

Meridian Healthcare Limited

The Beeches

Inspection report

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Date of inspection visit: 20 and 22 January 2015
Date of publication: 08/10/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was carried out over two days on the 20 and 22 January 2015.

We last inspected The Beeches in December 2013. At that inspection we found that the service was meeting all the regulations of the HSCA.

The Beeches is a purpose built establishment, situated to the rear of Yew Trees Residential Home and provides accommodation for up to 32 older people. Both homes are owned and managed by Meridian Healthcare Limited.

Accommodation is provided on two floors with stairs and a passenger lift between the floors. The home had one vacancy at the time of our inspection and we were informed the vacancy had already been allocated and a new admission was being planned.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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 building was well maintained, clean, tidy and free of any unpleasant odours.

There was a calm and relaxed atmosphere in the home and we saw that staff interacted with people in a friendly and respectful manner.

People who used the service and the visitors we spoke with were positive and complimentary about the attitude, skills and competency of the staff team. Individual care was assessed and planned and was subject to review.

There was appropriate communication between all levels of staff at the home.

We found staff recruitment to be thorough and all relevant pre-employment checks had been completed before a member of staff started to work in the home.

The registered manager led by example and spent time working with staff, supporting them whilst carrying out their care duties.

Information which we received from a visiting health and social care professional who had regular contact with the home was very positive and complimentary about the care and support provided by the whole staff team.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

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.

Staff recruitment processes were in place, and the required pre-employment checks were undertaken prior to staff starting work.

Staff were appropriately trained and all people who used the service, visitors and staff who we asked believed people were kept safe and free from potential harm.

We found there were suitable arrangements in place to manage people's medication.

Equipment was well maintained and serviced regularly therefore not putting people at unnecessary risk. Sufficient staff were deployed throughout the home.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service and regular and appropriate training meant they could update their skills.

People were supported to have their health care needs met by professional health and social care professionals.

Nutritional assessments had been carried out and appropriate action had been taken when concerns had been raised about poor nutritional intake or weight loss.

The registered manager and staff had an awareness of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) 2005.

Good



Is the service caring?

The service was caring.

Everyone we asked spoke positively and enthusiastically about the attitude and support from staff.

One person using the service told us, "The carers are very kind and caring and they treat me very respectfully, they're friendly and treat me as an individual."

Visiting relatives said, "Staff are so very caring and understanding."

The atmosphere in the home was calm and relaxed and it was evident that the staff knew people living in the home very well. The conversations between staff and people were light hearted, respectful and appropriate.

Good



Is the service responsive?

The service was responsive.

Staff understood people's likes, dislikes and preferences. These were recorded in care plans and other associated documentation and were reviewed on a regular basis.

Good



Summary of findings

We saw there was a complaints procedure in place and people who used the service were asked if they knew how to raise a concern or complaint if they were not happy. Comments received included “I’ve never had to make a complaint, not that I’m the type who would complain” and “I’d speak to the manager. But I wouldn’t go to her first; I’d try to sort it out beforehand.” Another person said they were unsure how to raise a concern or complaint.

Although limited, a range of activities was available for people to participate in if they wished.

Is the service well-led?

The service was well led.

A manager was in post that was registered with the Care Quality Commission. Staff understood their individual roles and responsibilities. The manager was described as very approachable, caring, supportive and a “good leader.”

Systems were in place to monitor and review the service being provided and the registered manager and senior staff conducted regular checks on medication practice and completion of records such as care plans, risk assessments and reviews.

The service held accreditation with the Six Steps end of life care, Dignity in Care Award and the Investors in People Gold Award.

Good



The Beeches

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.

The inspection took place on 20 and 22 January 2015 and the first day was unannounced. The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service. The expert supported the inspection process on 20 January.

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.

During the inspection we spent two days in the home observing the care and support being provided to people in the communal areas.

We looked around the home. This included the communal areas and a selection of people's bedrooms. We looked at a sample of records which included four people's care plans, seven staff personnel files, a selection of maintenance and servicing records for equipment used in the home, the staff training matrix and certificates, medication records and a sample of quality monitoring records.

We talked with eight people who used the service, two relatives, one visiting health and social care professional, five members of staff and the registered manager.

Is the service safe?

Our findings

One person using the service told us, “Safe? Yes I do feel safe here, that’s the word.” One regular visitor said, “I can sleep in bed at night knowing that she’s [their relative] safe in here.” Another visitor said they believed their relative was comfortable and safe and added “It gives us peace of mind living so far away knowing that [their relative] is kept safe and well looked after.”

Arrangements were in place to keep people who lived at The Beeches safe and protected from abuse and avoidable harm.

Prior to lunch, we observed a carer encouraging one person using the service to stand up by showing them how to push up on the chair arms and then walking to the dining room with them. No physical assistance was provided, but the carer was carefully watching whilst the person was walking and was ready to provide physical support if required. This demonstrated that people were allowed to remain as independent as possible.

A health care professional whose opinion we asked told us, “They are very proactive here; I don’t have any worries about this service.”

Those staff we spoke with told us they had received training in the topic of safeguarding and training records and certificates seen confirmed this. Staff spoken with clearly understood what they needed to do should they become aware of, or witness abuse in the home. We also asked the staff if they understood the principles of whistleblowing and if they would feel confident to blow the whistle if necessary. One member of staff told us, “The safety of our resident’s is paramount and I would definitely blow the whistle on someone if I needed to.” All the staff we spoke with were confident that the registered manager and senior staff would respond appropriately and in a timely manner to any concerns raised.

We looked at the personnel files of two people who had recently been employed at the home. The files had a DBS (Disclosure and Barring Service) check, an application form that included the applicant’s employment history and two appropriate written references. The registered manager confirmed that all new staff were subject to a probationary period and the satisfactory completion of a full induction to the service. We saw evidence of this on the files seen. This indicated that a robust recruitment process was operated.

There was a calm and relaxed atmosphere in the home and we saw that staff interacted with people in a friendly and respectful manner.

We looked at a sample of records relating to the assessment of needs and care planning for people who used the service. Each person’s file had appropriate risk assessments, including risks associated with nutrition and moving and handling. Information in the files indicated that the assessments were regularly reviewed and updated when necessary. One visiting health and social care professional told us that the staff in the home were “very proactive, open and supportive during the re-assessment process.”

One member of staff was an accredited moving and handling assessor. We saw documentary evidence to confirm their accreditation. Having an accredited trainer on site, helps to monitor and make sure that moving and handling practices are safe.

We looked at the receipt, disposal, administration and storage of medicines. The pharmacy supplied the service with medication in a Monitored Dosage System (MDS). The storage of medication was appropriately secure, including specific storage of controlled drugs. Medication was checked on arrival at the home. Any unused or spoilt medication was returned to the pharmacy for disposal. We checked a sample of controlled drugs to make sure the quantities stored matched the quantities recorded. They did. Medication administration records (MAR) were appropriately maintained, including controlled drugs being signed for by two staff. There was photographic identification held on each person’s MAR. All these processes helped to make sure the right person received the right medication in the right dose and at the right time.

Staff who we asked confirmed that before they were allowed to be involved in administering any medication at the home they received appropriate training and training certificates seen confirmed this.

We undertook a tour of parts of the home. This included a selection of people’s bedrooms, communal areas and toilet and bathrooms. The home was found to be clean and odour free, although some parts of the home were showing signs of wear and tear, such as decoration and some seating. One person living at the home said, “I love my bedroom and the standard of cleanliness is top class.

Is the service safe?

Regular maintenance and testing of things such as the water supply, electrical appliances, nurse call system and heating had taken place. To alert people to fire, a fire alarm system was fitted and tested on a regular basis. Records indicated that staff had undergone fire awareness training to make sure they were aware of what to do in the event of a fire.

The registered manager told us that staff were deployed to make sure appropriate staffing levels were maintained at all times. We were shown staff rotas which indicated most staff worked 12 hour shifts and that all shifts were covered.

The registered manager told us extra staff would be added to the rota if the needs of the people who used the service required extra support or were particularly unwell.

Those staff we spoke with said that there were enough staff to ensure the health and safety of people who used the service and that people who required assistance were responded to in a timely way and did not have to wait long.

This was confirmed by the people living in The Beeches and their visitors. One member of staff disagreed that there were enough staff on duty some of the time but did confirm they had spoken with the manager about this during their formal supervision.

Is the service effective?

Our findings

People and their relatives spoke positively about The Beeches and the care they or their relative received. One person living in the home told us, "They're [staff] good at noticing if you need anything. Whilst I was having a bath, a carer noticed a sore on my leg and reported it straight away and now I'm waiting to go to hospital [for investigation]. In the meantime the district nurse has sorted it out and dressed it. The home sorted all this out for me."

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty in their own best interests. The registered manager told us that no one who used the service needed the protection DoLS at the time of this visit. They also told us that staff had received training in the MCA and DoLS. Individual training records seen confirmed this as did those staff we spoke with.

We saw that a two stage mental capacity test had been carried out for some people who used the service. This test was carried out to make sure if the person being assessed was able to make day to day decisions for themselves or required support to do this.

People and their relatives spoke positively about The Beeches and the care they or their relative received. One person living in the home told us, "They're [staff] good at noticing if you need anything. Whilst I was having a bath, a carer noticed a sore on my leg and reported it straight away and now I'm waiting to go to hospital [for investigation]. In the meantime the district nurse has sorted it out and dressed it. The home sorted all this out for me."

We were shown the training matrix (chart) which indicated that staff had access to a wide range of appropriate training. This training included safeguarding vulnerable adults, infection control, moving and handling, MCA and DoLS. All new staff completed an induction on commencement of their employment and we saw evidence of this on two personnel files we looked at. Staff who we asked said the registered manager made sure they had regular access to any training that was available.

Staff we spoke with told us that they received good support from the registered manager. We randomly selected a

number of staff personnel files to check what training information was held. Each file contained individual training certificates to indicate what training staff had participated in to date and included safeguarding, medication, first aid, moving and handling, infection control, MCA, DoLS and fire awareness.

"Visiting relatives told us, "I think the staff here work really hard. They are very competent at what they do and show real compassion" and "The staff are wonderful, they all seem to know what they are doing and get on with the job. They let me know straight away if my relative is unwell or need me to visit."

Staff we spoke with told us they had regular supervision and an annual appraisal. This was confirmed by the records we looked at. Staff also told us that regular team meetings took place and minutes seen from these meetings indicated that a wide range of appropriate topics had been discussed.

Evidence seen in records indicated that people who used the service had access to the full range of medical support in the community. One person using the service told us "When I've not been very well, they called the doctor out and they've looked after me."

A visiting health and social care professional told us they found staff to be "fully aware of people's needs and how to meet those needs."

Care records seen indicated that food and nutrition was monitored.

On day one of our inspection visit the expert by experience observed the lunch time meal being served in the upstairs dining area. People were asked each day for their choice of meal for the following day and this was recorded and the list then handed to the cook. During our observation of the lunch time meal upstairs, it was observed that carers distributed meals in accordance with what the person had ordered the previous day. No explanation was given of what the meal was, or offering any further choice in the case of a person potentially changing their mind since they placed their order. This was discussed with the staff on duty who agreed, that in future, they would give people a chance to change their mind should they wish a different meal to what they had originally ordered.

Is the service effective?

People who needed some level of support had appropriate eating aids – such as plate guards – to assist them to eat independently while maintaining their dignity.

Comments from people about the food served in the home included, “The meals are smashing, really very good,” “It’s very nice. I’m not a faddy eater. I never grumble. There’s plenty to eat,” “The meals are rather heavy, stodgy. They’re fond of giving you sponge puddings to make you feel full. If there’s something that I really don’t like there is a choice,” “It’s marvellous, the plates are piled high, and I’m a good eater,” and “The food is good, they come around with a list for me to choose from. I can ask for snacks and drinks if I want. I choose what I want at breakfast, porridge or cornflakes and a round of toast.”

Staff spoken with confirmed that they thought the food was plentiful and good, “most days”.

In our discussion with the registered manager it was confirmed that a full review of the menus would soon take place and this would be done as part of a resident meeting to make sure people living in the home had an opportunity to air their views about the standard and quality of food served in The Beeches.

We undertook a tour of parts of the home. This included a selection of people’s bedrooms, communal areas and toilet and bathrooms. The home was found to be clean and odour free, although some parts of the home were showing signs of wear and tear, such as decoration and some seating. One person living at the home said, “I love my bedroom and the standard of cleanliness is top class.”

Is the service caring?

Our findings

People who used the service were also positive and very complimentary about the caring attitude of the staff. Comments included “The carers are very kind and caring and they treat me very respectfully, they’re friendly and treat me as an individual”, “The carers are very good, they don’t rush or bully you”, “The staff are very good, there if you need them. They’re very competent. I can’t say anything bad”.

People living in The Beeches, visitors and a health and social care professional who we asked, spoke positively about the caring nature and professional approach of staff.

One visiting health and social care professional commented “They [staff] always make sure people’s relatives are invited to reviews and the feedback I receive from them is always positive about the care provided, I have no concerns about this service.”

Throughout our time in the home we saw staff, including domestic and maintenance staff interacting with people in caring and professional manner. The atmosphere in the home was calm and relaxed and it was evident that the staff knew people living in the home very well. The conversations between staff and people were light hearted, respectful and appropriate. We heard staff chatting about what they had done with their time off, what they had watched on television and heard staff asking people what kind of evening/night they had had.

Visiting relatives we talked with were very positive about the overall service and caring attitude of the staff. Comments included “We are extremely happy with the service provided. The staff are so very caring and understanding. The food is really very good and the home is kept very clean, never any odours. They keep us informed of any changes in Mums health and that gives us complete peace of mind” and “The care that she [relative] has here is much more than I give her. I’m confident that she is cared

for. I’ve no complaints with the quality of care that she has. The staff are brilliant. Nothing is too much trouble for them. I’m here every day; the staff are very friendly and make me very welcome.”

During the day we observed clean laundry being distributed to people’s bedrooms. The member of staff knocked on each door before entering. Where the room was occupied, we could hear cheerful greetings being offered in a friendly manner.

After the lunch service, we observed a senior member of staff apologising to the people in the lounge for the medication round being late, and she explained why she was late. This demonstrated a respectful manner.

During our time in the home we saw staff support people in a discreet and respectful manner. Staff quietly asked people if they needed any support to attend to their personal care.

Staff we spoke with had a good knowledge of the people they supported and cared for. We asked one member of staff to tell us about one of the people who required support. They told us all about this person’s background and how best to meet their needs. The care plan and information in this person’s care file reflected the information the member of staff had shared with us.

Where possible, people were involved in discussions and decision about their end of life care and we saw care plans that confirmed this. The registered manager and a number of staff had undertaken the “Six Steps” training. This is a training course designed to enable people who use the service to receive high quality end of life care by a care home that encompasses the philosophy of palliative care.

We saw that the services of specialist health care practitioners such as Macmillan nurses could be sought to support a person through the stages of end of life care. Macmillan nurses complete specialist courses in managing pain and other symptoms, including psychological support.

Is the service responsive?

Our findings

People who used the service were asked if they knew how to raise a concern or complaint if they were not happy. Comments received included “I’ve never had to make a complaint, not that I’m the type who would complain” and “I’d speak to the manager. But I wouldn’t go to her first; I’d try to sort it out beforehand.” Another person said they were unsure how to raise a concern or complaint. We asked why the person wouldn’t go to the manager first. They told us, “I like to think I can still sort things out for myself.”

When asked about available activities in the home, people who used the service gave a mixed response. Their comments included “There’s not very much in the way of, I wouldn’t call it entertainment, activities. I don’t take part from personal choice. I do go to a Luncheon Club every Tuesday, at Church”, “We’ve not had any entertainment, parties, or anything like that”, “You don’t have much. A few games of bingo, chair aerobics. I’ll take part, but it’s not often” and “Oh, there’s plenty going on. Chair aerobics and a singer comes when you can join in.”

We looked at the complaints procedure. A copy of this procedure was displayed at various points throughout the home and in people’s individual bedrooms. The procedure detailed how to complain and the timescales within which a response should be expected. The registered manager confirmed that all complaints were reviewed and monitored on a monthly basis and that the operational manager for the service checked any complaints received as part of their monthly compliance visit to the service. The service also provided a 24 hour helpline for people to report any concerns they may have.

We tracked two complaints that had been made to the manager of the service. Evidence was available to demonstrate that complaints were followed through and action taken where necessary.

Visitors who we spoke with told us that they believed any concern or complaint they may raise would be “immediately addressed.”

Throughout our time in The Beeches we observed how staff responded to people’s requests and needs for support. We saw that staff were respectful and considerate in their approach with people and, in most instances, asked people for their consent before assisting them. If people declined the offer of assistance staff respected their wishes.

People considering moving into The Beeches were given the opportunity to visit and spend some time with the people already living there and to meet the staff on duty before making any decision about their future care needs. The registered manager also confirmed that all people considering coming to live at The Beeches would be subject to a pre-admission assessment to make sure the service could offer the appropriate and right level of support to meet the individual’s needs.

We looked at a sample of records relating to the identified needs of individuals who used the service. The records covered a detailed range of potential needs. Each record we saw had been regularly reviewed and updated where necessary. A number of people using the service had been supported to complete a My Life Story booklet. This record included photographs and information about the person’s life before moving to The Beeches and about things that are important to them. This helped the staff to understand the individuality of each person they were supporting and to provide care in a way that was personal to the individual.

The registered manager told us that meetings were held for residents and relatives to air their views and opinions about the service. We saw minutes of the last two residents’ meetings. We saw that relevant topics had been raised and discussed including, menus, activities and daily life in the home.

In the downstairs lounge, we observed the Activities Co-ordinator asking each resident sitting there if they wanted to take part in the Quiz upstairs. We did not notice any resident taking up her offer. The quiz was attended by seven residents and two visitors. The participants seemed to enjoy this activity.

One visiting family member told us “Normally there’s a bit of entertainment and activities going on. It seems a bit quiet at the moment, but over Christmas it was really good.”

A monthly calendar was printed out of all the activities and celebrations that were due to take place during that particular month. The registered manager told us that a copy of this calendar was given to every person living in the home to keep them informed about the activities that would be available on a day to day basis.

Is the service well-led?

Our findings

Some people who lived in the home told us, “I don’t know who the manager is. If I had any concerns I’d speak to [named staff]”, “I’ve seen her about, but I don’t know them, or would approach them” and “I don’t talk to the manager, I don’t know who the manager is.” Other people living in the home told us, “The manager comes around and asks how we are, she is very friendly”, “[manager] is very nice and often has a chat with me.”

At the time of this inspection visit the registered manager had been in post since 04 August 2013.

Staff spoke positively about the leadership and management style of the manager. One member of staff said, “The manager has an open door policy and has got it [the service] back on track.” Another staff member told us, “The manager keeps the team going. She is very positive about things and very supportive of all the staff. She will go on the shop floor and will deal with any issues or concerns.”

One visiting family member told us, “I’ve nothing to complain about. If I had, and I got nothing from [the registered manager] then I’d write to Head Office.”

During our visit we observed the interactions between the registered manager, the staff team and visitors to the home and noted they were open and transparent. People visiting the home told us they knew who the registered manager was and were very complimentary about the managers’ involvement with them and their relative. We saw that the registered manager greeted visitors to the home and, if needed, had individual discussions with them in private.

There were systems in place to monitor the quality of service provided. Annual satisfaction surveys were sent to

families and people who lived in the home. The replies were analysed and a report prepared by the provider organisation. The report of the analysis of the 2013 survey was displayed in the foyer of the home and we found the replies indicated a good service provision. The survey for 2014 was in the process of being analysed.

The service held accreditation with the Dignity in Care Award, Investors in People Gold Award and Six Steps for end of life care. The home had received a five star rating from the Food Standards Agency at their last inspection in November 2014.

Staff meetings were held for all grades of staff at least twice yearly and evidence of minutes from these meetings were seen.

The registered manager carried out various monthly audits (checks) including, monitoring service user weights, incidents, medication administration and pressure care. Once completed, copies of these audits are then sent to the operational manager for the service for evaluation.

Meridian Healthcare Limited has a dedicated Quality Assurance Team and we saw evidence that annual audits had taken place. The manager is then provided with a report with an overview of how people living and working in the home viewed the service and where, if any, improvements could and should be made.

The operations manager for the service visited the home on a monthly basis to undertake a compliance visit to monitor the standard of service delivery in the home. A report would be produced and any shortfalls would be brought to the managers’ attention. The manager would then take appropriate action to resolve any issues raised with a response being sent back to the operations manager.