

M Chawla







Beresford Lodge 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	

Overall summary

We carried out an unannounced visit on 3 December 2014 and a further announced visit was made on 22 December 2014.

Beresford Lodge Residential Care Home is registered to provide accommodation for up to 26 adults who require personal care, some of whom are living with dementia. There were 15 people living at the home at the time of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality

Summary of findings

Commission (CQC) 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.

As part of our inspection we looked at the registered provider's system for dealing with medicines. We found policies and procedures in place and medicines were administered appropriately. We observed a member of staff giving people their medicines and this was done safely and appropriately.

The staff on duty told us they had undergone training related to safeguarding vulnerable adults and they were aware of the different forms of abuse. The registered provider had policies and procedures in place to help keep people safe and to prevent abuse happening. The recruitment records showed checks were carried out prior to staff being employed in the home to help ensure they were suitable to work with vulnerable people.

We looked around the home and found they were well maintained and regular health and safety checks were carried out on the premises. Equipment was tested weekly, such as moving and handling devices. New carpet had recently been fitted in the lounge and new windows installed. Relatives told us they felt the home was homely and comfortable.

People told us there was always enough staff on duty to meet their needs. During our inspection the staff were relaxed and were able to spend time with people. They told us they enjoyed working at the home and felt they had sufficient time to complete their duties.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity

Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. Four DoLS authorisations had been approved by the Local Authority and the registered manager told us three more had been submitted for approval.

The lunch time was relaxed and people were offered varying degrees of assistance in a sensitive way. People told us the food was good, varied and a choice was always on offer. The records showed appropriate training was provided and staff were supervised and supported. The staff on duty confirmed this and were able to describe people's individual needs. We saw them meeting these needs in a competent manner and they respected people's privacy and dignity.

The records showed that prompt referrals were made to health care professionals when necessary. This was also confirmed by the professionals we contacted. Activities and outings were provided which people could take part in.

The registered provider had a complaints procedure in place and people were aware of this and felt confident to use it if necessary. We examined four care records and found people's individual needs had been assessed and care plans were in place to give staff information about how they should meet these needs.

The registered manager carried out audits and checks to help ensure standards were met and maintained. Surveys had been issued to people and their relatives to gain their opinion of the service and the comments were positive. Action plans had been put in place so any suggestions could be addressed.

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.

The registered provider had policies and procedures in place to ensure people received medicines when they needed them.

The staff were aware of the procedure to follow if they had any concerns about practices within the home and they had completed training related to different forms of abuse and safeguarding vulnerable adults.

The registered provider had systems in place to ensure staff were suitable to work with vulnerable people and there were sufficient staff to meet people's needs.

Good



Is the service effective?

The service was effective.

The staff had completed training relating to the MCA and DoLS and they were aware of the need to consider people's best interests when making decisions regarding their care. Assessments had been carried out in relation to potential restrictions under the DoLS legislation.

People said the food was good and a choice was always available. Staff supported people to eat and drink to help ensure their nutritional needs were met. Prompt referrals were made to health care professionals when necessary. Staff felt the registered manager was supportive and that they received appropriate training to fulfil their duties.

Good



Is the service caring?

The service was caring.

People told us they were well cared for and the staff were aware of people's individual needs. There were good relationships throughout the home and people confirmed that their privacy and dignity was respected. Staff spent time with people living with dementia and engaged them in conversation.

Relatives told us they felt the staff were very caring and sensitive to people's needs. Health and care professionals told us they felt the care provided was good and advice was always sought when necessary.

Good



Is the service responsive?

The service was responsive.

The records showed people's needs had been assessed and care plans had been developed to give staff information about how these needs should be met.

A range of activities were provided at the home. An activities organiser was employed and people were supported to access activities of their choice.

There was a complaints procedure in place. No complaints had been received since the last inspection.

Good



Summary of findings

Is the service well-led?

The service was well-led.

A registered manager was in post.

People and their visitors told us the atmosphere in the home was warm and homely. The feedback we received from health care professionals was positive and they said the manager was proactive to people's needs. Staff said they enjoyed working at the home and felt well supported by the registered manager.

The registered provider had a quality assurance system to check standards and ensure these were maintained.

Good



Beresford Lodge Residential Care 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.

The inspection was carried out by an inspector over two days. We visited the service unannounced on 3 December 2014 and a further announced visit was made on 22 December 2014.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths.

We contacted the local Healthwatch group, the local authority contracts team and the local authority safeguarding adults team. We did not receive any concerning information about the home.

Due to their health conditions and complex needs not all of the people were able to share their views about the service they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we spoke with two health and social care professionals to gain their views about the service.

During our visit we spoke with seven people who used the service and observed their experiences. We also spoke to three relatives, the registered manager, the deputy manager, four care workers and the cook.

We looked at four care records, four medicines administration records, four care workers' personal files, accident records and other records related to the management of the home.

Is the service safe?

Our findings

People told us they felt safe living at the home. Comments included, "I would say everything is safe here," "I feel safe and comfortable" and "I have no worries here." Two relatives told us they had peace of mind knowing their loved ones were safe and well looked after.

Three people were able to tell us that they received their medicines when they needed them. Comments included, "They ask me if I want my tablets and bring them to me" and "I take three tablets in the morning and at night. I get them when I need them with a drink."

The registered provider had policies and procedures in place for administering medicines. Medicines were administered by senior care workers and their competency was assessed by the registered manager. Medicines were ordered by the registered manager or the deputy manager and they were responsible for auditing the system. We observed the deputy manager carrying out a medication round and saw this was done appropriately. We looked at the system for dealing with medicines within the home and we found the medicine administration records (MARs) were completed and medications were stored securely. All staff who administered medicines had completed training. The deputy manager had undergone training with the diabetes nurse to meet the individual needs of some people using the service.

There were policies and procedures in place to help safeguard people from abuse and these were accessible to staff. Staff told us they had received training with regard to safeguarding vulnerable people. They were aware of the different forms of abuse and the procedure to follow if they observed abuse. Comments included, "I would go to the manager if something was wrong. If nothing was done I would phone the provider, CQC or the police" and "I would report concerns to the manager or CQC, definitely." This meant the provider had taken action to reduce the risk of abuse happening.

A log book was in place to record minor safeguarding issues which could be dealt with by the provider. The log was then forwarded to the Local Authority safeguarding adults team in line with their procedures so they could

determine whether appropriate action had been taken. The registered manager was aware of incidents that should be reported and authorities and regulators who should be contacted.

There was a system in place to deal with people's personal allowances and any money they deposited in the home for safe keeping. We saw receipts were kept for each transaction. These were signed by the person and a member of staff or two members of staff where people could not sign for themselves.

A new carpet had recently been provided in the lounge area and new windows had been installed. There was an action plan to redecorate the dining room in the near future. The registered provider had arrangements in place for the on-going maintenance of the building and a 'handyman' carried out routine safety checks, such as the fire alarm, fire-fighting equipment and call bell system. They also carried out checks on the moving equipment in the home, such as hoists. External contractors carried out regular inspections and servicing, for example, on gas and electrical appliances. A Legionella risk assessment was in place. We looked around the premises and they were warm, homely and well maintained. The registered manager told us the registered provider was very quick to respond to any repairs or maintenance that was required.

We saw a fire risk assessment had recently been completed. A contingency plan was in place and contained information about procedures to follow in an emergency, for example emergency telephone numbers. The registered manager told us arrangements were in place with the local social club if people needed to move out due to an emergency situation. She had assessed the procedure each person should follow if they needed to vacate the premises. This meant there were arrangements in place to deal with foreseeable emergencies.

We looked at four staff files. These were well organised and there was evidence to show the appropriate checks had been carried out before staff commenced work. These included identity checks, two written references, one of which was from the person's last employer and Disclosure and Barring Service (DBS) checks, to help ensure people were suitable to work with vulnerable adults.

We saw application forms which included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which

Is the service safe?

would make them unsuitable to work with vulnerable people. Two care workers told us they had been asked to provide references and DBS checks had been carried out before they commenced their employment.

People told us there was always enough staff on duty to meet their needs. Comments included, “There’s always enough staff” and “There are loads of staff.” The registered manager told us dependency levels were assessed every month and she always ensured staffing levels were above those required.

The rotas showed that a senior and two care workers were on duty from 08.00 until 22.00 and a senior and a care worker were on duty overnight. In addition, a domestic assistant and a cook were on duty during the day. We saw the staff were not rushed when carrying out their duties and were able to spend time talking to people. We felt that based on the current level of occupancy and observed levels of dependency the staffing levels were appropriate.

Is the service effective?

Our findings

The people we spoke with said they felt the staff met their needs and they were well trained. Comments included, “The girls are very good” and “The carers are very good and they know what they are doing.” Relatives said, “The staff do everything right, I can’t fault them” and “All the staff are good and all X’s needs are met.”

We looked at the training records and they showed that staff had undergone health and safety training, such as moving and handling and fire safety. The registered manager kept a training matrix to ensure training was updated when necessary. The records showed that staff had also completed training to meet people’s individual needs, for example diabetes and end of life care. The staff told us they felt they received appropriate training to meet people’s needs. One person said they asked to attend a course on advanced dementia and they had been allowed to do so.

The records we examined showed that regular staff supervision sessions and annual appraisals were carried out. Supervision sessions are used to review staff performance, provide guidance and to discuss their training needs. Staff told us they received regular supervision sessions with the registered manager or the deputy and were able to discuss training and any concerns they may have. The records showed that staff were asked their opinion of the home and discussion took place about training, safeguarding and Deprivation of Liberty Safeguards (DoLS).

People told us they enjoyed the food served to them and they were given choices at mealtimes. Comments included, “It always looks lovely and smells good,” “Very good food,” “We get too much food but it’s very nice” and “The food is very good and I’m a fussy devil.”

We saw juice was being served in the lounge areas at 10.30 am and homemade scones, tea and coffee were served at 11.00 am. We observed lunch being served in the dining room. We noted that the placemats had laminated photographs of local places of interest which people would relate to. The food was well presented and there was a choice of main course and dessert. One person was offered a sandwich as they did not want the dishes on the menu. People required varying degrees of assistance from the staff and adapted crockery and cutlery were provided. Juice, tea

and coffee were served during the meal. We heard one person say, “There are four things on her plate (referring to another person) that I don’t like.” The staff gently reassured the person that she had ordered another meal and brought this for them. The meal was relaxed and soothing music was playing. Staff assisted people in a caring and sensitive way, for example sitting next to people who required assistance to eat.

Food and fluid charts were in place for who had been identified as being at risk of malnutrition and dehydration. This meant people’s food and fluid intake was monitored. People’s weights were checked regularly so action could be taken if required and referrals made to relevant health care professionals.

The cook who was aware of people’s special diets, such as diabetes, fortified meals and pureed food and she had information on people’s likes and dislikes. She told us she had access to sufficient ingredients to provide fortified meals and drinks, such as fresh cream and butter and there were supplies of these in the fridge.

Staff asked for people’s consent before they provided them with support, for example a care worker asked someone if they would like their food cut for them. Another care worker who was assisting a person to eat said, “Are you ready for some more or have you had enough. Do you want some more tea?” People said staff always asked before they offered assistance. Their comments included, “They ask me if I want a bath but I sometimes say no. I get a bath every week but I could have more if I wanted” and “They don’t do anything without asking first.”

The CQC monitors the application of the Mental Capacity Act 2005 (MCA) and the operation of DoLS which apply to care homes. DoLS is a legal process used to ensure that no one has their freedom restricted without good cause or proper assessment. There was a policy in place which related to people’s mental capacity and DoLS. Four DoLS authorisations had been approved by the local authority and the registered manager told us three more had been submitted for approval.

We saw documents to confirm individual mental capacity assessments had been carried out to ascertain whether people required best interest decisions to be made on their

Is the service effective?

behalf. One person's care records contained information stating under what circumstances they should not be admitted to hospital and could be allowed to be cared for in the home.

We saw referrals had been made to health care professionals where necessary, for example GPs, dieticians

and speech and language therapists. There was a section in the care records for staff to record conversations they had with visiting professionals. A relative told us that the staff always contacted the GP when necessary and made sure appropriate equipment was obtained when necessary.

Is the service caring?

Our findings

People told us they were well looked after and staff respected their privacy and dignity. Comments included, “Everything is hunky dory,” “They always knock on my door before they come in,” “Everything is fine and it’s warm and clean” and “I’ve been here before for a break and I’ve never had any problems. Everything is very good.”

Relatives told us, “Mam has been here for three years. It’s super and the manager keeps us well informed,” “The care is brilliant. The staff are very good, they keep me informed and have done everything I asked for. They don’t just treat him well when I’m here because sometimes I’ve heard them talking to him when they didn’t know I was there,” “She has settled very well and the staff are very good. I have no concerns at all” and “Dad says it’s wonderful here and people are so kind.”

We spoke with a care professional and they felt the staff provided very good care. A health care professional who visited the home regularly told us they had no concerns about the home and the staff were very caring. They also said discussions had taken place about the care of a person who was near the end of their life and the person was very well cared for.

We saw a complimentary letter which was received from a relative of a person who had recently passed away.

Comments included, “Your affection for him was clearly evident in how you treated him and how you always spoke about him.....He constantly said how lucky he felt to be hereNothing was too much trouble and everyone was always willing to help us.”

The majority of staff had worked at the home for a number of years and knew people very well. Interactions between people and the staff were professional but warm and friendly. Staff respected privacy by knocking on bedroom doors before entering. Staff were assisting people to move around the home when they wanted to and reassuring them. One person who was living with dementia was concerned they did not have any money to pay for their lunch and a care worker gently reminded her she did not need to pay. Another care worker bent down, held a person’s hand and said, “I’ve got you some flowers because you said you wanted some. We’ll put them in a vase.” A staff member who was beginning their shift said, “Hello, are you alright.” The person said they were a little cold and the staff member went to get a cardigan.

The registered manager told us she had contact numbers for advocacy services but no one required an advocate as they all had relatives involved. Advocates can represent the views and wishes for people who are not able to express their wishes.

Is the service responsive?

Our findings

People told us the staff always responded to their needs very well. Comments included, “They are always there if I need help” and “I haven’t had any problems when I ask for help. They are always happy.”

We saw a letter received from a relative which stated, “Thank you S (registered manager) for all your liaising with the hospital to ensure appropriate equipment, medication and help would be in place for his return to the home.”

A care professional told us, “I was visiting one day when someone had a health crisis and the staff were very quick to respond and dealt with the situation very well.” They told us that when they had placed people in the home the staff were always eager to find a solution to any problems people may have. They said, “I placed someone with multiple health problems and these were identified quickly and they got things sorted.” A health care professional who visited the home regularly told us they had no concerns about the home and the staff were very caring. They said staff carried out instructions very well and were always happy to help. They also said discussions had taken place about the care of a person who was near the end of their life and the person was very well cared for.

Handover sessions were held at the beginning of each shift to help ensure staff had adequate information about each person’s needs. We looked at the care records for four people. Every aspect of a person’s needs had been assessed prior to them being admitted. Care plans had been developed to provide staff with guidance to meet people’s needs, such as, personal hygiene, nutrition, diabetes and smoking. The plans of care had been signed by people or their representatives. Relatives told us they were fully involved in any discussions about their loved ones’ care. Care plans were evaluated each month so any changes in need could be identified and action taken. A document, ‘All About Me’ was in place to record information about people’s past history, interests, preferences and likes and dislikes. These were briefly filled

in and did not contain personal photographs. We spoke to the registered manager who told us she was aware that further work was required and information gained from relatives, where possible.

The registered manager and the staff told us they asked people every day for their choice of activity. These included sing-a-longs, armchair aerobics, dominoes, bingo and pampering sessions. A table was provided in one of the lounges so people could enjoy arts, crafts, games and jigsaws. Some people were escorted to the local shops to buy cigarettes and sweets. The registered manager told us that some people did not like going out in the cold weather but outings were organised in the summer which had included trips to Tynemouth and Heighley Gate Garden Centre. Entertainers visited the home every three months and local school children were due to attend to sing carols. A clothes party had recently taken place so people could buy new clothes if they did not want to visit the shops. Three people preferred to stay in their bedroom rather than join in the activities. One person said, “They had a singer on but I didn’t like him so I went back to my bedroom. Staff were spending time with people on an individual basis. The staff all confirmed that they were able to spend time with people and engage them in conversation.

People told us they knew how to make a complaint and felt the registered manager would take appropriate action. Comments included, “If you want to complaint you just open your mouth and speak but I have nothing to complain about” and “I have no complaints. If I did I would discuss it with S [registered manager] and I’m sure she would do something. If she didn’t I would go to someone more important but it would have to be very serious to do that.” A relative told us, “I wouldn’t think twice about complaining if I needed to but if I have a minor concern it’s put right straight away.”

The complaints procedure was displayed in the entrance to the home and it formed part of the service user guide and a copy was placed in each bedroom. No complaints had been received since the last inspection.

Is the service well-led?

Our findings

The home had a registered manager who had been in post since 2013.

People told us the atmosphere in the home was always pleasant and friendly. Comments included, “The staff are always cheerful,” “It’s a good atmosphere” and “It’s very well run.” Relatives told us, “I’m always made to feel welcome,” “All the staff have always made me feel so welcome” and “It’s always pleasant and mother seems very happy and settled.”

Staff told us they felt supported by the registered manager and felt able to discuss any issues or concerns they may have. Comments included, “I love my job” and “I love working here and the manager is good.” A care professional said, “I find the manager is on the ball with everything.”

Three monthly staff meetings were held and the minutes were recorded. The last staff meeting took place on 22 October 2014 and discussed training for staff, the laundry and staff were reminded to ensure people were assisted to wash their hands before and after meals. Meetings were held every six months for people and relatives. At the last meeting discussion took place about activities and the summer fayre. The registered manager told us she telephoned relatives who live out of the area and discussed any plans with them so they were kept up to date.

People and their relatives were issued with surveys to seek their opinion on the service provided. These were last issued in April 2014, six were returned and the results were

positive. Comments included, “The staff are fantastic, hardworking and really care about the residents.” One suggestion was made to obtain more plants for the garden. These had been provided and one person had helped with the planting. Another suggestion was to redecorate the dining room and this was part of the six monthly action plan.

Accidents and incidents were recorded and audited each month by the manager to make sure risk assessments and care plans were in place where necessary. For example, one person used to visit the local shop on their own but they had forgotten their way home so to ensure their safety they were now escorted by a member of staff.

Various audits were carried out to check the quality of the service provided. These included the system for dealing with medicines, the care plans, staff recruitment records and health and safety. An audit of the medicines system had recently been carried out by the supplying pharmacist. This meant that systems were in place to ensure standards were monitored and any improvements were implemented. The registered manager had reported events that affected people’s welfare and health and safety to CQC as required by the regulations.

The registered provider carried out a visit every three months to monitor standards and completed a checklist. They also monitored the competence of the manager annually. The registered manager told us that the provider was very supportive and always available if their advice or support was required.