

Sanctuary Care Limited

# The Beeches Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

The Beeches is a care home providing personal care and accommodation for up to 56 people. At the time of our inspection there were 54 people using the service.

### People's experience of using this service:

Staff knew how to keep people safe from harm and they received their medicines as prescribed. The provider had a robust recruitment process in place and there were enough staff on duty to meet people's needs. Staff followed infection control guidance and had access to personal protective equipment. Accidents and incidents were recorded, and appropriate action taken.

Staff had the skills and knowledge to meet people's needs and referred to healthcare professionals when required. People had a choice of food and their nutritional needs were met. The provider was working in line with the principles of the Mental Capacity Act 2005 and people's consent was obtained before care and support was delivered.

Staff were caring. The registered manager and staff had a strong ethos of person-centred care and placed people's wellbeing at the heart of their work. All the people we spoke to were very complimentary about the service. There was a positive caring culture and staff were patient, kind and empathetic. People's privacy, dignity and independence were respected by staff.

Support was individualised, and regular feedback was encouraged from people and their relatives. People were supported to take part in many different activities and their interests, likes and dislikes were known to staff. The service ensured people received dignified and respectful end of life care which met their personal needs and preferences. The provider had a complaint process which people and their relatives were aware of to share any concerns.

People and staff were happy with the way the service was led and the registered manager made themselves available to people. Spot checks and audits were carried out to ensure the quality of the service was maintained but some improvements were required. The environment was friendly, warm, and clean.

### Rating at last inspection:

Rated good (Report published 18-07-2016)

### Why we inspected:

This was a planned inspection based on the rating at the last inspection.

### Enforcement

No enforcement action was required.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# The Beeches Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by two inspectors and an Expert 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. In this case as a family carer for a person with dementia/older person.

#### Service and service type:

The Beeches is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commissioned services from this provider.

We used information that the provider sent us in the Provider Information Return. 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 used all this information to plan our inspection.

During the inspection we spoke with 11 people, 10 relatives and two healthcare professionals. We spoke with four care staff, the activities co-ordinator, chef, the deputy manager 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 to us.

We reviewed records relating to people's medicines, eight people's care records and three staff files. We looked at records for how people were administered medicines as well as a range of records relating to the running of the service. This included incident and accident monitoring, auditing systems and complaints. We also spent time observing day to day life and the support people were offered.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training on how to safeguard people from the risk of abuse. Staff understood how to recognise the signs of abuse and how to report this.
- Staff had an awareness of how safeguarding issues could be escalated to other agencies. A staff member identified the key agencies as, "CQC, social services and the police."
- The provider's procedures gave staff guidance and steps on how to keep people safe. The registered manager demonstrated they had acted upon concerns raised by notifying the local authority.
- We observed staff following a care plan to keep a person safe which had been put into place following a safeguarding concern.
- A relative told us, "We come every week to see [person], we are confident they are safe."

Assessing risk, safety monitoring and management

- In some instances, people's care plans had not been updated quickly and in enough detail to show a change in need. However, staff knew people well and could describe their risks and how to support them safely.
- A relative told us, "[Person] used to fall over a lot before they came here, now I am confident they are safe."
- A person told us, "They know what my needs are and support me accordingly."
- Technology was used to promote people's safety, such as call bells and alarm sensor mats to alert staff if people had got out of bed who were at risk of falls.
- Regular checks were made to water temperatures and safety equipment within the home and issues were dealt with by the provider.

Staffing and recruitment

- People told us there were enough staff to provide assistance when they needed it.
- Our observations throughout the day found there were enough staff to meet people's individual needs without keeping them waiting. We saw staff working well together as a team.
- Staff we spoke to told us there were enough staff to support people.
- Staff had been recruited safely. We saw evidence of Disclosure and Barring Service (DBS) checks and two references being sought before staff were appointed.

Using medicines safely

- One staff member was observed administering medicines and this was done safely. We saw people's medication records were checked prior to medicines being given and signed immediately afterwards.
- We saw records to say that prescribed creams had been administered but body maps had not been completed to show where. The registered manager agreed to put this in place.

- Staff told us they received regular competency checks to ensure they were administering medicines safely.
- Where medicines had been given covertly this was discussed with the GP and a capacity assessment was completed and best interest decision made.

#### Preventing and controlling infection

- We found all the areas of the home to be very clean and free of odours. A person told us, "I like this place it's safe and clean."
- The registered manager told us that there were audits in place to monitor infection control.
- We saw staff using personal protective equipment, including gloves and aprons when this was needed.

#### Learning lessons when things go wrong

- The provider had systems in place to monitor any trends arising from accidents and incidents.
- Staff were aware of their responsibility to raise concerns and record accidents.
- The registered manager advised they had moved a person's bed to reduce risk of falls and fall sensors were put in place where appropriate.
- When a person had fallen at handover time a change had been made to ensure staff were always in the room.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- 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 to receive care and treatment with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- DoLS applications had been made to the relevant Local Authority where it had been identified that people were being deprived of their liberty.
- We saw staff asking for people's consent prior to assisting them. One person told us, "They always ask for consent and offer choices all the time." A staff member said, "If they say no, I take their word as that is their wishes, and I approach them again later."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out a pre-admission assessment to ensure care was planned and reflected people's individual needs and preferences.
- We saw care plans included information about how people liked their care to be delivered.
- A relative told us, "Their service is tailored to their [the people's] needs."

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to do so. A person told us, "I think they are well trained, they know their job."
- Staff told us they were well supported by the management team and received regular supervision.
- Where new staff were appointed we saw an induction was in place. The Care Certificate was part of the induction process. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- There was a system in place to monitor training and identify when updates were required.

Supporting people to eat and drink enough to maintain a balanced diet

- We observed mealtimes and the atmosphere was pleasant and sociable. People chatted and joked to

each other and staff. Staff sat with people to eat their meals and no one was rushed.

- We saw that people's nutritional needs were catered for and they were given a choice of what they wanted to eat. We observed one person being given four choices to encourage them to eat.
- We saw that snacks and fruit were available to people and they could make themselves drinks whenever they wanted.
- The chef had information about people's different dietary requirements, for example someone who had recently changed to a soft diet.

Adapting service, design, decoration to meet people's needs

- The home was maintained to a high standard and was warm and comfortable. There was access to a secure garden and we saw a person using it.
- We saw signage on doors and a different colour toilet seat to help people with dementia orientate themselves.
- People's bedrooms were personalised, and an aromatherapy room was being planned in response to people's wishes.
- We saw people's art work displayed on the walls.

Supporting people to live healthier lives, access healthcare services and support

- A health care professional told us that the service was, "Good at contacting the GP if people are unwell."
- We saw that a person had been referred to the mental health team due to a change in their behaviour.
- On the day of the inspection one person was being visited by the physiotherapist.
- Where a person had lost weight, staff were completing nutrition charts and had consulted with the GP.

Staff working with other agencies to provide consistent, effective, timely care

- Staff had received training from the continence team about catheters and continence care.
- The senior staff team had a ten at ten meeting everyday where relevant and important information could be shared about the day.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw staff demonstrate a kind and compassionate, can-do attitude. People felt at ease with staff and there were lots of singing and banter between them. One person told us, "We have fun."
- People told us how caring and kind the staff were. One relative told us, "Staff are gorgeous, and kind. It puts our mind at rest knowing they [relative] are well looked after."
- Staff recognised when people were becoming anxious and needed support. A staff member supported a person who was unsettled at breakfast time, by assisting them to go to their bedroom to get the items that were important to them.
- Our observations showed that staff knew people well and people were comfortable around them. One person told us, "They do know me well, if they are not sure, they ask."
- The provider and staff were aware of the need to ensure people's diversity was respected. The registered manager told us how staff supported a resident with hair care and ensured that culturally appropriate meals were provided.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager was passionate about the service being people's home rather than, "A care home." She encouraged staff to ensure people had their "Best life" and encouraged people to speak up about their care.
- We observed people taking part in a coffee morning where they were encouraged to express their views about changes to the quiet rooms in the home, activities and their care.
- People's care plans included information about how they would like the care to be carried out and relatives told us that they were involved in care planning. One person told us, "I have a shower every day, that's how I like it."
- The registered manager met with different people monthly to ask them questions about the home and their care.
- The service had a 'Resident of the Day' initiative. On this day, time was taken by the chef and staff to consult with the person and to encourage them to express their views and preferences.

Respecting and promoting people's privacy, dignity and independence

- We found many examples of how staff promoted people's privacy and dignity. For example, a person came into the communal area not fully dressed and staff quickly and discretely assisted them.
- People told us their privacy and dignity were respected. A relative told us, "They respect all residents, that's my observation."
- People were encouraged to maintain their independence. We observed a person being encouraged to

pour their own tea and someone cleaning the table and folding tablecloths away. One person liked to go out independently each day, staff supported them by making them a packed lunch to take with them.

- Visitors were made to feel welcome and there was a café for people to use and other quieter spaces.
- Staff knew the importance of keeping information confidential and people's information was stored securely.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff respected people's individual choices and preferences. One person told us, "I like to read, they bring books and magazines." Some people preferred to be in their bedrooms and staff ensured they went in to speak to them to reduce social isolation.
- There were a wide range of interesting activities on offer, a nursery visited the home once a fortnight to carry out arts and crafts with people, sing and teach Spanish.
- A canal boat trip was being arranged and we observed people being asked about this and involved in decisions about the food that would be taken.
- The service identified people's information and communication needs by assessing them. One person had a communication board and we saw staff using this at dinner time to give information about the meal. People with dementia were shown the meals in order to make an immediate choice.
- Staff cared about the service and many did things in their own time to improve the service. A staff member had taken part in an event and raised £500 for the home which was spent on new garden furniture. A Christmas bonanza was held, and staff came in to run stalls in their own time.
- People's religious needs were respected. Someone came in to deliver Holy Communion and some people attended Church every week.

End of life care and support

- A carer had recently won a regional kindness award for using their own time to collect a person's end of life medication and spending time with them.
- The registered manager told us they make the bedroom "a second home" so the relative can stay with their loved one. They did this by putting an extra bed or recliner chair in the bedroom, having tea and coffee making facilities available and providing the relative with meals.
- They arranged for a priest to visit one person, who hadn't actively practiced a religion, but expressed this as a wish at the end of their life.
- An end of life care plan was completed which recorded information about the person's wishes in the event of their death.

Improving care quality in response to complaints or concerns

- People told us they would be confident to speak to the registered manager or staff if they were not happy or had issues. One person told us, "The manager is approachable, so are the staff".
- The provider had a complaints process in place and we saw that complaints had been responded to in a timely manner. A relative told us, "We could go to [staff member] or any of them. They would be there like a flash."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Care records were not always reflective of people's needs. The registered manager was aware of this and the provider was planning to introduce an electronic recording system which they felt would address this. Staff were however, knowledgeable about people's needs.
- The registered manager carried out spot checks to monitor the quality of care. They also met with staff regularly to check out their knowledge and skills.
- Staff, people and relatives spoke highly of the registered manager. Staff told us they had an open-door policy and could go and speak to them at any time. One person told us, "The manager is here they always says hello," another said, "[Registered manager] is a good manager."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a range of quality monitoring arrangements in place, although we found a small number of issues that had not been picked up. For example, the medication audit did not include prescribed creams. When we raised this with managers they made amendments to this immediately at the inspection.
- There was a clear staffing structure in place and staff were clear of their responsibilities.
- It is a legal requirement that the overall rating from our last inspection is displayed. We saw the rating displayed within the home and on the provider's website.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.
- The service had systems in place to manage risks to people. There were checks to fire alarms, water, gas and equipment within the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involved people and their loved ones in a meaningful way. The registered manager told us that both relatives and people had been involved in interviewing a senior staff member.
- The service had good links with the local community. We saw a volunteer, who had a learning disability supporting people at the coffee morning. There was also a range of entertainers, theatre and religious groups coming into the home.
- The registered manager demonstrated that they understood the equality characteristics and had a diverse staff and volunteer group, including people from the lesbian, gay, bisexual and transgender (LGBT) community. They had also supported a volunteer who was transitioning and wanted to improve their

confidence.

#### Continuous learning and improving care

- We saw the registered manager had made changes to the call bell system to improve response times and reduce anxiety to people. This had a positive outcome for people.
- Staff meetings happened regularly. One member of staff said it gave an opportunity for them, "To voice their opinion, discuss new policies and put ideas forward."
- A healthcare professional told us the registered manager had discussed with them a way to improve communication with their agency.

#### Working in partnership with others

- The service worked in partnership with social workers, district nurses and health professionals to ensure that the service people received was person centred.
- The registered manager worked in partnership with relatives and worked with a number of different religious groups to ensure people's needs were met.