

Valorum Care Limited

# Beechwood - Care Home with Nursing Physical Disabilities

## 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

Beechwood - Care Home with Nursing Physical Disabilities is a residential care home which provides accommodation and personal or nursing care to adults with a range of support needs. The home can accommodate up to 27 people in an adapted building, across two floors. At the time of this inspection there were 17 people using the service.

### People's experience of using this service and what we found

People were happy with the care they received and felt safe living at the home. Staff were recruited safely and there were enough staff to keep people safe. Staff were trained to administer medicines safely and were assessed regularly to make sure they were competent. The home was clean and infection prevention and control measures were in place.

People were supported by staff who received an induction and a range of ongoing training, to ensure they had the right knowledge to support people effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff, who knew people well. People were actively encouraged to be involved in decision making around their care. People were treated with dignity and respect, and their independence promoted.

Staff knew people's needs and preferences, which meant people received personalised care that was responsive to their needs. Risks to people were assessed and minimised, to help them remain safe from avoidable harm. We found complaints were managed appropriately.

The service had a positive and inclusive culture. The provider regularly sought feedback from people and staff, in order to continuously drive improvements. A range of audits were carried out regularly to assess the quality of the service and to ensure people received good quality care.

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

### Rating at last inspection

The last rating for this service was requires improvement (published 14 August 2019). Since this rating was awarded the registered provider has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

### Why we inspected

This was a planned inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

#### Follow up

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

## 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.

# Beechwood - Care Home with Nursing Physical Disabilities

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

### Inspection team

This inspection was carried out by two inspectors and one 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.

### Service and service type

Beechwood – Care Home with Nursing Physical Disabilities is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC 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

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

## During the inspection

We spoke with six people who lived at the home about their experience of the care provided. We spoke with eight members of staff including the registered manager, the deputy manager, care assistants and the chef.

We reviewed a range of records. This included three people's electronic care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

## After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. These records were used to support our judgements.

# Is the service safe?

## Our findings

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

At the last inspection with the previous provider this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems and processes in place to safeguard people from the risk of abuse. Staff received training on how to safeguard adults from abuse and they were able to identify different types of abuse.
- People felt safe living at the home. Comments from people included, "I feel safe. I have been in care homes in Scotland, England and Wales and this home is very, very good" and "Yes, I feel safe. It is a nice place to stay, the people are kind here, very kind."
- Where incidents had occurred, referrals had been made to the appropriate agencies, such as the local authority and CQC.

Assessing risk, safety monitoring and management

- Systems were in place to identify, monitor and manage risks to people and promote their safety.
- People's care records contained up to date risk assessments, with detailed guidance for staff to follow in order to manage those risks and support people safely.
- Regular checks of the building and equipment were carried out, and the necessary health and safety certificates were in place for the premises and the equipment being used.

Staffing and recruitment

- The provider used safe recruitment practices. The staff personnel records contained the appropriate background checks, to ensure new members of staff were suitable to work with vulnerable people.
- There were enough staff deployed to safely meet people's needs. The provider and registered manager regularly considered people's needs and dependency levels, to ensure there was a safe number of staff on each shift.

Using medicines safely

- Medicines were managed, stored and administered safely. Records demonstrated people received their medicines as prescribed.
- Staff responsible for administering medication received training and their competence to manage medicines was regularly assessed.
- The provider had a system of audit in place, to regularly check medicines were managed safely and support them to identify risks and take action where necessary.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

#### Learning lessons when things go wrong

- The provider had suitable systems in place to learn from any accidents or incidents. Staff knew when and how to report accidents or incidents, which resulted in appropriate action being taken.
- The registered manager analysed all accidents and incidents on a monthly basis, to try and identify any themes or trends and make continuous improvements to the service.



# 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.

At the last inspection with the previous provider this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were comprehensively assessed and reviewed on a regular basis.
- People and their representatives were involved in the assessment and care planning process, as well as ongoing reviews of people's care, which recorded the support they required and their preferences for how their needs should be met.
- Information about changes in people's care and support needs were regularly shared and communicated with staff through daily handovers and updates to people's care plans.

Staff support: induction, training, skills and experience

- Staff completed training in a range of subjects, which supported them to develop skills and knowledge to meet the needs and preferences of the people they care for.
- New staff underwent an induction, which consisted of a combination of online training and shadowing more experienced staff, to ensure they were well equipped to meet people's needs.
- Staff received regular supervision and appraisal sessions, to discuss any concerns and additional support they may require. The provider had recently introduced a 'daily huddle', which staff told us they found beneficial for sharing their ideas and opinions.

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

- People were happy with the support they received with food and drinks.
- Care records sufficiently detailed people's needs around food and fluids, including; personal preferences, allergies and any dietary requirements. Staff we spoke with demonstrated a good understanding of people's dietary requirements and they used this knowledge to ensure people maintained a balanced diet.
- We received positive feedback from people about the meals. People told us, "The food is incredibly good here. I've been in other care homes and the food here really is the best" and "The food is excellent, there is a good chef working here."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive timely access to healthcare services and maintain good health. Staff monitored people's health and wellbeing and were proactive in making referrals to other agencies where necessary.
- People told us they were supported to access healthcare services when needed. Comments from people included, "[Staff] will get the doctor out and the GP has started doing monthly video calls to check how

people are" and "It's easy to see a doctor, [staff] will always phone for one if I need it."

- Records showed the home worked closely with other professionals involved in people's care.

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

- The home was well-maintained and appeared clean and bright. On the day of our inspection, the service had been decorated throughout in preparation for Christmas.
- People had been involved in the design and decoration of their bedrooms, to reflect their individual tastes and preferences. Staff had supported one person to create a gallery of their own artwork in the hallway outside of their bedroom.
- The home had a life skills room, which had been built in partnership by a local company, with the latest virtual reality, sound and light technology available for people. This supported and enabled people to engage in interactive games and activities.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported within the principles of the MCA.
- Care records demonstrated that where required, people's capacity to consent to their care had been assessed and best interest decisions were made. The decision-making process included the person and their representative, where necessary.

# 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.

At the last inspection with the previous provider, this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People were treated well by kind and caring staff, and their equality and diversity needs were met.
- People told us they were supported by a staff team who knew them well, promoted their independence and listened to them. One person told us, "[The staff] really care. [Staff] rang me every day to see how I was during my last hospitalisation, twice some days, and talking with them made a real difference. They really care."
- The home had a relaxed and friendly atmosphere and we observed staff were patient and kind when interacting with people who used the service. Staff were attentive to people throughout the day and provided effective support if people became distressed.
- Care records identified if people had any cultural or spiritual needs and contained information about how to meet and promote them.

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

- People were supported to express their views and make decisions about their care, as far as possible.
- Care records demonstrated people and their representatives were involved in decisions about when and how people were supported by staff, through both the care planning and review process. One person had reviewed their care plan in full and proposed some alternative wording, which the registered manager was in the process of amending.
- People were afforded choice and control in their day to day lives. One staff member told us, "When I knock on someone's door I always ask, 'what's the plan for today?' I always give people the opportunity to tell me how they want the day to go."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and treated people with dignity and respect. Staff knocked on doors and waited before entering and demonstrated a good knowledge of people's preferences for the gender of staff who supported them.
- People were encouraged to maintain their independence. Care records detailed what people could do for themselves and areas where they need staff to support them.
- Staff had a good knowledge of people's ability and were keen to ensure people's opportunity to maintain their independence was maximised. One staff member told us, "If we know [people] are capable then we ask them if they can do it, or whether they would like support. It's really important for people to remain as independent as possible."

# Is the service responsive?

## Our findings

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

At the last inspection with the previous provider, this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care which met their needs.
- Care records were detailed, person centred and accurately described the support people needed from staff. Care plans were reviewed regularly, in consultation with people and their representatives, to ensure they remained up to date. People consistently told us they were fully involved in the planning and reviewing of their care.
- People's care plans contained detailed information about their life history, goals and aspirations, which supported staff to build positive relationships with them. Staff knew people well and felt confident to deliver care in accordance with people's individual preferences. One staff member told us, "Very person-centred care is only going to be achieved if you sit with [people] and talk to them. When you sit with [people] and build a rapport with them, you get an understanding of their likes and dislikes straight away."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the requirements of the AIS.
- People's communication needs were assessed and met. Where people needed support with communication, this was recorded in their care plan so staff knew how to communicate effectively with them. For example, one person required documents preparing for them in an easy read format and another person, required information to be read out to them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access and engage in a range of work, educational and leisure opportunities, to achieve their identified outcomes. For example, one person had recently participated in a work experience placement with a local business that was relevant to their ongoing studies.
- The provider had an activities co-ordinator who arranged a programme of activities for people to take part in, according to their interests. We received positive feedback from people about the activities on offer. One person told us, "I love joining in the activities."
- People's relatives were welcomed into the home to support people to maintain important relationships. On the day of inspection, we observed visits taking place in accordance with government guidance.

Improving care quality in response to complaints or concerns

- The provider had a system in place to record, investigate and respond to complaints.
- Records showed concerns raised by people had been addressed appropriately and in a timely manner.

End of life care and support

- The provider had systems in place to ensure staff could deliver personalised care to people at the end of their lives.
- Care records we looked at showed people's end of life wishes, including who people would like around them and how to meet their cultural and religious requirements, had been discussed and recorded. This meant people were afforded the opportunity to express how they would like to be cared for at the end of their life and supported staff to deliver this care.

# 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.

At the last inspection with the previous provider, this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider, registered manager and staff were committed to ensuring people received personalised care. We observed a positive, open and inclusive culture within the home.
- People spoke positively about the registered manager and told us the home was well-run. One person told us, "[Name of registered manager] is the manager; we get on really well. [Registered manager] talks to everyone and likes to have a 'catch up' with everyone, every week."
- Staff morale was positive and staff we spoke with told us the registered manager was supportive and approachable. Comments included, "[Registered manager] is really approachable, they have been the best manager here for years. [Registered manager] is very supportive, you can always knock on their door" and "[Registered manager] will always say 'what can I help you with?' I feel really supported."
- The duty of candour requirement to be open and honest in respect of certain events had been complied with by the provider. Staff told us they were confident the registered manager would act on any concerns they raised.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff were clear about their roles and responsibilities. The registered manager understood the regulatory requirements and reported significant events appropriately to CQC.
- The registered manager and senior staff completed a program of audits on a monthly basis, to support them in assessing the quality of the service and identifying areas for improvement. Where improvements were identified, they were acted on and implemented.
- The provider maintained oversight of the home and a representative of the provider attended the home regularly, to undertake their own checks on the quality of care and provide support to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were asked for their views about the care they received, and their feedback was used to continually improve the service. Resident meetings were arranged on a regular basis and satisfaction surveys were due to be sent out to people and their relatives shortly. Comments from people included, "I get on really well with the management and we have residents' meetings to talk things through" and "[Registered manager] is always available to talk with residents and relatives."

- Staff had regular opportunities to provide feedback about the home. They were able to share their opinions and ideas during supervision meetings, team meetings or during the 'daily huddle'. Staff we spoke with told us they felt able to raise concerns and they would be listened to.
- The service worked effectively in partnership with other agencies, to ensure good outcomes were achieved for people. The provider had established strong links with the local community. For example, the provider had arranged several work experience placements from the local college to support with putting on events for people who used the service. One person told us, "I am very much supported to be involved in activities, I sometimes talk to the students about conditions that affect people like me."