

Beechlawns (Stourbridge) Limited

Beechlawns

Inspection report

20 Wood Street, Wollaston
Stourbridge, DY8 4NW
Tel: 01384 835050
Website:

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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

Beechlawns is registered to provide accommodation for up to seven people who require accommodation and personal care. People who live there may have a range of needs which include learning disabilities. At the time of our inspection seven people were using the service. Our inspection was unannounced and took place on 7 October 2015. Our last inspection took place on 23 November 2013 and all the regulations were met.

The manager was registered with us as is required by law. 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.

People told us they felt confident that the service provided to them was safe and protected them from harm. Staff we spoke with were clear about how they could access and utilise the providers whistle blowing policy.

Summary of findings

We observed there were a suitable amount of staff on duty with the skills, experience and training in order to meet people's needs. People told us that they were able to raise any concerns they had and felt confident they would be acted upon.

People's ability to make important decisions was considered in line with the requirements of the Mental Capacity Act 2005.

People were supported to take food and drinks in sufficient quantities to prevent malnutrition and dehydration. People were supported to access a range of health and social care professionals to ensure their health needs were met.

Staff interacted with people in a positive manner and used a variety of communication methods to establish their consent and/or understanding. Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

Staff were aware of how and when to access independent advice and support for people and assisted with this when required.

People were involved in the planning of care and staff delivered care in line with people's preferences and wishes.

Information and updates about the service were made available to people in meetings and to relatives verbally. The complaints procedure was displayed in a clear and understandable format to maximise people's knowledge and understanding of how to make a complaint.

People, relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager. Structures for supervision allowing staff to understand their roles and responsibilities were in place.

Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were effective.

Quality assurance audits were undertaken regularly by the provider. The registered manager had also ensured that checks on staff were undertaken periodically out of normal working hours.

Medicines were audited daily as they were distributed. There was a clear process for disposing of and recording medicines that were refused or not given.

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.

A suitable amount of staff were on duty with the skills, experience and training in order to meet people's needs.

Staff acted in a way that ensured people were kept safe.

Medicines were given and recorded in a safe manner.

Good



Is the service effective?

The service was effective.

Staff knew people's care needs.

Staff received regular training and had the appropriate level of knowledge and skills to meet people's needs.

People were supported with their requirements related to healthcare, diet and hydration.

Good



Is the service caring?

The service was caring.

We observed staff knew people well and interacted with them in a kind and compassionate manner.

Information about the service was available for people and their relatives in an easily understandable format.

We observed that people's privacy and dignity was respected by the staff supporting them.

Good



Is the service responsive?

The service was responsive.

Although most people were unable to participate in planning their care, their relatives or those who knew them best were involved.

Staff were aware of people's likes, dislikes and abilities and supported them to be involved in activities and to stay as independent as possible.

People and their relatives told us they knew how to make a complaint and felt confident that the manager would deal with any issues they raised.

Good



Is the service well-led?

The service was well-led.

People, their relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager.

The registered manager and the providers carried out quality assurance checks regularly and acted upon any findings wherever needed.

Good



Summary of findings

We saw the provider actively promoted an open culture amongst its staff and made information available to them to raise concerns or whistle blow.

Beechlawns

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 October 2015 and was unannounced. The inspection was carried out by one Inspector.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that

have happened at the service, such as accidents or a serious injury. We liaised with the Local Authority Commissioning team to identify areas we may wish to focus upon in the planning of this inspection.

We spoke with three people who used the service, two relatives, two staff members, two visiting professionals and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to three people by reviewing their care records. We reviewed four staff recruitment and/or disciplinary records, the staff training matrix, three medication records and a variety of quality assurance audits.

Is the service safe?

Our findings

People told us that they felt safe. One person said, “I like it here, I feel looked after”. Another person said, “I feel safe, the staff look after me.” A third person told us, “Sometimes I get angry, but the staff just stay calm and keep me calm and then I am happy again”. We observed a discussion between the registered manager and a person living in the home, where they chatted about a picture of a care home in a magazine. The person said, “Some people get knocked about in those places, but not here”. A relative told us, “[Name] seems to be happy and they interact well with others, I am sure that they are very safe there”. A staff member told us, “People are safe, we have a duty of care towards them and this includes safeguarding them, preventing any trips or falls and giving medicines out the correct way, it is all about keeping people safe.

Staff told us that they knew how to recognise the different signs of abuse and were able to name the categories of abuse. A staff member told us, “I am able to raise an alarm if needed. Another member of staff told us, “I understand whistleblowing very well and if my line manager wasn’t doing their duty in following up my concern I would take it to social services or CQC”. Staff told us that they understood the protocol in the event of an incident and one staff member told us, “The manager would complete a statement of fact following any incidents and report it to CQC and the local authority”. We saw that accident forms and body maps were completed and recorded and kept on file, so that the information could be used to assist in identifying any future concerns and that issues had been reported appropriately.

Risk assessments provided a clear description on how the person should be supported and any risk that may occur, such as trips or falls. Each person had a daily risk evaluation of the activities that they took part in. Safe moving techniques were understood by the staff we spoke with and they told us that each person’s needs were assessed individually to restrict the possibility of injury.

We found that there was an emergency evacuation plan in place and regular fire drills were carried out. Both staff and

people living in the home knew where fire exits were and they were kept free of obstruction and signposted clearly. Emergency telephone numbers were displayed in the manager’s office and staff told us that they would ring the emergency services should they require immediate assistance.

There were enough staff available to meet people’s needs during our visit, with three care staff working on shift. During the night one staff member remains on duty, but in the event of help being required in an emergency on-call staff would be available to give advice or assistance. One person told us, “There is always lots of staff about, they have time for us”. Another person said, “If I need them they are right in front of me”. A staff member told us, “There is always enough staff on, three in the day and one at night plus the on call is available. We have a hands on manager who helps with care work, getting people up and giving them breakfast, as well as doing the paperwork”.

We observed that people were cared for by suitable staff and we saw that there was a robust recruitment process. A staff member told us, “It was a really thorough recruitment process and we all had to provide details of where we previously worked and that was checked”. We saw that references were taken and Disclosure and Barring Service (DBS) checks were carried out before staff began work. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concern.

People living in the home told us, “I get my medicines every day, like I am supposed to” and “The staff look after my medicine, I would forget to take it, but they remind me what it’s for and why I am taking it”. We looked at three people’s medication files and saw that the medication administration records (MAR) sheets had been correctly completed. Medicines were stored correctly and at an appropriate temperature. Medicines to be returned were locked away securely until the pharmacy collected them monthly. Records were made at the time of being dispensed if they were refused or not given.

Is the service effective?

Our findings

People were cared for by well trained staff. We were told by staff that training was carried out in a variety of subjects, such as safeguarding and manual handling, and there was also additional training on topics such as dementia awareness and the Mental Capacity Act. A professional visiting the service told us, “The manager is very supportive of staff learning and training is very important here, the staff all want to learn”. A member of staff told us that although they had previously worked in a role linked to care, they only had basic skills when they started their job. The training that they had received through the provider meant that they now felt that they held much more knowledge on caring for people and told us, “There is always training going on”. Another staff member told us, “The manager makes sure that all of our training needs are met and reminds us about courses”.

There was a formal procedure in place for the induction of staff new to the home. A staff member told us, “I did some hours shadowing the staff after my interview, then for a whole shift I shadowed other staff before I started the job. I knew that I could do the job before taking any responsibilities on”. Each new member of staff spent their first day reading policies and their code of conduct was signed off. Staff told us that they understood how important it was that the right people were chosen for the roles and told us they enjoyed their induction.

Staff told us that they had regular monthly supervision with the registered manager and that they were also able to go to them with any concerns or issues that they had. One member of staff told us, “I can talk to the manager any time and they always listen and will sit down and talk through what I am worried about, so that I can learn from it for next time”. The registered manager told us that they received on-going support from the provider and that contact was always on-going. The registered manager received supervision from their line manager on a monthly basis. Staff also received an annual appraisal where their conduct and progress was recorded.

Staff we spoke with had a good understanding of the Mental Capacity Act (MCA), which provides a legal framework for acting and making decisions on behalf of

individuals who lack mental capacity to make particular decisions for themselves. Staff told us that they had read the MCA good practice policy that had come from the local authority.

People’s consent to care and treatment was sought in line with legislation. There were Deprivation of Liberty Safeguarding (DoLS) approvals from the local authority for six out of the seven people living in the home and these were recorded. DoLS provides a process by which a provider must seek authorisation to restrict a person’s freedoms for the purposes of care and treatment. An individual DoLS plan was kept in each person’s care plan and there was also a consent and capacity assessment recorded, with a contract in picture form for people to sign. Staff told us that people’s DoLS care plan was reviewed annually with them, with one staff member telling us, “I understand fully how to support someone on DoLS and if they wanted to leave I would just distract them”.

We observed people moving freely around the home and getting themselves items from the kitchen whenever they wanted to. We saw people making themselves cups of tea and making ones for other people around them. People could move between lounges, the kitchen, the dining room and the garden without restriction.

When asked if they enjoyed the meals provided one person told us, “The meals are wonderful and I can choose what I want, from eggs on toast in the morning and then if I don’t want a big dinner I can have something else”. A relative told us, “They get enough to eat and drink and the food always looks nice and it is very healthy”. A professional visiting the home told us, “I have seen a lot of the meals here and they are always this good. When I have been out with people and staff on activities and we have gone for meals, staff always encourage people to eat healthily, but want them to enjoy it and give them choice. We saw that a menu in picture form was displayed at various locations around the home, so that people could see what meals were available.

During lunch one person asked who cooked the meal and when told by staff, they said “Thank you [name] it is wonderful”. People were given a healthy meal they enjoyed, which had been prepared using fresh ingredients. Everyone had been told previously that morning what the lunch was so they had the opportunity to ask for something else. Staff supported people discreetly and asked if anyone wanted any help, but encouraged those who were more able to use their own skills where possible. Staff ensured that people

Is the service effective?

were offered drinks throughout their meal. People chatted between themselves whilst eating and discussed what they would like to do that afternoon. One person chose not to join everyone in the dining room and staff told us that they only like to eat at teatime, but they were given snacks and drinks throughout the day, which we observed.

We saw that drinks were available throughout the day and staff reminded people to take a drink whilst they were doing activities. All the staff shared cooking duties and we noted signs up in the kitchen giving information about the fortifying of food for people at risk of losing weight and detailing how they could add calories to everyday foods by using cream and milk powder. Staff told us that one person loses weight regularly and has difficulty eating, so their food was prepared in such a way that helped to build their weight up.

People told us that they were included in decisions about their health. One person told us, "I decide when I see the Doctor". Another person told us, "Staff tell me about my medicine and remind me why I take it. The Doctor comes when I need him". A visiting professional told us, "The staff always support me when I need them to and they are really helpful and they know people well, which calms them down during my visit". People had access to healthcare when they required it. Care records showed that the service had worked well with external health and social care services to ensure that people's healthcare needs were met. We viewed specific health files that contained a hospital passport with information about the person that could be shared in the event of a hospital admission; and we also saw a list of professionals contact details alongside a photograph of the person's Doctor or Consultant, so that they were aware of who they would be seeing before they got to their appointment.

Is the service caring?

Our findings

People were happy in the home and we witnessed many examples of staff providing support with kindness. Staff sat with people and engaged them in conversation, they gave them their time and didn't rush them. One person told us, "The staff are very caring and they are kind to me even when I shout at them. I like it here, it is the best place that I have been to". Another person told us, "I like to have a chat with the manager and I can tell the staff if I am sad about something". A member of staff told us that, "Everyone in here is like family and we really care about them, so we do the best we can for them".

We observed that the registered manager and staff knew people well and they were able to tell us about people's likes and dislikes and how they responded to the care they were given. We witnessed a person become upset after lunch, however the registered manager was able to calm them down and reassure them, by seeking out their favourite belonging and giving it to them, which immediately had a soothing effect. A staff member told us, "One person loves drawing and they are a really good artist, we are always telling them so and find things for them to draw for us". Another staff member told us that, "We understand when people are feeling stressed or upset, so we will get the drawing pads and pens out or put some music or a DVD on, as it helps to take people's minds off what is upsetting them". A relative told us, "Carers really care, they wash and dress people and they are very patient. They give people what they want and take them out places. They are so good here it really is a home from home and there are really good relationships between staff and people who live here".

Staff told us that they were able to understand people and that they communicated well with them, even when people may have difficulties in understanding. We observed staff talking with a person who was responding with confused replies, but staff supported the person by listening to them and not correcting them. A medical professional that we spoke with told us, "They [Staff] work well with people and always seem to know what people are trying to say". A relative told us, "Residents can't always tell staff what is wrong, so it is so good that they know them well. My relative doesn't always like a lot of noise and staff understand the signs and ensure that they have some me time in the quiet room".

People told us that they were encouraged to be independent and one person told us, "I can choose my own clothes and get up when want to". Another person said, "I love to do the washing up, it is my favourite thing to do, I used to do it at home and I like to do it here". A relative told us, "[Name] is strong-willed and likes to make their own choices, they have always had the carers support in this". Another relative said, "Staff encourage people to be as independent as possible, so that they don't lose any skills". Staff told us, "People are encouraged to do as much as they can for themselves, but we are always close by".

We viewed that some activities were based around independence, for example, we saw staff provided paints and mugs to be decorated, but let people do it themselves, giving them gentle instruction when needed, so that people were proud of what they had achieved for themselves. When having their nails painted people were able to choose the colour of nail polish, where they had their nails painted and at what time. We saw people smiling and chatting with staff whilst having their nails done. A member of staff told us, "This isn't an activity, it was what people wanted doing and something that they deserve to have done, a bit of pampering does people good and I will do it whenever I can for them". We witnessed photograph's being taken of activities and rather than staff take them, people living in the home were encouraged to take the picture. Staff gave instructions to help the person take the picture, but they were able to participate independently. The resulting picture was praised and shown to others around the table.

Access to advocacy services was promoted in the home, with posters up in the reception area detailing how people could contact an advocate if they so wished. The registered manager told us they had assisted people with contacting advocates when independent advice and support was required and gave us examples of when they had been able to support people.

We saw that privacy and dignity was a high priority for staff and we saw that people were supported to retain their privacy and dignity. One relative told us, "There is a good relationship between people and staff and they like the carers, they give them both dignity and respect". A staff member told us, "We remind people living in the home not to barge in on others and we encourage them to shut doors behind them, help them to dress in bedrooms, understand who needs help". Another member of staff shared with us,

Is the service caring?

“When we do personal care the curtains are always drawn and the door is closed, we dress people as they choose”. All of the staff we spoke with told us that they had read and understood the privacy and dignity policies.

Is the service responsive?

Our findings

People told us that they had been involved in their care plans, but that they had not been able to provide detailed information, so their families had assisted. A relative told us, “When they moved in the staff took all of the information from us, but [Name] was involved as much as possible in the meeting”. We saw that care plans included historical information from medical professionals involved with the person. Care plans were very detailed and provided an in-depth background of the person along with photographs of them. Daily diary entries included photos of activities done and recorded where people had been and what had happened on each day, eg, a day out and a walk along the river.

Staff told us that information about people came to them in various ways, looking at care plans, talking with other staff and the registered manager, and having an effective handover at the end of each shift. We observed one staff handover, where discussions took place on the person’s current wellbeing, any changes and their mood. Staff actively asked questions and listened to each other and we saw that they had a good understanding of people’s needs and preferences.

One person told us, “They come up with that many things to do here, not one day is ever boring”. A staff member told us, “We go out to the local pub and meet people in the community, so that people feel involved in what is happening outside of the home and that they see their neighbours”. The ladies will have pamper days, but we find activities for gentlemen too, such as countryside rambles and sports related interests. Staff told us that people were involved in choosing the activities that they wished to do and that meetings were held where day trips and holidays were discussed and decided upon. Everyone we spoke with commented about the quality of days out to places such as Chester, Blackpool and London and also holidays around the UK.

Staff told us that relatives either visit or ask for telephone updates on how people are getting on. A relative told us,

“We are always welcomed when we do go in. If we had any concerns we could always phone the manager and she would get onto it, she is happy to discuss anything”. Another relative said, “Everyone is very welcoming when we do visit, we wish we could go more often, but we know that [Name] is ok with staff. They always contact us with updates and keep us well informed and always listen to us”. A staff member said that, “We have good working relationships with family and like to keep them informed on people’s wellbeing”.

We saw records of resident’s meetings and viewed where people had put forward ideas, these had been considered and discussed. People had been able to share their opinions about activities and places to visit and these had been acknowledged and acted upon. Staff had seen that some people may want some time away from the noise of the home and so they had a designated “quiet room” with sensory items and gentle music. A visiting professional told us that staff had worked with people to discover what kind of things they would like to see in this space.

None of the people we spoke with had any complaints about the care that they received at Beechlawns. People were not aware of a specific complaints procedure, but relatives told us that if they did have a complaint they were confident that it would be dealt with quickly and appropriately. We saw that there was a complaints policy, where issues would be followed up by a telephone call from the registered manager and then dealt with immediately. Complaints forms were available in two formats including an easily understandable picture format.

We saw records of monthly key worker meetings with people, where they could give their feedback on things that they had liked or disliked throughout the month. Staff told us, “We listen to people every day, but the monthly meeting allows us to see if there have been any patterns in issues, which we can record and then deal with”. The registered manager told us that relatives were invited to meetings, but these were not well attended. Relatives that we spoke to confirmed that they had been invited, but were not always able to be there for meetings.

Is the service well-led?

Our findings

Throughout our inspection people told us how happy they were to be living at Beechlawns. One person told us, “I am happy here and I have friends”. Staff morale was high and the staff members that we spoke with were very enthusiastic about their roles, they were knowledgeable about the people they cared for. The atmosphere was warm and homely and people were very comfortable with each other and with staff. A relative said, “I can’t praise them enough for what they do”. A staff member told us, “I love working here and wouldn’t want to go anywhere else”. The registered manager told us, “We are all part of a family here”.

One person told us, “Everybody here wants to make us happy”. We observed that the service had been developed around people’s needs and that their thoughts and opinions mattered and had been listened to. An example of this was how people living in the home had been included in drawing up interview questions for potential new staff members. Staff told us that they included people in everything that they did and encouraged them to be part of the home. The registered manager told us, “We are want the best for people and that is why we decided to do 12 hour shifts to give people consistency of care and so we could take people out places without having to worry about rushing back for staff handovers”.

One staff member told us, “The manager is flexible with staff when she can be and she considers our needs”. Another member of staff said, “I have supervision monthly, but can go to her at any time. There is always someone to talk to if you have a concern. The manager goes way beyond what is expected of her and will give her time freely”. Staff told us that they knew who to contact in the absence of the registered manager, one staff member said, “There is always a senior on shift and we could contact the head office at any time. Night shift always have on call staff available and we have emergency numbers up in the office”.

We were told that senior management came in regularly and that they actively supported the home. The registered

manager told us, “They like people to do activities and will spend money on people doing things and going on holiday whatever the cost”. Staff told us that the registered manager always shared her visions for the future of the service and any upcoming plans with the staff team, both in the team meetings, which were carried out monthly or during meetings arranged for specific reasons.

Each month quality assurance checks were carried out. The registered manager told us how she was able to quality assure care provision at night when she was not in the building by making sure that the jobs allocated for staff members to complete were signed off by them and she then checked if they were done. We saw that a handover sheet was completed by the registered manager in person every day and any concerns were written down. We saw that the registered manager carried out spot checks on day staff in the same manner.

When asked if they felt that Beechlawns was well led, a relative told us, “This place is very well led and she is a hands on manager”. Another relative said, “I don’t know the manager that much, as I don’t visit often, but she seems very professional in the dealings that I have had with her”. A health professional told us, “The manager is very helpful and forthcoming with any information requested. Staff understand people’s needs and the manager knows what support and training the staff need and makes sure that they get it. She runs a smooth and good team”. A member of staff told us, “The manager deals with things in an approachable manner. She gets staff to read policies and procedures every 6 months as a refresher and is constantly updating folders with new legislation”. The registered manager told us, “The people living here always come first, before any staff needs and we all know and agree with that. I am a hard task master with the staff sometimes, but only for the good of the people that we care for”.

The registered manager told us that they understood the importance of notifying the local authority and CQC of any incidents or accidents that took place in the home, so that any concerns may be investigated and acted upon. Notifications were received by CQC following any incidents.