

Methodist Homes Beechville

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 ●

Summary of findings

Overall summary

We inspected Beechville on the 24 January 2018. The inspection was unannounced. Beechville is owned by Methodist Homes (MHA) which is a charity providing care, accommodation and support.

Beechville is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Beechville is registered to provide accommodation for up to 63 older people who require personal care. Some of the people were living with dementia. There were 61 people using the service at the time of the inspection. The home is a two storey purpose built home situated in its own grounds in a residential area of Lostock, Bolton. The home is on the main road that connects the towns of Horwich and Bolton. There is adequate car parking at the front of the home.

We last inspected Beechville on 21 August 2015 and the service was rated as good.

The registered manager had left the home in January 2018. A new manager from another of the Methodist Homes had been appointed. In the interim period the home was being managed by the Area Support Manager (ASM) who was available to facilitate the inspection. The ASM had been at the home for two weeks. The ASM had experience of managing a care home.

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 and associated Regulations about how the service is run.

On arrival at the home there are two sets of doors before people enter the large, comfortable reception area. The reception area has a coffee bar and is used for activities.

The service used the local authority safeguarding procedures to report any safeguarding concerns. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow.

The home was clean, tidy and fresh. The environment was maintained at an excellent level and homely in character.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities. However the infection control nurse who was at the home at the time of the inspection found areas of concern with regard to some poor practice. Most of these were addressed by the end of the inspection.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP). A PEEP informs the fire service what room people live in and what assistance they require to evacuate them safely.

People were offered a well balanced and nutritional diet and encouraged to eat and drink to ensure they were hydrated and well fed.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The ASM was aware of her responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and people who used the service. People told us staff were kind and caring.

We saw from our observations of staff and records that people who used the service were given choices in many aspects of their lives and helped to remain independent where possible.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed. Plans of care contained people's personal preferences so they could be treated as individuals.

We saw visitors were welcomed into the home and people could see their visitors in private if they wished.

Some staff had been trained in end of life care to help them to provide support to people who used the service and their family at the end of their life.

Activities were provided which were suitable to the age and gender of people who used the service.

Audits, quality assurance surveys and meetings helped the service analyse performance to help improve the service.

There was a suitable complaints procedure for people to raise 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 was safe.

We found that sufficient numbers of staff were available to meet the needs of the people who used the service.

A safe system of staff recruitment was in place and suitable arrangements were in place to help safeguard people from abuse.

People's medicines were administered safely and offered to them as prescribed. Staff were trained and assessed as competent to administer medication.

Is the service effective?

Good ●

The service was effective.

Systems were in place to ensure staff received regular support and supervision.

Staff were able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Care plans contained detailed information to inform staff of people's health and social care needs.

Is the service caring?

Good ●

The service was caring.

People spoke positively of the kindness and caring attitude of the staff. We saw that staff treated people with dignity, respect and patience.

People told us they felt communication within the home was good, that they were kept informed and felt involved. We saw that people's religious and cultural needs were respected.

There was a service user guide that provided information to

people about the home and the facilities offered.

Is the service responsive?

Good ●

The service was responsive

People's care records contained detailed information to guide staff on the care and support required.

People were free to make choices about how wanted to live their life. There was a wide and varied range of activities planned.

Suitable arrangements were in place for reporting and responding to any complaints or concerns.

Is the service well-led?

Good ●

The service was well-led

The registered manager had recently left the home. A new manager had been appointed. In the interim period the home was being managed by the ASM.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home.

The service had clear lines of accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

Beechville

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 checked 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 24 January 2018 and was unannounced.

The membership of the inspection team consisted of two adult social care inspectors and two experts-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service and for caring for people living with dementia.

Prior to our inspection we contacted the local authority commissioning team and the safeguarding team, the Community Infection Prevention and Control team and Healthwatch Bolton. Healthwatch is an independent consumer champion for health and social care. We also spoke with two healthcare professionals. This helped us to gain a balanced view of what people experienced accessing the service.

We looked at notifications received by CQC. We had received a provider information return form (PIR). This form asks the provider to give us some key information about what the service does well and what improvements they plan to make.

During the inspection we spoke with the ASM, eight people who used the service, seven relatives, the chef and kitchen staff and seven members of care staff.

We looked around the home and observed some of the activities available.

We observed the lunch time meal. This was to see if this was a pleasant experience, people were offered a meal of their choice and the availability of staff people required.

We reviewed records including five care plans, six staff personnel files, meeting minutes, training records, health and safety records and audits.

Is the service safe?

Our findings

We asked people who used the service if they felt safe living at Beechville. One person said, "Yes, there are a lot of people around and my daughter lives just down the road. It is nice to feel that there is someone to check on you at night, it makes you feel safe. A second person said, "I feel very safe here. The staff are always around". "Another person told us they all felt safe because, "The staff are very nice and we all feel very comfortable". A relative told us, "He's [relative] is very safe here, I have no concerns".

We asked people if they felt their property was safe. One person told us, "I feel they are safe, my things are safe in my room". Others spoken with agreed that they felt their property was safe.

Staff had received training in safeguarding adults. They were able to tell us of the action they would take to protect people who used the service from the risk of abuse. They told us they would also be confident to use the whistleblowing procedure in the service to report any poor practice they might observe. They told us they were certain the registered manager would take any concerns seriously.

We checked to see that staff had been safely recruited. We reviewed six staff personnel files and saw that each file contained an application form with included a full employment history, two references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

We asked about staffing levels. One person told us, "Yes there are enough staff; they have a certain number (key worker allocated to my room)". Another person said, "There are enough staff and they come as quickly as possible".

Information on the PIR said, 'We maintain staffing levels to meet the needs of the residents by day and night. Numbers of care, domestic and catering staff are appropriate for the needs of the home and the service we provide. Our examination of the staff rotas confirmed staffing levels were provided at consistent levels.

We reviewed the systems in place for the safe handling of medicines. Only staff that had been trained and were deemed competent were responsible for administering medicines. We saw that medicines systems were robust. Senior staff on each suite ordered and returned medicines on a monthly basis. There was a medicines policy in place and guidance for staff to refer to if needed. The medicines policy included the use of covert medicine (hidden medicines) and medicines taken 'as required' (PRN). We saw that controlled drugs were stored appropriately and the controlled drugs register was signed as required. We saw that fridge temperatures were recorded daily and records were up to date. We asked people if they got their medicines on time. One person said, "They [staff] bring my tablets on time. You don't have to remind them."

Detailed risk management plans were in place to guide staff on the action to take to mitigate the identified risks. Records we looked at showed us risk management policies and procedures were in place; these were

designed to protect people who used the service and staff from risks including those associated with, the handling of medicines, the environment and the use of equipment. Records we looked at showed us all equipment used in the service was maintained and regularly serviced to help ensure the safety of people in the home.

Care plans we looked at had risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when delivering their support. These included moving and handling assessments, falls and medical conditions. We saw personal emergency evacuation plans (PEEPs) were in place to assist staff and the fire service in the event of emergencies.

Inspection of records showed that a fire risk assessment was in place and regular checks had been carried out to confirm that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear.

There was a business continuity plan in place to provide information for staff about the action they should take in the event of an emergency such as a failure of the gas or electricity supply to the premises

We looked around the home and found it was well maintained. Systems were also in place to help reduce the risk of cross infection in the service; this included the use of personal protective equipment (PPE). However the infection control nurse found some areas that required attention. These included: Dirty clothes on the laundry floor, a number of the calls bells had food on them, a number of commodes required cleaning and the treatment room was not clean and tidy. We discussed this with the ASM and the findings were actioned before the end of the inspection. An action plan was sent the on 25 January 2017 with how infection control was to be monitored. Further infection control training had also been booked. The ASM also implemented extra daily checks to ensure the building was clean and infection control would be a regular item on team meeting agendas.

Is the service effective?

Our findings

We spoke with the chef and kitchen staff who confirmed that fresh and dried supplies were delivered regularly. Checks were carried out to ensure food was stored and prepared at the correct temperatures. The service had received a 5 star rating from the national food hygiene rating scheme which meant they followed safe food storage and preparation practices. We saw that the menus planned offered people a healthy and well balanced nutritional diet. Special diets were provided as required. For example vegetarian, soft, pureed food, diabetic diets and cultural preferences could be catered for.

We asked people what they thought about the food. One person said, "I tend to have breakfast between 08:00 and 08:30. It's not a cooked breakfast so you can serve yourself if you can. We get a cooked lunch there is a choice of menu but the food is a bit plain for me but the chef is marvellous. We have high tea at 17:00. We have coffee, tea or apple juice at any time day or night". Another said, "The food is very good and I try to eat as much as I can. They give me lots of warm milk". A third person said, "The menus are very good and there is always a choice of two and an alternative menu as well". The results from the last quality survey showed that 87% of people thought the menu offered a good variety of choices each day and 87% of people rated the quality of food as good. Each suite had a satellite kitchen so people had access to drinks and snacks at all times. We noted that there was fresh fruit and packets of crisps distributed around the home so people could help themselves.

We observed the lunch time meal in two of the suites. Staff told us that meal times were protected. This meant that visitors were asked to refrain from visiting at meal times so people could dine without disruption. We noted that in Sycamore suite the dining tables were nicely set out with flower arrangements, napkins, cutlery, side plates and cups and saucers. There were condiments, individual packets of sauces and a sugar bowl on each table. In Cedar suite, the tables were not set out as nicely as in Sycamore. We discussed this with the ASM to check why there was a difference. The ASM said deal with this following the inspection.

We found the care plans included a daily support plan reference sheet, support plans for issues such as health, mental health, spiritual well-being, living, working, recreation, maintaining a safe environment, communication, resting and sleeping, promotion of continence, relationships and sexuality, personal care, mobility and dexterity, tissue viability and nutrition.

Weekly weights were recorded where appropriate and action taken where weight loss noted. Referrals to the Speech and Language Therapy team and the dietician had been made as required.

There was a skin inspection chart to note any blemishes or issues on admission and continued monitoring was in place.

Resident transfer forms were within all care files. This form provided information to paramedics and hospital staff in the event of a person being taken to hospital.

There was information about equipment required/used and professional correspondence within the files. Each file had a relatives' communication sheet and a professional's communication sheet to help ensure appropriate and correct information was shared.

Support plans were supposed to be evaluated monthly but some had not been completed and were not up to date. We discussed this with the ASM who agreed to action this immediately following the inspection.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Consent forms for photos, access to records and assistance with care were completed appropriately, either signed by the person who used the service or their representative. Capacity assessments were completed. DoLS information was in the files. There was a DoLS tracker which demonstrated when a DoLS had been applied for, was authorised and was due to expire. The date when this had been reapplied for had been recorded. The date CQC had been notified was also recorded.

Any conditions to DoLS were noted on the tracker. Staff members we spoke with were able to demonstrate an understanding of the principles of the MCA and DoLS. Staff confirmed they had undertaken training in this topic.

The induction programme was thorough and included all essential training and an introduction to the service. Staff spoken with confirmed they had completed a full induction on commencing working at home.

We were provided with the staff training record. This showed that all staff had completed essential training and regular updates were offered as required. Training included moving people safely, first aid, food hygiene, fire safety awareness and medication.

Staff spoken with told us they received regular supervision to support them in their roles, which they found helpful. Supervision was a one-to-one support meeting between individual staff and management to review their role and responsibilities. The two-way discussion covered any worries or concerns they may have and any further training and development they may wish to undertake.

Beechville was decorated to a high standard. Accommodation was on two floors, bedrooms were all en-suite. There was a passenger lift for access between the floors. Lounges, dining areas and bathrooms were on all suites. Each room had a nurse call system to enable people to request support if needed. Some rooms had sensory equipment to alert staff in the event of people getting out of bed and needing assistance. The corridors were spacious to allow people to move freely around the home. Aids and hoists, which were suitable for meeting the assessed needs of people with mobility problems, were in place. Bedroom doors were numbered and some memory boxes helped people to recognise their own rooms. There were pictures and scenes of the local areas on the walls for people to look back on. There was some signage which helped

people orientate around the home. We discussed with the ASM that the signage could be more dementia friendly to assist those people who were living with advanced dementia.

Is the service caring?

Our findings

We asked people who lived at Beechville if they thought they were well cared for. One person said, "All the staff are very friendly and caring. They always have time to speak to you". Another said, "Staff are really lovely, we are well cared for here. [Staff name] is very nice, she's a gem". A third person said, "Yes I am well cared for, they [staff] would come to you and help to solve any problems you have".

We observed that people were well groomed and attention had been given to hand and nail care. We saw that some ladies had nail polish, makeup and jewellery on. Gentleman were clean shaven. People had access to the hairdressing salon located on the first floor.

We observed during the day positive interactions between staff and people who lived at Beechville. There was a respectful banter between people. We heard staff called people by their preferred name. During informal conversations, staff spoke with individuals about their backgrounds, likes and dislikes and hobbies and interests.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed staff knocked on bedroom and bathroom doors and waited for a response before entering.

Information on the PIR states that all new staff at Beechville undertakes MHA's own 'Living the Values' training, which explained and re-enforced that dealing with people in a respectful way is essential to their wellbeing. Diversity and Equal Opportunity training was provided to all staff.

There was a clear Access to Records Policy. MHA have a robust Data Protection Policy and Confidentiality Policy which all staff are made aware of during their induction. Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was a sensitive and caring approach observed throughout our inspection visit. From the training records provide we saw that staff had completed training in equality and diversity which meant that staff knew how to treat people as individuals.

We received comments from two visiting healthcare professionals, one told us, 'I am responsible for providing nursing input to patients in Beechville, I have a good relationship with both management and care staff. I find the staff have a good knowledge and understanding of their patients' needs and are aware of patient preferences. The staff are kind and considerate and display understanding and empathy. The staff have a good knowledge of the needs of patients with dementia and strategies to support patients within their home'. Another said, "I visit the home regularly. From my perspective I have always found the home to be clean, rooms and corridors tidy. I take feedback from my colleagues and none have handed over any significant concerns. I sometimes feel there could be more stimulation".

We found that staff and the management made visitors welcome. This was confirmed by visitors we spoke with.

We spoke with the ASM and staff about the culture at the home. They discussed the increasing number of people living with dementia. Staff had undertaken training in dementia awareness. We saw that staff understood the needs of the people they were caring for and support them with kindness and compassion.

The home had a service user guide available for people who used the service and their relatives. The guide provided information about the home including staffing structure, food and drink, laundry, medication and daily activities.

Is the service responsive?

Our findings

We found staff responded to people's needs quickly and efficiently when required. One person told us, "My GP has been a couple of times just for minor illnesses. They do call the doctor out if necessary. They are good like that, very prompt".

One relative spoken with told us their relative had a fallen a couple of times and that the staff requested a GP visit and a visit to hospital for an x-ray. They said, "Everything was fine. They dealt with everything very well".

The care records we looked at contained detailed information about the care and support required. Care files included a personal profile and life stories had been completed where possible. Preferences, such as night time routines and food likes and dislikes were documented. One person had expressed a preference for a male carer and this had been facilitated as and when one was available at the home. It had been explained to the person that it was not always possible to meet that requirement and they had agreed to that.

We spoke to the activities coordinator who focused entirely on providing the opportunity and facilities for social care. There was a full and varied activity programme running over seven days a week, this was devised after consultation with people who used the service.

On the afternoon of the inspection a singing and tap dancing group came to perform for people. We observed people joining in singing and dancing. We saw information within the care files about music therapy which had been accessed by some people who used the service.

We asked people what other activities they took part in. We were told "We do flower arranging, it used to be a mix of artificial and real flowers but now it's all artificial due to cost; and then there's Zumba which is done in the foyer. We do leg exercises, its good fun. They're planning on going to Llandudno on holiday and we have lovely day trips. Another person said, "I could go to church if I wanted, but I've started going to the service here every week and to the discussion groups with the Chaplain. Either she or one of us chooses the topic. She comes three days a week and she's a good listener and a good talker".

Other people told us they went out to the theatre, to local restaurants and to a local venue with friends for an evening's entertainment of singing and dancing. The activities coordinator was supported by regular volunteers and relatives. One person said, "I come in to help with some of the activities and I always get a lot of support from the staff". The feedback from the last survey showed that 100% that people were supported to take part in any hobbies and interests if they wished to.

We asked the ASM how the home cared for people who were nearing the end of their life. Information on the PIR states, "We strive to meet the needs of our residents and their families at the End of Life, we discuss end of life on admission which is reviewed continuously. We discuss with residents, families and General Practitioner the Do Not Attempt Resuscitation (DNAR) policy so we can act appropriately to provide a good

death. We saw evidence in some of the care records we looked at that final wishes were noted where these had been expressed and we saw one advance directive outlining that the person had a living will.

There was a complaints log. There had been a small number of complaints recorded with brief details of the complaint, date, actions and full written responses included in the log.

We were provided with a number of compliments about the service from friends and families. Comments included: 'How grateful we were of how well staff cared for [relative] before his passing'. Another read, 'We would like to express our sincere gratitude and thanks to you and your staff for the care, love and respect that has been shown to [relative] whilst he was a resident at Beechville. We were especially grateful for the compassion you showed us'. A comment from a potential new resident's family who came to look around the home, they commented on how homely Beechville felt and that they would feel happy for their mum to live there if they could meet her needs.

Is the service well-led?

Our findings

The registered manager had left the home in early January 2018. A new manager from another of the Methodist Homes had been appointed. In the interim period the home was being managed by the Area Support Manager (ASM) who was available to facilitate with the inspection. The ASM had been at the home for two weeks. The ASM had experience of managing a care home.

We found the home had clear lines of accountability. The ASM was supported by the deputy manager, the area manager and a quality business partner. Staff spoken with said, "ASM is very good and supportive. There has been no real impact of having a stand-in manager because a lot of the staff have worked here for a long time and support each other".

We asked people if the management of the home were approachable. People who used the service said, "Absolutely" another said, "Very approachable". A relative told us they went to speak to the management with an issue that was troubling them and this was sorted out, the relative commented, "They [management] were helpful and supportive".

Information on the PIR told us that systems were in place to monitor and assess the quality of the service. MHA had a central quality team who carried out an annual standards assessment on the home to ensure that care standards were monitored and recommendations were fed back in a constructive and positive way. Key statistics relating to care were compiled by the central office and presented in a format that allowed quick corrective measures to be put in place. We saw evidence of these checks in the audits provided.

The ASM, in the absence of a registered manager, was responsible for collating information monthly and reporting information on tissue viability, medication, resident's weights, and falls/accidents and any other issues. A weekly report was submitted to the area manager on staff issues, enquiries, staff and resident issues, plus general concerns and actions taken to ensure good care delivery. Evidence of these checks was available on the day of the inspection.

We saw that heads of departments met weekly. Topics covered included discussions around the kitchen, nutrition and records. People spoken with told us they were delighted with the laundry service. On the last survey the laundry service scored 100%. People said their clothes went to the laundry and were returned very quickly and that nothing went missing.

There were minutes of staff meetings. The last staff meeting took place on 23 August 2017 and the last senior meeting was held on 11 October 2017.

The home worked in partnership with other organisations to make sure they were following current practice and that people in their care received a good quality service. These included, district nurses, the mental health team and other healthcare professionals.