

Beechlawn Care Home Limited

Beech Lawn Care Home

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

This was an unannounced inspection undertaken on the 10 and 11 March 2015.

The service was last inspected on the December 2013 and found to be compliant the regulations looked at.

Beech lawn is registered with the Care Quality Commission to provide care and accommodation to 28 older people who may have dementia. It is located on the outskirts of Hull and has good access to public transport routes to and from the city.

At the time of the inspection there were 19 people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Staff had a good understanding of their duty to keep people safe from harm. They could recognise the signs of abuse and knew how to report this. They had received training about how to recognise and report abuse.

People's medicines were handled, stored and administered safely by staff who had received the appropriate training.

Staff were provided in enough numbers to meet the needs of the people who used the service, the registered provider constantly monitored the staffing levels based on people's needs and increased these when required. Staff were recruited safely and the registered provider had systems in place which ensured the right checks were done before the member of staff started working at the service. The registered manager made sure the environment was safe and repairs were undertaken promptly.

People's human rights were protected by staff who had received training in the Mental Capacity Act 2005. People were cared for by staff who had been trained to meet their needs. Staff were supported to gain further qualifications and experience. The food provided was wholesome and nutritious and people's weights were monitored when required, if people needed more support with their diet staff made referrals to health care professionals. People could access their GP when they needed to and staff monitored people's health and wellbeing and supported them to lead a healthy lifestyle.

People were cared for by staff who had a good knowledge of their needs and how these should be met, they also had good relationships with the staff, who spent a lot of time with them. People's choices were respected and they were supported to lead a lifestyle of their own choosing. People or their relatives were involved with the care and had a say about how they should be supported by the staff. Staff could refer to information to help effectively meet the needs of the people who used the service. Staff were caring in their approach, spoke to people respectfully and respected their wishes.

People lived in a well maintained and clean environment and there were no mal odours; however, the environment could be more dementia friendly, we have made a recommendation about this in the full report.

People could have a say about how the service was run; their opinions and suggestions were taken seriously. People could raise complaints and the registered provider had systems in place which addressed and investigated the complaint whenever possible to the complainant's satisfaction.

The registered manager collated people's views and those of relatives and health care professionals who had an interest in people's wellbeing and set goals and action plans to address any short falls. The registered manager was available for people to talk to if they had any concerns. The registered manager undertook audits of the service provided which ensured people received a service which was safe and well run.

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 were cared for by staff who had been trained to recognise the signs of abuse and how to report this.

Enough staff were provided to meet the needs of the people who used the service.

The registered provider had systems in place to ensure staff were recruited safely and checks were made before they started working at the service.

People's medicines were handled, stored and administered safely by staff who had received training.

Good



Is the service effective?

The service was effective.

People were cared for by staff who had received training in how to effectively meet their needs.

Staff were supported to gain further qualifications and experience.

The registered provider had systems in place which protected people who needed support with making decisions.

People were provided with a wholesome and nutritional diet; staff monitored people's weight and dietary wellbeing.

The service was clean and hygienic. However, we found the environment could be more dementia friendly.

Good



Is the service caring?

The service was caring.

People were cared for by staff who understood their needs.

People were involved with their plan of care and staff respected their dignity and privacy.

Staff maintained people's independence.

Good



Is the service responsive?

The service was responsive.

The care people received was person centred and staff respected their wishes and choices.

People were provided with a range of activities and pursue individual hobbies and interests with the support of staff.

People who used the service could raise concerns and make complaints if they wished.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

People who used the service could have a say about how it was run.

Other people who had an interest in the welfare of the people who used the service were consulted about their views as to how the service was run.

The registered manager undertook audits of the service to make sure people lived in a safe, well run service.

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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 registered 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 was unannounced and took place on the 10 and 11 March 2015. The inspection was undertaken by one adult social care inspector.

The service was last inspected December 2013 and was found to be compliant with the regulations inspected at that time.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

During our inspection we observed how the staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI) in the dining room and the lounge. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with six people who used the service and four staff; this included care staff and the cook. We also spoke with the registered manager and the registered provider.

We looked at four care files which belonged to people who used the service, four staff recruitment files, training records and other documentation pertaining to the management and running of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe, comments included, “Of course I feel safe, the girls make sure I’m safe”, “I just press my buzzer and they come and see if I’m alright” and “I trust the staff they are marvellous.” People told us they thought there was enough staff on duty, comments included, “There always seems to be plenty of staff around”, “I think there is enough staff, I never have to wait for very long” and “If I ask them they do it for me.”

Visitors we spoke with told us, “I think my mum’s safe, they contact me if anything’s wrong”, “They seem to keep people safe, nobody’s ever calling out” and “I’ve seen them deal with people who have got upset, they are really good, they make sure other people are safe as well.” They also thought there was enough staff on duty, comments included, “They are always busy but take time to sit and talk to my mum” and “There always seems to be enough staff around when I’m here, and I come most days.”

When we spoke with staff they were able to describe the registered provider’s policies and procedures for reporting any abuse they may witness or become aware of. Staff told us they would report anything of concern to the senior on duty or directly to the registered manager; they were confident the registered manager would report any concerns raised with the appropriate authorities. Staff told us they could also contact the registered manager out of hours, which they found reassuring. Staff were able to describe the different types of abuse they may witness or become aware of these included, psychological, sexual, physical and emotional. They were aware of changes in people’s behaviours which may indicate they may be subject to abuse, for example withdrawn, low moods. They were also aware of physical signs which may indicate people were being abused, for example, bruises. We looked at training records which showed staff had received training in how to safeguard people from abuse and how to recognise abuse. The training also informed staff of the best way to report abuse and their duty to protect people.

People’s human rights were respected and they were not discriminated against because of their race or cultural beliefs. Staff understood the importance of respecting people’s rights and ensured they were treated with dignity and respect at all times. People’s right to lead a life style of

their own choosing was respected by the staff and they were supported to this, for example, they could spend time in their room and pursue individual hobbies and interests if they wished.

People’s care plans we looked at contained assessments undertaken by the both the placing authority and the staff at the service which identified areas of daily living which may pose a risk to the person, for example, falls, mobility, tissue viability and nutrition. The risk assessments were updated regularly and changes made where appropriate, for example, following a fall or any changes to person’s needs. Assessments were in place which instructed staff in how support people who may display behaviours which may challenge the service and put themselves and others at risk of harm. These had been formulated with the input from health care professionals who also supported the person. The risk assessments were detailed in how the staff should use distraction techniques to try and calm the person, making sure they were safe. Staff were able to describe what actions they should take to ensure people were safe and did not harm themselves or others.

The registered manager had audits in place which ensured the safety of the people who used the service. They audited the environment and made sure repairs were undertaken in timely way. Emergency procedures were in place which instructed the staff in what action they should take to ensure people’s safety if the premises were flooded or services like gas and electric failed. People’s care plans contained detailed evacuation plans which instructed the staff in how to evacuate the person safely in the event of an emergency. These were detailed and took into account people’s abilities, for example the person’s level of mobility and how they should be supported by the staff.

Staff understood they had a duty to raise any concerns they may have about people’s safety and welfare and understood they would be protected by the registered provider’s whistle blowing policy. The registered manager told us they depended on the staff to keep people safe and would take any concerns raised about a member of staff’s practise very seriously, taking the appropriate action to keep people who used the service safe. Staff told us they would have no hesitation in approaching the registered manager if they had any concerns; they also felt any conversation would be kept confidential and the registered manager would ensure people were kept safe.

Is the service safe?

The registered manager kept an ongoing record of any incidents which happened at the service, for example any safeguarding referrals and the outcome of any investigation undertaken by them or the local authority safeguarding team. The registered manager had made a number of safeguarding referrals about altercations between one person who used the service and other people who used the service, they had followed the advice given and provided the local authority safeguarding team with reports of the outcome of any investigation carried out by themselves. The registered manager had sent in the relevant notifications to the CQC regarding any safeguarding referrals.

Staff were provided in enough numbers to meet people's needs. We saw rotas which showed us enough staff were deployed on all shifts to ensure people's safety. The registered provider showed us a tool which they used to establish staffing levels based on people's needs. This was looked at weekly during management meetings and changes made where necessary, for example, the registered provider had identified there needed to be more staff on duty over the tea time period so an extra member of staff had been recruited to this post. Staff told us they felt there were enough staff on duty and they could spend time with people who used the service undertaking activities and taking them shopping in the local community. Staff told us they didn't feel rushed and never felt they neglected people's needs due to staffing levels.

We looked at recruitment files of the most recently recruited staff; these contained evidence of application forms being completed which covered gaps in employment

and asked the applicant to give an account of their experience. The files contained evidence of references obtained from the applicant's previous employer where possible and evidence of checks undertaken with the Disclosure and Barring Services (DBS). This meant, as far as practicable, staff had been recruited safely and people were not exposed to staff who had been barred from working with vulnerable adults.

Medicines were stored and administered safely. Systems were in place to make sure all medicines were checked in to the building and an on-going stock control was kept. There was a record of all medicines returned to the pharmacist. We looked at the medicines administration record sheets and these had been signed by staff when people's medicines had been given, staff used codes for when medicines had not been given or refused. All medicines were locked in a cupboard and the trolley used to take the medicines around the building was secured to the wall. Controlled medicines were administered and recorded in line with legislation and there was an accurate on-going stock control. The temperature of the fridges used to store some medicines had been monitored; staff knew the parameters the fridges should be working at to keep the medicines stored in them safe. The service's medicines system had recently been audited by the city health care partnership (CHCP), a private agency set up to assist and advise care home on the safe use of medicines; the registered manager agreed to share the report with us when they had received it. Records we saw showed us staff received regular training with regard to the safe handling and administration of medicines.

Is the service effective?

Our findings

People we spoke with told us they were happy with the food provided, comments included, “I enjoy the food”, “They give me what I want the food is fine”, “The cook is fantastic she knows what I like” and “The food is first class, there is always plenty of choice.” People told us they felt the staff were trained to meet their needs, comments included, “I like the staff, they look after me well”, “I think the staff are marvellous” and “They seem to know what I need and they make sure I’m ok.”

Staff told us they felt the training they received equipped them to meet the needs of the people who used the service. They told us they received regular training in safeguarding adults, health and safety, moving and handling, fire and food hygiene; this was training which the registered provider had identified as being essential for all staff to undertake. The registered manager had systems in place which ensured staff training was updated when required. Some training did not need updating annually; however, the registered manager made sure staff had refresher training in between the time for renewal. For example, training in safe food handling was undertaken yearly despite this this training needing to be updated less frequently. Staff told us they undertook more specialist training as well as the essential training identified by the registered provider this included, dementia and how to support people with behaviours which may put themselves or others at risk and challenged the service.

Newly recruited staff told us the induction they received was good and felt it covered all the areas they needed to know about the running of the service. They told us they had been assessed as being competent during their induction and any areas where they fell short in their learning had been revisited and retraining given. The induction in place had been based on current good practise guidelines issued by a reputable source.

We saw records which showed us staff received regular supervision and an annual appraisal. The supervision sessions covered topics about their working practise and any areas of concerns, the annual appraisal gave the staff the opportunity to set goal for their learning for the coming year. The staff told us they found the formal supervision sessions useful; however, they could also approach the registered manager at any time for guidance and advice.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The principles of MCA are to protect people through the use of legislation who need important decisions making on their behalf. The registered manager told us two people who used the service were subject to a DoLS, we saw this was recorded in their care plan. The care plans provided an audit trail as to how the decision had been reached to apply for a DoLS and who had been involved. Meetings had been held to ensure the decisions made were in the person best interest and the restrictions placed on them were the least restrictive in the circumstances. The registered manager told us they had made another application for the use of DoLS for another person who used the service and were awaiting the outcome of that application. Both the registered manager and the staff displayed a good working knowledge of the principles of MCA and the use of DoLS.

People were provided with a wholesome and nutritious diet which was of their choosing. People’s preferences had been recorded in their care plans as to what they enjoyed eating. The cook told us they had a good knowledge of people’s likes and dislikes and made every effort to accommodate these within the menu. They were aware of the need to provide some people with a high calorie diet and how to fortify meals to achieve this. There was a choice of meals at both lunch and tea time. The meal provided on the day of inspection looked appetising and well presented. People’s weight was monitored and referrals were made to dieticians when required. Referrals were also made to the speech and language therapy services (SALT) when required if people had difficulty swallowing.

Instruction had been written into people’s care plans for staff to follow in how support people to eat and what supplements needed to be added to aid swallowing. We observed the lunch time experience and saw people were served food promptly while it was hot, the cook knew people’s choices and ensured staff gave the right meal to the right person. Staff assisted people sensitively and sat with them providing support and gentle encouragement. The dining room was bright well laid out and background music was playing while people ate their meals.

Is the service effective?

People's care plans showed they had access to health care professionals when need and were supported to attend appointments at their GPs and hospital when needed. The outcome of any appointments were recorded in people's care plans and changes made where necessary.

When we walked around the building we found it to be clean, well maintained and free from any unpleasant odours, however the décor was varying shades of blue this included all doors to bedroom and toilets. This would not

necessarily help those people living with dementia distinguish between rooms and their purpose for example bedrooms, toilets or bathrooms; this was discussed with the registered manager and they had identified this during their environmental audits. **It is recommended the registered provider consults information and guidance from a reputable source about adapting the environment especially the décor to be more dementia friendly.**

Is the service caring?

Our findings

People who used the service told us they felt the staff cared for them well, comments included, “I like my key worker, she makes sure I have the things I need”, “The girls and are all kind and caring, it takes a lot to do this job” and “I like the staff.” One person told us they had been involved with their care plan, they said, “I know I have a care plan and I can look at it, but I don’t bother the staff look after me well.”

Visitors told us they thought staff cared for their relatives well, comments included, “I come quite often and the staff are always polite and helpful”, “They spend a lot of time with the residents, my mum likes the company” and “The staff are always happy and cheerful, they just get on with their work.”

During the inspection we spent time observing staff interaction with people who used the service in the lounge and the dining room. We saw staff had good, relaxed and open relationships with the people who used the service. Staff spent time with people and engaged them in conversation. There was lots of laughter and joking with the staff and people seemed to like this. We saw staff discreetly asking people if they would like to go to the toilet and offering other assistance as required. Staff were sensitive and caring in their approach and supported people at their own pace.

People’s care plans showed they had been involved with the formation and had an input into the content. The care plans showed people had been involved in reviews and their wishes and opinions had been recorded. The care plans were computerised but copies of signatures had been obtained which indicated people had agreed the content of the care plans. Where people could not sign their agreement, the person who acted on their behalf had signed.

During the inspection we saw and heard staff asking people about their daily routines, for example, asking if they wanted to undertake activities or to go to their rooms after

lunch. We also heard staff explaining what they were doing and why, for example when staff used any lifting aids we heard them explain to the person what was happening and why they were undertaking the task. We also heard staff gently encouraging people to walk whilst providing support.

People’s care plans showed their wellbeing was monitored on a daily basis. Staff recorded every time they undertook and activity with the person; this included all personal care tasks. Staff recorded any changes in the person’s needs and if they had involved any health care professionals, for example GPs or district nurses. Charts were used if a person had a particular need that required more detailed monitoring, this included amounts people ate and drank throughout the day. Turns chart were used to record when people had received care to lessen the chance of developing pressure sores if they were being cared for in bed.

The registered manager told us they had used an advocacy service in the past and this would be made available to people who used the service if they needed it. Staff told us they understood the importance of maintaining confidentiality when dealing with people’s personal information. Care plans were computerised and access was limited dependent on the member of staff’s role, for example, the registered manager had more access than the care staff to people’s personal information. The computers were pass word protected.

We saw and heard staff knocking on people’s doors around the building and they told us how they would maintain someone’s dignity by covering them over while undertaking any personal care, they also made sure all doors were closed. We saw and heard staff encouraging people in a gentle way to keep mobile and undertake personal care tasks they were still able to do. Some people spent time in their rooms and staff respected their wishes and maintained their privacy, but also checked the person periodically to make sure they were safe or if they needed anything.

Is the service responsive?

Our findings

People we spoke with told us they knew they had a right to complain and who they should raise any complaints with, comments included, “I would see the manager, she sorts things out for me”, “I can speak to the staff if I want” and “I don’t have any complaints but if I did I would see (the manager’s name).” People told us they could participate in activities if they wanted, comments included, “I know they put things on and they usually ask me if want to join in”, “They do bingo quite a lot but I don’t mind, I like that” and “They make sure we have things to do most days.”

Visitors told us they knew they could raise any concerns with the registered manager, one visitor told us, “The manager is very approachable and she is always around so if need to speak to her I can.”

People’s care plans we looked at described the person and what areas of daily living the staff need to support them with, for example, some aspects of personal care, mobility and dressing. The care plans contained information about how the person preferred to spend their days and the choices they made with regard to daily life, for example meals, getting up, going to bed and what they liked to wear. Care plans contained assessments which identified areas of daily life where people may have needed more support, for example mobility, falls, nutrition, skin integrity and any behaviour which may put the person or others at risk of harm. These assessments were reviewed on a regular basis or as and when people’s needs changed.

People’s care plans contained a record of reviews undertaken which involved the person, their relatives where appropriate, staff and health care professional involved with the person’s care. The reviews recorded the opinions of all those involved including the person about how their care was being provided and whether there should be any changes. Reviews were held regularly and emergency reviews had been held when people’s needs had changed rapidly, for example when a person was at the end of their lives.

The service provided people with a range of activities to choose from this included playing group games such as Bingo and one to one activities which may involve simply sitting with the person talking about their families or looking at photographs. The staff supported people to access the local community and to keep in touch with friends and relatives. People’s care plans documented what activities they had undertaken on a daily basis.

Some people preferred to spend most of their day in their room and staff respected those wishes; however, staff were aware that some people could become isolated and cut off from the rest of the service so they made sure they were regularly asked if they needed anything or if they wanted to join in the organised activities. We also saw staff visiting people in their rooms and spending time with them to ensure they did not become isolated or depressed. Staff told us this was an important part of their job. One member of staff said, “I always go and make sure (person’s name) is ok, she doesn’t come out of her room much, which is her choice, but I check she’s ok and doesn’t want anything.” Another said, “I enjoy sitting and talking to people, you get to know a lot about a person if you take the time to listen.”

The registered provider had a complaints procedure in place and this was displayed around the service. Staff told us they were aware of how to handle complaints they may receive. They told us they would try and resolve the problem immediately if they could but for more complex complaints they would refer the complainant to the registered manager who kept a log of all complaints received. This showed what the complaint was, how it had been investigated and whether the complainant was satisfied with the way the complaint had been investigated. Information had been provided to people about how they could consult outside bodies if they were not satisfied with the way their complaint had been investigated; this included the local authority and the local government Ombudsman.

Is the service well-led?

Our findings

People told us they had been involved in meetings and felt they could have say about how the service was run, comments included, “I have been to meetings and they do listen to you, I made some suggestions for outings and we did them”, “I remember filling out a questionnaire” and “The manager is lovely she come to see me all the time and asks if there is anything I want, she’s really good.”

During the inspection we saw the registered manager was accessible to staff and spent a great deal of their working day out of the office checking staff practise and ensuring people’s needs were met. They also supported staff in the caring tasks and took time providing one to one support for one of the people who used the service. Staff told us they found the registered manager very supportive and approachable, comments included, “(registered manager’s name) is brilliant, she will come out on the floor and help us if we need it”, “I can go to the manager and ask her about anything and she tries to sort it out for me, even stuff in my personal life” and “I have worked here a long time and (registered manager’s name) is the best manager we’ve had.”

Staff told us they had meetings where the registered manager and the registered provider gave them updates as to what was happening at the service, for example, the recent increasing of staffing levels and any future plans for the service. They told us the registered manager updated them on new legislation with regard to their role and any new ways of working which were being implemented. We saw minutes of meetings held with staff which showed the various topics discussed, for example, working practises, any planned changes or anything the registered manager or registered provider wanted to bring to the staff’s attention.

All accidents and the outcome of any actions taken as result of an accident were recorded. The registered manager analysed accidents to identify any patterns or trends so these could be looked at in detail to establish if any learning could be gained or changes made to working practises to keep people safe. Any learning from either the accidents or incidents was shared with staff. The registered manager had range of audits which they were expected to undertake on a regular basis, this included audits of staff training, staffing levels, people’s care plans, the environment and the décor of the building. These audits were checked by the registered provider who also undertook audits themselves and identified areas of improvement. If any areas of improvement were identified the registered provider brought this to the registered manager’s attention in the form a report and time scales were set to make sure these were addressed. For example, a recent audit undertaken by the registered provider had identified some cleanliness issues in people’s bedroom these had been addressed by the registered manager.

Surveys were undertaken with people who used the service, their relatives and visiting health care professionals to ascertain their views about how the service was run. The surveys identified various topics for people to comment on and these views were collated and analysed with action plans set to address any short falls. The registered manager also undertook meeting with people who used the service and their relatives to gain their views about how the service was run and to pass on information about the service. We saw a record of these meetings. The registered manager collated the views gathered via the surveys and meetings and set action plans and goals to address any issues raised.

The registered manager told us they kept up to date with changes or new ways of working by using the internet, they had also signed up for regular newsletters issued by organisation which undertook research into the way older people were cared for.