Westcare (Somerset) Ltd

Beech Tree House Residential Home

Inspection report

High Street
Keinton Mandeville
Somerton
Somerset
TA11 6DZ

Tel: 01458223369

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection was unannounced and took place on 27 September 2016.

Beech Tree House is registered to provide care and accommodation to up to 16 people. The home specialises in the care of older people who are living with dementia. At the time of the inspection there were 14 people living at the home.

The last inspection of the home was carried out in October 2013. No concerns were highlighted at that inspection.

There is no registered manager in post. However there is a manager who has applied to be registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The new manager of the home was described as very approachable and supportive. They had already identified some areas of practice which required improvement and had made some changes in response to these. These included additional information in care plans and changes to infection control practices.

We found that improvements were needed to make sure records of medication administration were correctly completed to minimise the risk of errors. The manager informed us they had already identified a more robust audit of medication administration records was required and planned to put this in place.

We also found that improvements were needed to make sure people had the support and information they required to help them to make choices and ensure their privacy and dignity was respected. Where people occupied shared rooms people did not have the opportunity to meet before making a decision to share. Neither were there any assessments in place to outline how the people had been identified as compatible or how privacy issues would be addressed.

People were very complimentary about the staff who supported them. One person told us "They [staff] are all very nice people." Where people were unable to express their views verbally we saw they approached staff happily and appeared pleased when staff spent time with them.

There was a happy and relaxed atmosphere in the home. Staff interacted well with people which provided on-going social stimulation. There was also a range of organised activities for people to join in with if they choose to.

The provider had a robust recruitment procedure which minimised the risks of abuse to people. Staff knew how to report any concerns and had confidence that any issues raised would result in action being taken to

make sure people were safe.

Generally people's privacy and dignity was respected and people were able to make choices about how they spent their time. People were able to see visitors in communal areas or the privacy of their rooms.

Staff had a good knowledge of people and their needs. They monitored people's health and sought advice from appropriate healthcare professionals when needed. Staff were able to adjust the care and support people received according to their changing needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe but improvements were needed in the recording of medicines administration.

People were supported by sufficient numbers of staff to safely meet their needs.

Risks of abuse to people were minimised because the provider checked all new staff and made sure they knew how to recognise and report abuse.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had the skills and knowledge to meet their needs.

People had access to healthcare professionals according to their specific needs.

Food was served in accordance with people's dietary needs and preferences.

Is the service caring?

Requires Improvement

The service was not always caring.

Improvements were needed to make sure people had the support and information they required to make choices.

People were cared for by staff who were kind and caring.

Visitors were always made welcome at the home.

Is the service responsive?

Good

The service was responsive.

People received care and support which was responsive to their needs and wishes.

Staff were confident they would be able to identify if people were unhappy about any aspect of their care.

People had opportunities to take part in a range of activities.

Is the service well-led?

Good

The service was well led.

People benefitted from a staff team who felt supported by the manager and provider.

The manager was committed to on-going improvements to promote people's health and well-being.

Beech Tree House Residential Home

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 27 September 2016 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in October 2013 we did not identify any concerns with the care provided to people.

During this inspection we met with 12 people who lived at the home, Some people were unable to fully express their views to us because of their dementia. We also spoke with four members of staff and the manager. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included two care plans, medication records, three staff personal files and minutes of meetings.

Requires Improvement

Is the service safe?

Our findings

Medicine administration records were checked weekly by a senior member of staff as part of the internal audit system. However we found that some improvements were needed in the recording of medicine administration. The home used printed medication administration records supplied by the dispensing pharmacy. Where the staff needed to write additional information on the charts these were not always signed and witnessed. The signing and witnessing of hand written entries helps to minimise the risk of errors by providing a second check to make sure they are written correctly.

Some people where prescribed a variable dose of their medicines. For example 'take one or two tablets.' Staff did not always write how many tablets had been given to the person which meant records did not show the amount taken. We discussed this with the manager who told us they were planning to put a more robust audit of medication administration records in place. This would make sure any errors were picked up and addressed with staff.

People's medicines were administered by staff who had their competency to carry out the task assessed by the manager. One member of staff told us "Only staff who have been assessed give out meds." People were happy with how their medicines were managed. One person said "I always get my tablets. Nothing to worry about there." Another person told us "They do my tablets. They're very good at that."

Some people were prescribed medicines, such as pain relief, on an 'as required' basis. We heard staff offering pain relief to people and they respected their choices. There was evidence that where staff had concerns about a person's comfort they contacted their GP to make sure they had appropriate pain relief.

People were very comfortable and relaxed with the staff who supported them. One person told us "They [staff] are all very nice people." Where people were unable to express their views verbally we saw they approached staff happily and appeared pleased when staff spent time with them.

Staff told us they received training in how to recognise and report abuse. There was also a copy of the Somerset Safeguarding Policy available for staff. This helped to ensure they had the information they required to identify and report concerns. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff said "I have every confidence the manager would address any issues we raised. If not we have the whistle blowing policy and I would use it." Staff said although some people may not be able to tell them if they were worried about anything they were confident they would notice changes in a person's behaviour which may indicate they were unhappy.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work

with vulnerable people. Staff said they had not been able to commence work at the home until a DBS check had been carried out and records seen confirmed this.

There were sufficient numbers of staff to meet people's needs in a relaxed and unhurried manner. Staff told us the mornings were very busy but they were able to provide people with the care they needed. Staff said the manager assisted with hands on care in the mornings but when they were not on duty it was more difficult to support people to get up and have breakfast. We discussed this with the manager who told us they would discuss this further with staff. During the inspection staff were very attentive to people and no one waited for long periods of time if they required assistance.

Care plans contained risks assessments which enabled people to receive their care and support safely. Risks associated with mobility were assessed and people were provided with walking aids to promote independence and safety. Where people were assessed as being at high risk of pressure damage appropriate cushions were in place to minimise risks. We observed that staff supported people to get up and move if they were unable to do this for themselves. This reduced the risk of pressure damage to people.

Each person had a personal emergency evacuation plan which gave details of the support they required if they needed to be moved from the building in an emergency.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. There was a very calm and relaxed atmosphere throughout the home and people were very cheerful and content.

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. Once staff had completed their in house induction programme they undertook the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. The new manager was a manual handling trainer and had recently provided training in this subject for all staff. One member of staff said it was the best training they had ever had and really helped them to support people safely and effectively. People thought staff were competent. One person said "They choose staff well." Another person said "They all seem very well trained. They are certainly very helpful."

The home arranged for people to see health care professionals according to their individual needs. Records showed visiting professionals included doctors, community nurses, opticians and chiropodists. One person said "The doctor will come here if you need them." Another person said that they were regularly visited by a district nurse. They said "They come here and do bandages for me."

During the inspection we attended a handover meeting between staff working in the morning and those working in the afternoon. Discussions showed staff monitored people's health and well-being and passed on any concerns to be further monitored, or contacted professionals for advice and support.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. At the time of the inspection no one required a specialist diet. People were offered a choice of two meals and people told us food served was always good. One person said "Food is excellent. We are very lucky there." Another person told us "I always like the meals."

At lunch time we saw people were able to choose where they ate their meal. Some people ate in the dining room, some in the lounge and one person in their room. One person said "Today I'm going to go downstairs for lunch. It's my choice I decide each day."

People received support and encouragement to eat and drink independently. For example where a person appeared reluctant to eat a member of staff gently placed the cutlery in their hand and showed them what to do. This led to the person then being able to eat their meal without support. Staff helped other people to cut their food which made it easier for them to eat independently.

We observed lunch being served. All meals were served plated from the kitchen which meant people were unable to make choices about portion size. However staff said they were aware of how much people liked to eat and meals were served accordingly. People enjoyed their meals and ate well. One person said "That was super."

Most people who lived in the home were able to make day to day decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks. For example at lunch time one person was asked if they wanted to wear a clothes protector and they said they would. One person told us "It's up to me what I do. I don't have to do anything I don't want to."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff worked in accordance with the principles of the act and told us they tried to give people choices about everything. One member of staff said "Day to day we ask people about everything or we show them choices. If it was something big then we would have to talk with family and the manager." One person lacked the mental capacity to give consent to receiving personal care and the manager had met with a family representative to make sure decisions were made in the person's best interests. This was clearly recorded in their care plan.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). Applications had been made for people to be assessed if the staff felt they required this level of protection to keep them safe.

Requires Improvement

Is the service caring?

Our findings

Improvements were needed to make sure people were given all the information and support they needed to express their views. One bedroom at the home was registered to accommodate two people. At the time of the inspection this room was only occupied by one person but another person was due to move into the vacant bed. There was no recorded information about how the decision had been made and the person in residence had not been able to meet their future 'roommate.' The manager told us the people's family members had been consulted but there was no information to show how the two people had been assessed as compatible. The person currently living at the home told us "I hope we get on all right together. Of course it's much nicer to have the place to yourself." The lack of consultation and preparation showed a lack of respect for people's opinions and wishes. The people had not been able to meet so did not have the information they needed to decide if they wanted to share a room.

The room being used as a double room had no clear separation or privacy screening. There was only one wardrobe and a shared en-suite. This did not promote people's privacy and dignity particularly in respect of two people who were unknown to each other.

In other aspects of people's care and support staff respected people's privacy. People were able to access their bedrooms at any time and were able to spend time alone whenever they chose to. One person we met in their room said "I like to sit here. It's totally my choice." Another person said "I've tried the lounge and it's not for me. I'm much happier on my own."

Staff always supported people with personal care in their private rooms or bathrooms. Staff were very discreet when supporting people who required assistance which helped to maintain their dignity. Staff knocked on bedroom doors before entering and personal post was delivered to people unopened.

People were complimentary about the staff who supported them and said they were always kind and patient. One person said "Staff are very kind and understanding." Another person told us "They always seem so happy to help you."

Throughout the inspection visit we saw staff showed patience and understanding towards people. Some people asked the same questions a number of times and staff patiently answered each time. When a person was upset and worried a member of staff sat with them to offer reassurance and comfort. Staff encouraged people to mobilise independently but walked with them to offer security and encouragement.

Everyone was well dressed and clean showing staff spent time supporting people who were unable to carry out their own personal care. One person told us staff helped them to choose their jewellery each day.

People said that they could have visitors at any time. Some people went out with family members and others spent time together at the home. People said they could see visitors in the communal areas or in their rooms. One person went out with a family member and when they returned they spend time together in the main lounge chatting and drinking tea with people and staff. One person told us "Family can come

anytime, the girls always make them welcome."

People had also built relationships with other people who lived at the home and with staff. People socialised together and there was lots of friendly banter and laughter. One person told us "You can have a laugh and a giggle here." Another person said "It's a very relaxed and happy place to live."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were encouraged to make choices about their day to day lives. One person told us "They don't mind what you do." Another person said "You can more or less please yourself."

The new manager at the home was encouraging staff to work in a much more person centred way and had a commitment to ensuring that any routines in the home were reflective of people's wishes and needs. The minutes of the last staff meeting showed that the manager had ensured staff were fully aware that people were able to make choices about times to get up and go to bed. Staff we spoke with told us people were free to make choices and we saw this on the day. Some people chose to stay in their rooms whilst others told us they liked to get up for breakfast. One person said "I always come down for breakfast. The staff are kind and help you." Another person said "I like a cuppa in my room first thing. They bring the best cups of tea in the morning."

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. (As previously mentioned care plans and assessments did not show how people had been assessed as being compatible to share a bedroom.)

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. The care plans contained words and pictures. A new pictorial summary had recently been introduced to make them more meaningful to people who may no longer be able to understand the written word because of their dementia. Care plans also contained information about people's chosen daily routines to make sure staff had the information they needed to support people with their chosen lifestyles.

The staff responded to changes in people's needs and care plans were up dated regularly. One care plan stated that the person's mobility had decreased and they now required more support to move around. On the day of the inspection we saw this person received the additional support they needed.

Staff had a good knowledge of people and were able to tell us about people's particular needs such as those who required additional reassurance and support in the late afternoon and evening because of their dementia. They were aware of people's previous lifestyles and occupations and spoke with people about things that were meaningful to them. Because of the staff's knowledge of people they were able to intervene promptly when people became unsettled and offer additional support and reassurance which led to a content and happy atmosphere. One person said "They [staff] have a lot of understanding so everything is very comfortable." Another person told us the thing they liked most about the home was "It's peaceful and relaxing."

People were supported to take part in a range of activities. The activity worker told us although they had a

timetable in place they adapted and changed activities according to people's moods and abilities each day. They encouraged people to continue with hobbies and on the day of the inspection some people were knitting and chatting. Whilst people knitted squares another person used their sewing skills to make them into a blanket. As well as organised activities care staff constantly interacted with people which provided ongoing social stimulation to people. One person who liked to spend time in their room said "They drop in for a chat and a laugh through the day."

There was a formal complaints procedure and also pictures of sad faces to encourage people to make complaints. People told us they would speak to someone if they were unhappy about anything. One person said "If I had a moan they would listen to me and sort it out." Another person said "Anything you ask about they sort out."

Some people may be unable to verbally express their concerns or complaints but staff were confident they would be able to identify if people were unhappy about anything.

Good

Is the service well-led?

Our findings

A new manager had started work in the home in July this year. They had applied to be registered with the Care Quality Commission. The provider also took an active role in the running of the home and was available to support the manager and other staff.

The manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The manager had many years' experience of managing care services for older people. Staff said they were very approachable and had started to make some changes in the home. All staff said they could raise concerns or make suggestions and felt they would be listened to. People knew who the manager was and looked very comfortable and relaxed with them. One person said "She seems like a very nice person."

The manager was able to meet with other managers of care homes owned by the same provider. They said this was an opportunity to share information and ideas. They told us they kept their skills and knowledge up to date by reading and attending training courses which were relevant to their role.

Staff felt well supported by the manager and the provider. They told us communication was good between all staff. They said they worked as a team. New staff said they had been welcomed into the team and felt they could ask for advice or support at any time. There was a senior on call system to make sure staff always had access to more experienced members of staff.

People benefitted from a manager who was committed to on-going improvements and listened to suggestions made. The manager had worked alongside care staff to enable them to get to know people and identify areas that required improvement. They had held staff meetings to make sure staff were aware of any changes being made and how the manager planned to work with them; For example encouraging all staff to work in a more person centred way.

The manager had already implemented some changes. These included changes to infection control practices to minimise risks to people. They had also made additions to care plans such as a more user friendly needs summary and clear documentation to show how people's legal rights were being protected.

To continually monitor the quality of care provided to people there were weekly and monthly checks on records and the premises. At the last monthly check it had been identified that the chairs in the lounge were shabby. The action from this stated 'chairs to be replaced' but there was no date to show when this was due to happen. The manager was in the process of reviewing these systems to make sure they were robust and led to ongoing improvements. For example they were planning to implement a more robust audit of medication administration records.

All accidents and incidents which occurred in the home were recorded and assessed by the manager. If a

person had a fall or serious incident their GP was informed.

There were policies and procedures which helped to ensure staff had access to up to date good practice guidelines and legislation which helped to keep people safe. All policies and procedures had recently been reviewed and up dated to make sure people received care and support in accordance with current guidelines.