

# Miss Julie Windows and Mrs Janet Windows

## The Beeches

### Inspection report

163 High Street  
Hanham  
Bristol  
BS15 3QZ

Tel: 01179604822  
Website: [www.beechesbristol.com](http://www.beechesbristol.com)

Date of inspection visit:  
28 July 2016  
29 July 2016

Date of publication:  
21 September 2016

### 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 care home registered to accommodate up to 23 older people. At the time of our inspection 15 people were using the service. Since our last inspection one bedroom had been converted into an office for staff and two shared bedrooms were being used by single occupants.

This inspection was unannounced and took place on 28 and 29 July 2016. We previously inspected the service on 25 November 2015. At that inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations. The provider sent us an action plan saying what they were going to do to make the necessary improvements. We were also provided with regular updates on action being taken to ensure the service was safe and well-led. During this inspection we found improvements had been made.

There was a registered manager 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.

The Beeches is a small family run care home. Some people told us that this was why they had chosen to live at the home. People were satisfied with the way they were looked after and said they enjoyed a good quality of life. Relatives also said they were content with the service provided. People liked the registered manager and provider and found them approachable.

People received a service that was safe. Staff understood their role and responsibilities in keeping people safe from harm and knew how to raise any concerns. There was enough staff to safely provide care and support to people. Medicines were well managed and people received their medicines as prescribed. Infection control measures were in place. Risks were assessed and plans put in place to keep people safe.

The service was effective. Staff received regular training and the support needed to meet people's needs. People were supported to make choices and decisions. People had enough to eat and drink. Arrangements were made for people to see their GP and other healthcare professionals when required. People's healthcare needs were met and staff worked with health and social care professionals to access relevant services. The provider had plans in place to develop and improve the accommodation.

People received a service that was caring. They were cared for and supported by staff who knew them well. Staff treated people with dignity and respect. Information was provided in ways that were easy to understand. People were supported to maintain relationships with family and friends.

The service was responsive to people's needs. People received person centred care and support. The provider had introduced a computer based system for care planning. The registered manager and staff felt the system helped in identifying and planning to meet people's individual needs. The introduction of this system had resulted in improvements to care planning. People were encouraged to make their views known

and the service responded to this by making changes.

The service was well-led. The registered manager and provider had worked in co-operation with other health and social care professionals to improve the service provided. This had resulted in significant improvements. People now benefitted from a service that was well led. The registered manager had an open, honest and transparent management style. The quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted upon.

## 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.

People were safe from harm because staff were aware of their responsibilities and knew how to report any concerns.

Individual risk assessments were in place to keep people safe.

There were enough suitably qualified and experienced staff.

Medicines were well managed and people received their medicines as prescribed.

Infection control measures were in place and followed by staff.

### Is the service effective?

Good ●

The service was effective.

Staff received regular and effective supervision and training.

People were supported to make choices and decisions. The service complied with the Mental Capacity Act 2005 (MCA).

People were supported to make choices regarding food and drink. People's fluid and nutritional intake was monitored where required.

People's healthcare needs were met and staff worked with health and social care professionals to access relevant services.

### Is the service caring?

Good ●

The service was caring.

Staff provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

People were supported to maintain relationships with family and

friends.

### Is the service responsive?

Good ●

The service was responsive.

The service was planned and delivered around people's individual needs.

The service encouraged feedback from people using the service and others and made changes as a result.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager and provider had developed an action plan following our last inspection. This had been shared with other health and social care professionals. The plan had been implemented.

The registered manager and provider were well liked. People using the service, relatives and staff said they were always available and approachable.

Quality monitoring systems were in place and used to further improve the service provided.

# The Beeches

## 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. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and undertaken by one adult social care inspector.

Before carrying out the inspection, we reviewed the information we held about the service. We looked at the notifications and any information of concern we had received. Notifications are information about important events which the provider is required to tell us about by law. We were also provided with information by the safeguarding team at South Gloucestershire Council.

During our inspection we spoke with ten people who lived at the service and relatives of two people. We carried out a Short Observational Framework for Inspection (SOFI 2) assessment. SOFI 2 provides a framework for directly observing and reporting on the quality of care experienced by people who either cannot, or find it difficult, to describe this for themselves.

We spoke with eight staff members including the registered manager, the registered provider, the two deputy managers, three care workers and the cleaner. We also spoke with a number of health and social care professionals both before and after our inspection and were provided with a range of feedback.

We looked at six people's care records, as well as records relating to the management of the service. These included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff and recruitment records.

# Is the service safe?

## Our findings

People said they felt safe living at the home. Comments included; "Yes, I feel safe here", "I think the staff do a good job keeping us safe" and, "It's ok, staff look after us well. I trust them". Relatives said they felt people were safe. One relative said, "I know my mother is safe and that the staff would take any action necessary".

People were protected against the risks of potential abuse. The registered manager and staff had developed a good understanding of their role in keeping people safe. They understood their responsibilities for reporting accidents, incidents or concerns. Staff told us they would report any concerns to the manager or senior staff. They said if they were not available they would report directly to the local authority, the Care Quality Commission (CQC) or the Police.

Since our last inspection in November 2015 the registered manager and provider had reported concerns appropriately to the local authority and, taken further action to ensure people were kept safe. The registered manager and provider had attended advanced training on keeping people safe run by South Gloucestershire County Council. They had taken the advice of health and social care professionals and introduced an assessment tool to help staff identify if an occurrence required reporting and, assist them in collecting the information required to do so. During our inspection we saw staff using this tool successfully to report a concern to the local authority.

When we inspected the service in November 2015, the registered manager and provider were working with the NHS Community Pharmacist to improve their systems for the safe management of medicines. At that time we recommended they continued with this and ensured they fully implemented the actions identified. At this inspection we saw this had been completed. As a result people were kept safe from the risks associated with the administration of medicines. We observed staff administering medicines safely to people. Staff had received training and changes had also been made to the arrangements for the storage of medicines. These ensured medicines were now stored safely and in accordance with the relevant guidance. The provider's policy on the safe storage and administration of medicines had been updated to reflect the changes made.

People, relatives and staff told us there were enough staff to meet needs. We looked at the staff rotas for the four weeks prior to our visit and found staffing had been planned in advance to ensure sufficient staff were available to care for people. Throughout our inspection we saw that people's needs were met promptly. Fifteen people were using the service at the time of our inspection. Staffing levels were sufficient to provide safe care for this number of people. However, if more people were admitted to the service, staffing levels must be reviewed to ensure people continued to receive safe care. We discussed this with the registered manager. They said they would review staffing levels and seek feedback from staff on a regular basis.

Checks were carried out before staff started work to assess their suitability to work with vulnerable people. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Staff we spoke with confirmed they had been

interviewed by the registered manager and provider and references and checks taken up before they started working with people.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. These detailed how the person should be cared for and kept safe. For example, one person used a local pub independently. A risk assessment had been completed to ensure staff knew what action to take to keep the person safe. Other people had individual risk assessments in place which were regularly reviewed.

Staff had a good understanding of these risk assessments. The Beeches is an older style property with some narrow corridors. The registered manager and provider said they took care to minimise the risk of falls, slips and trips. Staff had referred people at to specialists in the prevention of falls.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. There was guidance on how people would be evacuated in the event of a fire. Fire evacuation drills were held for people and staff to practice this.

The home was clean and odour free. A cleaner was employed at the service. They explained to us how they ensured hygiene standards were maintained. Care staff had received training in infection control. Staff told us they had access to equipment they needed to prevent and control infection. They said this included protective gloves and aprons. We saw staff using protective equipment to minimise the risk of infection.



# Is the service effective?

## Our findings

People said their needs were met effectively. Relatives also said they felt the service met people's needs. During our visit we saw people's needs were met. Staff provided the care and support people required.

People were cared for by staff who had received training to help support them to meet people's needs. We viewed the training records which confirmed training on a range of subjects. This included, first aid, infection control, fire safety, food hygiene, administration of medicines and safeguarding vulnerable adults. Staff said the training they had received equipped them to meet people's needs.

Newly appointed staff were subject to a probationary period at the end of which their competence and suitability for the work was assessed. One recently appointed staff member told us they were well supported through their probationary period and had completed a programme of training which had prepared them for their role, including the completion of the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification.

Staff confirmed they received regular individual supervision. These were one to one meetings staff had with their manager. Records showed these were held regularly. Supervision records contained details of conversations with staff on how they could improve their performance in providing care and support. Staff said they found their individual meetings helpful.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff had received training on MCA and DoLS. Care plans contained an assessment of people's capacity to make specific decisions. These were individual to the person and identified when the person was most likely to be able to make a decision and how it should be explained to them to maximise their understanding.

The provider had submitted one application for a DoLS authorisation. This was because the person lacked capacity to make a particular decision and, their liberty was being restricted. This application had been submitted to the appropriate authorities in a timely manner.

People chose what they wanted to eat. Menus were planned with the involvement of people. These were varied and included a range of choices throughout the week. People had access to a variety of drinks throughout the day. Food and fluid intake was monitored to make sure they had enough to eat and drink. We observed people at lunchtime on day one of our inspection. We saw lunch was an enjoyable, sociable event. The food was presented well and looked appetising. People told us they enjoyed the food. On day two of our inspection, one person had requested a curry and wine for lunch and another, that their lunch be kept warm for them as they were feeling unwell. Staff ensured these requests were acted on.

Care records showed relevant health and social care professionals were involved with people's care. Plans were in place to meet people's needs in these areas and were regularly reviewed. There were detailed communication records in place and records of hospital appointments.

The Beeches is a large older building. Some adaptations had been made to the building. The physical environment in the accommodation met people's needs. The provider had made changes to the environment. This included the installation of a new larger lift, replacing steps with a slope and improving bathrooms. They told us they will continue to review the accommodation, with input from people and staff to ensure it continues to meet people's needs. Some people showed us their rooms and were proud of them. One person's relative said, "There is always a pleasant smell and my mother has a light and airy room. We were also impressed that she could bring her own bed when she moved in". When necessary repairs were identified, these were quickly acted upon.

## Is the service caring?

### Our findings

People were cared for by staff who knew them well. Staff were able to tell us about people's interests and individual preferences. The relationships between people at the home and the staff were friendly and informal. People were comfortable in the presence of staff and sought out their company.

People told us the staff were kind and caring. One person said, "They're lovely, very kind, do anything for you". Relatives said staff were caring. Comments included; "She's well looked after, they know how to care for her" and, "I see the staff talking to people and I think they're caring".

Staff were friendly, kind and discreet when providing care and support to people. People responded positively to staff which showed they felt comfortable with them. We saw a number of positive interactions and saw how these contributed towards people's wellbeing. Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures.

Throughout our inspection we were struck by the relaxed and homely atmosphere at the service. Everyone seemed to enjoy each other's company. People were engaged in conversation with each other and staff and there was a sense of fun. This was commented on by a relative who said, "Staff are great, it's a happy home. They are fun, not miserable and will do anything for you".

People's preference in relation to support with personal care was clearly recorded. This included how they wished to be supported in bathing and showering. Individual morning and evening care routines were in place and staff were knowledgeable about these. People and relatives were involved in writing their care plans. This had resulted in information important to people's wellbeing being included. For example, one person's plan detailed how they were a tactile person and wanted an occasional hug from staff.

People were supported to maintain relationships with family and friends. Staff said they felt it important to help people to keep in touch with their families. People who showed us their rooms were keen to point out photographs of family members. Care records contained contact details and arrangements. Relatives said staff supported people to maintain contact with family. They also commented that they were able to visit at any time and always made to feel welcome.

Staff promoted people's independence. People's care plans documented the assistance they required but also reinforced the things they could do for themselves.

Care records included an assessment of people's needs in relation to equality and diversity. Staff we spoke with understood their role in ensuring people's equality and diversity needs were met and had received training on this.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date and they spent time with them on a one to one basis. Keyworkers completed a monthly review with the person that was kept with their care plan.

Care had been taken to record any information relevant to people becoming unwell or in the event of their death. The service was not providing care for anyone assessed as requiring 'end of life' care. However, the registered manager told us they would work with other health and social care professionals to try to ensure people could remain at the home for as long as they or their families wished to.

## Is the service responsive?

### Our findings

During our inspection we saw staff responded to people's needs and providing care and support in a person centred manner.

Since our last inspection the provider had introduced a computer based system for care planning. The registered manager and staff spoke enthusiastically about this. They said they system meant there were better able to document people's assessed needs and how they were to be met. The registered manager also said they were now better equipped to monitor how people's needs were met and use the information to review people's needs. We found care plans were person centred and provided detail on people's needs, daily routines, choices and preferences.

Key workers completed a monthly summary. This was informative and included information about the person's general wellbeing, a summary of activities and any health appointments the person had attended. This information was used to monitor the care provided.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at team meetings or through the shift handover process to ensure they were responding to people's care and support needs. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach.

Guidance was in place to ensure that events and unforeseen incidents affecting people would be well responded to. For example, we saw care plans contained important details about a person that hospital staff should know when providing treatment. This information helped to ensure that people received the support they needed if they had to leave the home in an emergency. Staff were clear that when a person was admitted to hospital, a copy of the medicines record, their medicines and information from their care records would be shared with hospital staff.

Activities were organised with different entertainers visiting the home on a planned basis. People gave mixed feedback regarding activities. Some people said they preferred not to participate in organised activities. Others said they enjoyed activities. Most people said they felt there were enough activities at the home. However, some people said they would like more trips out. Staff also said people would benefit from organised trips. We spoke with the registered manager and provider about this. They agreed this was something people might benefit from and said they would discuss this at the next 'residents meeting'. When carrying out observations in the home we saw staff sitting talking with people and, engaging people in individual activities such as doing their nails and looking through magazines.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. Complaints received had been managed effectively and action taken as a result. In addition to the complaints log which was used to record formal complaints, concerns people or relatives had expressed were recorded on the computer based care planning system. Recent concerns included a

damp patch in a bedroom and a person's water jug in their room being dirty. We saw action had been taken to address these concerns. The registered manager had signed these off as being completed. This showed they were monitoring the action taken to address people's concerns.

Residents meetings were held regularly. We looked at the record of the most recent meeting and saw a variety of areas had been discussed including, activities, menus and staffing. Relatives said meetings had been arranged for them to give feedback on the service provided. They also said they would be able to raise any concerns with staff or the registered manager and were confident they would be listened to.

## Is the service well-led?

### Our findings

When we inspected the service in November 2015 we found the provider to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations. This was because systems were not in place to assess, monitor and improve the quality of service. Accurate and complete records of care and treatment were not maintained. Concerns regarding people's safety were not always shared with the appropriate authorities in a timely manner. Records regarding the management of the service were not maintained. The provider had told us how they would improve this in their action plan. At this inspection we found improvements had been made.

The registered manager and provider had worked closely with other agencies to implement their action plan. This included introducing a computer based system for care planning which also allowed for auditing. They had also reviewed their management structure. This had resulted in the provider putting in place a structure that consisted of the registered manager being supported by two deputy managers. The registered manager told us these two measures meant they had been able to put in place systems to carry out regular audits of the service and, delegate these appropriately.

They now had comprehensive systems in place to check on the care and support provided to people. These included audits of care plans, health and safety, medicines and servicing of equipment. We saw these had been carried out as scheduled with corrective action identified and followed up by the registered manager.

Effective systems were in place to monitor the quality of care and support that people received. These included feedback from people documented in care plans and surveys sent to people and relatives and, group meetings. These had resulted in changes being made to the service provided.

Concerns regarding people's health and safety had been shared with the appropriate authorities in a timely manner. Health and social care professionals we spoke with were now more confident concerns would be acted upon appropriately.

A number of key policies and procedures regarding the provision of the service had been reviewed and updated. The registered manager had sought advice from relevant professionals to achieve this.

The registered manager had developed links with local organisations. They had attended meetings arranged for providers. They said this meant they were able to keep up to date with current legislation, guidance and best practice. The registered manager and provider had also arranged for a 'mock inspection' of the quality of the service to be carried out by an independent organisation.

People said they liked the registered manager and provider. One person said, "I can talk to (Manager's name) if I'm not happy and he does something about it". Another person said, "(Registered Manager's name) comes to see me regularly and asks if I'm OK". Relatives spoke positively regarding the management of the service. One relative said, "They're great, very approachable, down to earth and always available".

Staff said the registered manager and provider were always available and easy to talk to. Regular staff meetings were held. Most staff told us things had considerably improved at the service in the last six months. Comments included; "Things are much better now, record keeping has improved and the computer system means we can identify changes to people's care much easier", "(Registered Manager's name) listens more, for example handover's are better because he implemented our suggestion" and, "Things are more professional now". Some less positive comments received included, "Staff meetings are more of a telling off than an opportunity for staff input" and, "Sometimes staff are picked up on things in front of other staff". We discussed these comments with the registered manager and provider. They commented that they felt staff were listened to and always spoken with privately if they had concerns.

The registered manager and provider knew when notification forms had to be submitted to CQC. Notifications are information about important events which the provider is required to tell us about by law. Since our last inspection CQC had received notifications as required.

At the end of our inspection we provided feedback on what we had found up to that point. The feedback we gave was received positively with clarification sought where necessary. This showed a willingness to listen, reflect and learn in order to further improve the service provided to people. The registered manager and provider said they were aware of the need to sustain the improvements made since our last visit.