

Lifestyle Care Management Ltd

# Beech Court Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Beech Court Care Centre is a care home with nursing providing accommodation, nursing and support with personal care for up to 50 people. Some people who use the service have dementia, some are younger people with physical disabilities and others were receiving care at the end of their life. At the time of our visit 39 people lived there. The service is a purpose-built care home and each person had their own room with ensuite bathroom. There are communal areas and a garden for people and their visitors to enjoy.

The service was registered with the Care Quality Commission in November 2015 after the registered provider changed from Life Style Care (2011) plc to Lifestyle Care Management Ltd, an organisation run by Orchard Care Homes. The service was previously inspected on 13 May 2015 and we found concerns relating to infection control practices, the management of homely remedy medicines and some equipment that had not been properly maintained. The provider wrote to us and told us how they would address these issues, and during this visit we found they had and now met the fundamental standards in these areas.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was very calm and had a homely, welcoming atmosphere. People and their relatives told us, and we observed, that staff were kind, caring and compassionate and knew people very well.

Risks relating to people's support were identified and strategies in place to mitigate those risks. Staff knew what to do if they were concerned about a person or suspected abuse. There were enough staff to meet people's needs safely, however recruitment procedures were not always robust. We have also made a recommendation relating to how challenging behaviours are managed within the service.

Staff were well-supported through training, appraisal and supervision of their work, however changes in upper management of the service left some staff and the registered manager feeling frustrated. We have also made a recommendation relating to the system used to check the quality of the service people received.

Staff supported people to maintain good health through eating and drinking sufficient amounts for their needs, and facilitating access to healthcare professionals when required. There were plenty of activities for people to enjoy, and the design of the service premises met people's needs.

The registered manager asked people and their relatives for feedback about the service, and we saw that action was taken as a result.

We found two breaches of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. You

can see what action we have told the provider to take at the back of the full version of this report.

## 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 mostly safe. Staff were knowledgeable about abuse and knew what to do if they were concerned about a person.

Medicines and equipment were managed safely.

There were enough staff to meet people's needs safely and in a timely manner, however recruitment procedures were not always robust. We have also made a recommendation about how staff support people who exhibit challenging behaviours.

**Requires Improvement** ●

### Is the service effective?

The service was mostly effective. Staff supported people to maintain good health and eat and drink sufficient amounts.

Staff were well-supported through training, supervision and appraisal of their work.

Consent to care and treatment was not always sought in line with the requirements of the Mental Capacity Act 2005. The registered manager knew what to do should a person need to be deprived of their liberty for their own safety.

**Requires Improvement** ●

### Is the service caring?

The service was caring. There was a nice, homely atmosphere and staff knew people very well.

Staff were kind, caring and compassionate.

**Good** ●

### Is the service responsive?

The service was responsive. People's needs were assessed and their care and treatment was delivered in line with their care plans.

There were regular activities for people to enjoy, in small groups or with one-to-one support.

People knew how to make a complaint if they needed to and

**Good** ●

complaints were responded to appropriately.

**Is the service well-led?**

The service was mostly well-led. The registered manager had a system in place to check the quality of the service, however we have made a recommendation about this as some concerns we identified during our inspection were not picked up by the current system.

The service had an open and transparent culture, and staff and the registered manager were clear about their roles and responsibilities.

**Requires Improvement** 

# Beech Court Care Centre

## Detailed findings

### Background to this inspection

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

This inspection was carried out on 27 and 28 January 2016. It was unannounced on the first day. The inspection was carried out by three inspectors, a specialist professional advisor who was a dementia nursing specialist, 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. The expert by experience for this inspection had experience of caring for someone with dementia.

Before the inspection we reviewed the information we held about the service, including notifications of events about which the service must tell us.

During our visit we spoke with nine people who use the service and five of their relatives. We spoke with 14 staff including the registered manager, regional director, activities coordinator, chef, cleaner, nurses, senior care assistants and care assistants. We looked at 15 people's personal care and support records and 15 staff personnel records. We also looked at records relating to the management of the service such as records of audits, policies and procedures, meeting minutes and maintenance records. We looked around the service premises and observed staff providing care and support to people. We also undertook a Short Observational Framework for Inspection as some of the people who use the service were unable to tell us about their experiences of care.

After our visit we received additional information about the service and the care people received from a local authority commissioner.

# Is the service safe?

## Our findings

People told us they felt safe living at Beech Court Care Centre. One person said, "Yes, I have felt very safe here." A relative told us, "[My relative] has been very safe here." Another person told us, "I've been safe. I've never been shouted at."

When we inspected Beech Court on 13 May 2015 we found that the service did not meet fundamental standards relating to infection control practices, how homely remedy medicines were managed and some equipment that was poorly maintained and dangerous for people to use. During this visit, on 27 and 28 January 2016, we found that infection control practices had improved, homely remedies were appropriately managed and the dangerous equipment had been replaced.

During this visit we also found that staff were not always appropriately checked to ensure they were suitable people before they started work. While most staff records contained a criminal record check when the staff member was first employed, the provider organisation had not sought for these to be refreshed and did not have another mechanism in place to ensure staff continued to be suitable people to care for those who need support. Additionally, recruitment procedures were not particularly robust. Some staff personnel records we viewed did not include records of references obtained or other proof of the applicant's conduct in previous roles in health or social care, and we noted some discrepancies on staff application forms, and gaps in employment history, that had not been appropriately investigated and explained when the staff member was recruited.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Records showed that the registered manager had taken appropriate action when staff displayed poor practice or unsafe care. Disciplinary procedures were used and we saw that staff had been referred to the Nursing and Midwifery Council and the Disclosure and Barring Service when required.

There were enough staff to meet people's needs safely and in a timely manner. We noted call bells did not ring for very long and staff attended to people quickly when they called for help. People told us there were usually enough staff and that the service did not use agency staff but had a bank of staff to cover when necessary, which staff rotas confirmed. Each person's personal care and support records contained a dependency score which was used to determine staffing levels and we saw these were updated monthly or when the person's needs changed.

Medicines were managed safely within the service. Medicines were administered by staff who had been trained and assessed as competent. We observed two medicine rounds and saw that staff checked the person's medicines administration records, then administered medicines to one person at a time to reduce the risk of errors. Staff administering medicines wore 'do not disturb' tabards and took this seriously while undertaking the medicine rounds.

Controlled medicines were stored, administered and recorded according to requirements. We also saw that

two people received their medicines covertly (without their permission) due to their specific support needs. Records for these people showed that guidelines for the covert administration of their medicines had been developed by the pharmacist and the person's GP and agreed through a 'best interests' decision-making process.

Risks associated with people's support were assessed and action taken by staff to mitigate those risks. Each person's records contained a number of risk assessments and we saw that these were updated regularly and as people's needs changed. We observed care and support being provided to people and saw that staff did so safely and with care. For example, one person needed assistance from staff to transfer from their wheelchair to a chair in the lounge. Two staff supported the person to safely rise from their chair and provided physical support so the person could move about safely.

However, we noted that a number of staff disciplinary matters had related to how staff supported people who displayed challenging behaviours. These are behaviours that pose a risk of harm to property, other people or the person themselves. Most staff told us they had been trained in how to de-escalate situations and respond appropriately when people who used the service displayed such behaviours, and this was confirmed by records we looked at. Staff told us they felt safe at work, however records of incidents we viewed and staff disciplinary records highlighted this as a specific area of concern. At the time of our visit, there were no people using the service who regularly displayed such behaviours. We recommend that the provider reviews how such behaviours are managed within the service and seeks advice and guidance from relevant professionals to ensure people, staff and property are safe.

Staff were knowledgeable about abuse and knew what to do if they had concerns about a person being abused. Staff had been trained in safeguarding adults procedures and we saw that safeguarding concerns had been reported, and staff and the registered manager had cooperated with investigations undertaken by the local safeguarding authority and by police. One staff member told us, "It's about protecting the vulnerable and raising any concerns if something is not right to management."

The service premises were clean and there were no malodours evident. We saw cleaning records which demonstrated that the service was cleaned regularly and in line with infection control guidelines. One person told us, "The home is very clean, they do my room every day." A relative said, "It's a clean place. If you ask they will attend to it immediately."

The service premises were well-maintained. There were new chairs in the communal areas and new garden furniture outdoors. Records showed that maintenance issues were addressed quickly and the service had systems in place to reduce the risk of legionella. Windows had appropriate restrictors and radiators were covered, and we saw that equipment was checked and tested regularly to ensure good working order.



## Is the service effective?

### Our findings

People told us they felt the staff were well-trained to meet their needs. One person said, "The staff seem to be good at their jobs" and another told us, "The majority of staff are well-trained. They train people here."

Records showed staff had been trained in topics relevant to their roles, however we noted that only 46% of staff had completed training in the requirements of the Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated to us that they were aware of the principles of the MCA but were not able to explain how this impacted on the support they provided to people. Records showed that some people's capacity to make decisions about their care and support had been assessed, however some of these assessments were generic and not about specific decisions the person had to make. Additionally, where people had been assessed as not having capacity to understand and make decisions about their care and support, there were very few records of decisions made in the person's best interests. The registered manager told us they discussed such matters with the person's family, GP, social workers and staff, however these discussions were not usually recorded.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager knew the procedure to follow if they believed that a person needed to be deprived of their liberty for their own safety. They had applied for DoLS for all people who used the service who did not have capacity to make these decision for themselves, and some of these authorisations were in place by the time of our visit.

The registered manager and senior staff supported staff through regular supervision and appraisal of their work and staff had opportunities for training and gaining appropriate qualifications, such as the Diploma in Health and Social Care to level two or three. Staff underwent an extensive induction when they first started work at the service, which included the Care Certificate and shadow shifts before they started working alone.

Staff supported people to maintain good health and sought assistance from medical professionals when required. A GP visited the service weekly and provided additional support when necessary. Records showed that people saw the dentist and optician regularly, and other specialists, such as a speech and language therapist and podiatrist, when required. One person told us, "If I am unwell, they get the doctor in."

People told us they liked the food and staff supported them to eat and drink enough to meet their needs. One person said, "The meals are very nice and they would do something different if I didn't like the menu." A relative told us, "[My relative] loves the food. [They] have put on weight since coming here." Food looked and smelled appetising and we saw that pictorial menus were used for people to choose what they wanted to eat. Staff respected people's choices and the chef told us they regularly cooked additional meals for people who wished to have something that wasn't on the menu.

Staff supported people to eat with kindness and while maintaining the person's dignity. Where people required special diets, such as a soft diet or pureed foods, these were provided and staff ensured people received support from a dietitian when necessary.

The service premises were designed and maintained in ways that met people's needs. Consideration was given to the specific needs of people with dementia and we saw that doors were painted contrasting colours to assist people to find their way around the building. Tactile resources were also readily available for people to use, such as fiddleboards and walls with different textures.

The service premises had a number of communal spaces people could use to spend time with their visitors. On the day of our visit, a staff member was in the garden planting plants with different textures and scents to grow into a sensory garden. The garden was otherwise well-maintained and the ground was even so people who use wheelchairs could make use of the space safely.

# Is the service caring?

## Our findings

People told us staff were friendly, caring, kind and respectful. One person said, "The staff are very kind and caring people." Another told us, "The staff are very kind, respectful and polite. I've never heard them be anything else to other people. I've got total admiration for the staff." A third person said, "The staff are lovely. I tease them and have a joke with them."

When we first entered the service on the first day of our inspection, we noted that the service was very calm, staff weren't rushed and there was a homely, friendly atmosphere. We observed staff chatting with people about their lives, families and topics of interest, demonstrating they knew the people who used the service very well.

Personal care and support tasks were carried out by staff with principles of dignity and respect in mind and staff were aware of people's preferences around their care and support. One person told us, "When dealing with me privately, [staff] close the door and draw the curtains." Another person said, "When they are dealing with me, they close the door and visitors have to leave." A relative told us, "If [my relative] needs changing, the staff ask us to leave and close the door." We observed a staff member ask a person if they would like their hair brushed and the person said "not now", which staff respected.

People were encouraged to maintain relationships with their families and friends, and we observed that some people had developed strong relationships with other people who used the service. Relatives told us they could visit whenever they wished, and could have a meal with their relative for a small cost. One relative told us, "We visit very often. We can come when we like."

Staff gave consideration to people's individual needs relating to their culture and faith. Clergy from different faiths visited the service regularly and we saw that cultural celebrations were also held, and birthdays celebrated.

Staff used various methods of communicating with the people they supported, according to their communication needs. Many documents used within the service were available in pictorial formats so people could understand them and staff tailored their style of communication to the person. People told us their views were respected, and one person said, "The manager comes around every day, sometimes a couple of times, and asks me if I'm okay and if there's anything I need."

Staff supported people appropriately when they were at the end of their life. Most people's records included clear instructions about their preferences for care at this time and we saw that the service held appropriate stocks of medicines and equipment to be used. The service was working towards accreditation within the Gold Standards Framework for end of life care. The service made use of the resources available from the local hospice for counselling and support for people and their relatives at these times.

## Is the service responsive?

### Our findings

People told us the service responded well to their needs. One person said, "Oh yes, I get the care I need here. I just get on with things if I feel like it." Another person told us, "I am getting the best care I can." A relative said, "[My relative's] care here has been wonderful, I can't fault it."

People's needs were assessed by staff of the service before they moved in, and their care plan developed to meet those needs. People's personal care and support records detailed the care they needed as well as their preferences about how the care was delivered. Each person had a number of different care plans for different areas of need. At the time of our visit, the service had just introduced a new care planning system and so records were in the process of being transferred to the new documents, and we saw that this was being done systematically and without any negative impacts on the care people received from staff.

Care plans were reviewed and updated monthly, and when people's needs changed. People and their relatives were involved in reviews of their care. One relative told us, "We are involved in [our relative's] care plan and we sign off on reviews." Another relative said, "[My relative's] care plan is reviewed every three to six months and I get to sign it off." The service operated a 'named nurse' and keyworker system so specific staff had responsibility for coordinating each person's care and support.

People enjoyed a range of activities with one-to-one support from staff or in groups. The service employed a full-time activities coordinator who told us about the different activities available and there was an up-to-date weekly activities timetable on the noticeboard on each floor. One person told us, "There is more than enough to do here. There are plenty of activities." Another person said, "They always ask if I want to join in but I want to do my own thing. The girls respect my decision." A relative told us, "There is more than enough for people to do."

Records showed that outside entertainers visited the service weekly and people told us they greatly enjoyed these sessions. One person said, "They have sing-alongs and I love to listen to the music."

The activities coordinator told us about how they kept the activities under review and changed the timetable depending on people's needs. They told us, "Currently we have a lot of people in bed who find it difficult to participate in the group activities so I tailor the programme to their needs. The dynamics of the service are always changing so I organise the activities around the people, not the other way around. I do a lot of one-to-one activities with people."

People and their relatives told us they knew how to discuss concerns with the registered manager and were aware of the complaints procedure, however most people we spoke with told us they had not needed to raise a formal complaint. One person said, "I've never needed to complain about anything serious in all the years I have been here." Another told us, "I have made a few complaints, but silly things." Complaints records showed, and people told us, that complaints were recorded and responded to, and action taken as a result of concerns people had raised. For example, one relative told us, "Last year my sister complained about [a specific staff member's] attitude towards feeding [my relative]. That member of staff has gone" and

records confirmed this and that the complainant had been satisfied with the service's response.

## Is the service well-led?

### Our findings

People and their relatives were complimentary about the management of the service. One person said, "The manager comes around, she is very nice." Another person told us, "From my experience, the home is run very well. I have no concerns." A relative told us, "You can approach the manager any time and she will try to sort out any problems."

At the time of our visit, the service's provider organisation had recently been taken over by administrators due to financial difficulties. This was the third such change in management in two years. Most staff told us this did not affect their day-to-day working lives at the service. One care assistant told us, "You carry on regardless as it's the same care with the same residents. They don't care who runs the place, just that they receive good care." However, some staff expressed concerns about the changes. One care assistant said, "It's always changing – new paperwork, new care plans. Now we have to redo training we have already done so they can say we've done it under this company. It's a bit of a waste of time really." The registered manager told us, "Staff have been up and down – they are frustrated as they don't know what's going on. The situation is also quite frustrating for me as I don't always know who to talk to and where to get the information I need under the new company."

Despite these changes, the service had an open and transparent culture. Staff told us they felt supported, valued and respected. One care assistant told us, "It's a very good place to work – I am doing the job I love and we have a great team here. Even with all the changes we work well together." A nurse told us, "This is a very pleasant place to work. I enjoy working with the elderly people and the environment makes me grow. We have such a supportive manager and colleagues." The manager visited each person who used the service each day, as well as maintaining weekly 'surgery' open office hours for people, their relatives and staff.

Staff told us, and records confirmed, that team meetings were held regularly in each unit and for specific groups of staff such as nurses. Staff told us these meetings were useful and helped them to focus on the care and support they provided to people and ensure responsibilities were allocated to specific staff. One nurse told us, "It's like a family, we have very good unity here. We have good proper channels for communication between the manager, nurse and care worker." Each unit held handover meetings twice per day to ensure people's day-to-day care needs, appointments for the day and other information and areas of concern were handed over.

The registered manager had a system in place to check the quality of the service people received, supported and checked by the regional director. They conducted regular audits of all aspects of service delivery, however these had not identified the breaches of the fundamental standards we found during our inspection. We recommend that the registered manager reviews the audit system currently used to ensure shortfalls are identified and action taken to improve the service.

The service met the requirements of their registration with CQC. The registered manager submitted notifications of events that affect the service, as required.

The registered manager maintained a log of accidents and incidents occurring in the service, and reviewed these to facilitate learning and make changes to the operation of the service as a result. For example, CCTV cameras had been introduced as a result of an incident that occurred in 2015, although not yet turned on at the time of our inspection as consent for being filmed was still being obtained from all people who use the service and those who could consent on their behalf.

The service sought feedback from people who use the service and their relatives. A person told us, "They ask me how things are around here. If there is a problem, they sort it out." Relatives told us they attended relatives' meetings and completed annual questionnaires about the service their loved ones received. There was also a comment book in each unit of the service, which people and their relatives wrote in from time to time. The comments in these books were very positive, for example one relative wrote "I have great comfort being able to leave here with a smile knowing [my relative] is 100% happy and safe."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Consent for care and treatment was not always sought in line with the requirements of the Mental Capacity Act 2005.  Regulation 11

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The provider did not operate effective recruitment procedures to ensure persons employed were of good character and had the necessary qualifications, competence, skills and experience for the work.  Regulation 19(1), (2) and (3)