of relatives and special occasions. People were encouraged and supported to maintain their relationships with their friends and relatives. Staff were able to tell us about people's relatives and how they were involved in their care. One person told us, "I would definitely recommend here to my friends, we could go to church together on a Sunday." One relative said, "Everyone knows my name and says 'hi'. They [staff] make me feel welcome and offer me a drink. There always seems to be plenty of staff around when I come."

Staff supported people to maintain their independence. One person told us, "They [staff] help me put my nightie on but they say, come on, we will help as much as we can and you do the rest." Another person said, "They [staff] keep me independent by encouraging me to do what I can. They help me with my word search and chat when I`m knitting, keeping me up to date with the building work and the gossip."

People were provided with information about the service in the provider's 'monthly newsletter', 'statement of purpose' and 'service user guide' which contained information about the facilities, staff, services, fire safety, spiritual support and complaints. Advocacy information was made available to people who used the service. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. Information about health and local services was also prominently displayed throughout the home.

We saw that people's care and treatment records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Is the service responsive?

Our findings

People's care records were person-centred and demonstrated a good understanding of their individual needs. A pre-admission assessment was completed to determine whether the service would be able to meet people's needs and included details of the person's medical history, an assessment of the person's care needs, the level of support required and details on people's communication needs.

People's care records contained a 'This is me' document which had been developed with the person or their relative and detailed what was important to the person and how they wanted to be supported. Care plans were in place and covered a range of needs including, personal care, nutrition/hydration, sleep/rest and mobility/falls. People had emergency health care plans in place which contained information about their health needs. This would accompany the person should hospital treatment be required. Care records were regularly reviewed, updated and evaluated.

Staff used a range of assessment and monitoring tools. For example, the Malnutrition Universal Screening Tool (MUST), which is a five-step screening tool, was used to identify if people were malnourished or at risk of malnutrition and Waterlow, which is a tool to predict pressure sore risk.

People and their relatives were aware of and involved in the care planning and review process. Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were included in care records and we saw evidence that the person, care staff, relatives and healthcare professionals had been involved in the decision making. We saw people's end of life care wishes were recorded and staff had received training in end of life care. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

Planned activities, outings and events were displayed in the entrance hall and included bingo, pet therapy, musical memories and entertainers. People and their relatives were complimentary about the activities in the home. One person told us, "We have choirs and we do bingo and quiz nights. They bring tortoises, dogs and ponies in. They [staff] really make time to socialise with you." Another person said, "We do exercises every Monday and we do Irish and Scottish jigs. We go out, do bingo, community singing, accordion playing, crafts and movies night. We are taken to the museum and shops, they help with our shopping, and post letters for us." A third person told us, "With the keep fit I can now lift my arm, I couldn't before."

People informed us that they were treated as individuals and were able to make choices for themselves. One person told us, "We went to the garden centre yesterday. They [staff] were marvellous and so patient. They try to keep me 'alive and kicking'. I don't do activities, but that is my choice, however they still encourage me to join in." A relative told us, "The staff seem to have a sixth sense when she needs things. Their teamwork is excellent. Everyone is smiling and pleasant. I have been in a lot of care homes and this is the best by far."

People's preferences were recorded and met by staff. For example, one relative told us, "I came one day unexpectedly and my mum is very proud of her appearance, always has been, even at the age of 97 and they had dressed her up in her best jewellery, did her hair and did her make up. Although she can't communicate

her eyes shone, you can't buy that care and I leave here with the knowledge and peace of mind that all is well and that is wonderful."

The provider's comments, suggestions and complaints policy was on display. There were no open complaints at the time of our inspection. People and their relatives told us they knew who they could go to with any concern or complaint and all felt that they would be listened to and that the concern would be addressed.

Is the service well-led?

Our findings

At the time of our inspection, the home had a registered manager in place. The registered manager had been registered with CQC since 1 October 2010 and told us they felt supported in their role. We spoke with the registered manager about what was good about the home and any improvements they intended to make. For example, they told us about the major refurbishment of the home to include a newly designed dining room, orangery, cinema room, hairdressing salon and the introduction of broadband to expand people's ability to interact with a wider source of information/entertainment and to keep in touch with relatives living a distance away.

The home had a positive culture that was extremely person centred, open and inclusive. The registered manager told us the home had an open-door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time. People who used the service and their relatives spoke positively about the registered manager and the staff. They said that they were very approachable and visible. They would have no concerns in approaching them if they had any worries or concerns.

One person told us, "It's a very good, friendly atmosphere here and the manager has a good, reliable team working with her. The staff have a calming effect on you" and another person said, "The manager would sort out any problems, not that I have any as everyone looks after you and takes care of you. You simply can't improve on perfection." A relative said, "The atmosphere here is excellent and I have full confidence in everyone from the cleaners to the manager. This is a home from home."

We looked at what the provider did to check the quality of the home and to seek people's views about it. The provider carried out regular audits to ensure people who used the service received a high standard of care. These included audits of health and safety, care records and medication. All of these were up to date and included action plans for any identified issues.

Staff were regularly consulted and kept up to date with information about the home and the provider. Staff meetings were held regularly. Most of the staff we spoke with felt supported in their role and felt they were able to report concerns. One member of staff told us, "I like to see the residents smile" and another staff member said, "I enjoy working here, looking after the residents and making a difference." We also saw positive responses from the 2018 'employee's satisfaction survey'. Results demonstrated One staff member described the culture in the home as, "Friendly, happy and homely."

The provider regularly sought the views of people who used the service, their relatives and visiting professionals through quality assurance questionnaires. We saw positive responses from the results of the 2018 'resident's satisfaction survey'. Themes included, staff, care, information, choice and environment. Where improvements were identified these were actioned and communicated to people. For example, it was noted that some people were having difficulty accessing the notice board and someone suggested a newsletter. As a result, the home introduced a newsletter. The first edition included a list of planned activities.

Residents and relative's meetings were held regularly. Discussion items included the home refurbishment and activities. A suggestion box was also available in the main entrance for people to post comments about the quality of the service. This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

The home had close links with the local community including the schools, church, day centre and Women's Royal Voluntary Service (WRVS). People who used the service also regularly visited the local shops and garden centre.

The provider had policies and procedures in place that took into account guidance and best practice from expert and professional bodies. These provided staff with clear instructions and the staff we spoke with told us they were accessible and informative. The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.