

Supreme Healthcare Limited

Beresford Lodge Residential Care Home

Inspection report

88 Beresford Road
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Whitley Bay
Tyne and Wear
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Tel: 01912377272

Date of inspection visit:
29 November 2022

Date of publication:
28 February 2023

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

Beresford Lodge Residential Care Home is a care home which provides residential care for up to 26 people, some of whom are living with dementia. At the time of our inspection 14 people were using the service.

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

Systems to protect people from abuse, including an up to date safeguarding policy and safeguarding staff training were in place. The registered manager carried out risk assessments which assessed ways to keep people safe whilst allowing them to live the way they chose to.

Medicines were stored safely, and staff were competent in their use. The provider was taking steps to prevent and control the spread of infection with the appropriate use of PPE and levels of cleanliness.

People were being supported to eat and drink in line with their preference and dietary needs. The provider had tools in place such as fluid monitoring to help staff to do this and worked alongside other healthcare professionals to achieve positive outcomes for people, when they had concerns.

People were treated with dignity and respect. The staff showed respect towards people's individual choices and lifestyles.

The care provided was personalised. People and their relatives were involved in decision making and reviews of people's care were carried out. There was an activities programme in place which helped ensure people's emotional and social needs were met. People and their families were also aware of how to complain if things went wrong.

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.

The registered manager was aware of their responsibility to monitor the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 21 October 2021 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 31 December 2019.

Why we inspected

This inspection was a planned inspection due to time since their registration..

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Beresford Lodge Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. 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

The inspection team consisted of 1 Inspector 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.

Service and service type

Beresford Lodge Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beresford Lodge Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority and local 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.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 1 person who used the service and 10 relatives about their experience of the care provided. We also spoke with 4 members of staff including the registered manager, deputy manager, a senior carer, and a domestic staff member. We looked at the recruitment records for 2 staff members and a variety of records relating to the management of the service, including quality audits, risk assessments, and policies. We also reviewed the care plans of 3 people who lived at the home.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding systems in place to protect the people from abuse including an up to date safeguarding policy.
- Staff had received training in safeguarding and understood how to report concerns if they had them.
- Relatives felt their family members were safe living at the home.

Assessing risk, safety monitoring and management

- Risk assessments were in place to guide staff on how to care for people safely.
- Health and safety risk assessments were regularly completed and up to date.
- Positive risk taking was encouraged. The registered manager told us, "I am trying to promote their independence whilst using risk assessments to promote their wishes."

Staffing and recruitment

- There was enough staff on duty to support people.
- Relatives felt assured staff were able to assist their family members as needed. One relative told us, "If I am ready to go after a visit, I could press a button and they will go in to her, there is always someone coming around asking if she is okay, and will support and help her with anything she needed."
- Recruitment checks were carried out for staff to ensure people were kept safe.

Using medicines safely

- There were systems and processes in place to manage medicines safely.
- Medicines were stored safely and securely.
- The competency of staff's medicine management and administration was regularly checked.

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 supporting people to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Learning lessons when things go wrong

- Lessons learned were shared with staff when things went wrong to help ensure action was taken to prevent any reoccurrence.
- Additional staff training was also provided when mistakes could be learnt from.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Assessments of people's care plans showed people's needs, desired outcomes and how these should be met in line with best practice guidance. These assessments detailed specific needs such as dietary needs and any personal preferences.
- Staff provided care and support in line with the assessments, people's preferences and best practice guidance.

Staff support: induction, training, skills and experience

- Staff had completed training set out by the provider.
- Staff supervision, observations and appraisals were carried out by the registered manager.
- Staff had completed or were working towards their Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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

- People's dietary requirements were assessed and catered for. Nutritional care plans were in place.
- People's fluid intake was monitored to ensure people drank enough. Fluid balance charts were up to date.

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

- The home's design and decoration was appropriate for people's needs.
- People's individual bedrooms were personalised.
- There were handrails and colour-contrasting features to aid people's movement throughout the home.

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

- People were supported in accessing healthcare services such as the dentist, dietitians and GP services to help ensure their health needs were met.
- The staff worked alongside other healthcare services such as the local speech and language, and behavioural support teams.

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 MCA 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.

- The staff adhered to the principles of the MCA.
- Individual consent agreements were recorded. When people lacked capacity to consent, best interest decisions were taken on their behalf.
- DoLS were appropriately assessed when 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The staff were respectful of people's differences and listened to their personal choices.
- People's faith needs were being met with support from the staff.
- Care plans gave specific lifestyle support guidance that included details such as people's voting preferences.

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

- People were involved in decisions about their care.
- People and their relatives were invited to join care plan reviews and we saw evidence of this in people's care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect.
- Staff gave consideration to people's dignity when entering people's rooms or providing care and were considerate that this was their home.
- Relatives provided positive feedback about the staff helping people to live independently, one relative told us, "They let mum do an awful lot by herself, but they seem to be there to guide her."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 and their relatives were involved in creating and reviewing their care plans.
- People's personal preferences and individual choices were documented in care records.
- Relatives were involved in discussions alongside others in making care choices. One relative told us, "I was quite involved and they asked my opinion on a few things; the manager, the social worker, mum and myself."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the accessible information standard. The staff took steps to support people's communication needs. People were given information in ways in which they understood.
- Alternative format documents to meet people's communication needs were available including easy read versions.

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

- Activities were in place to support people in avoiding social isolation.
- Staff supported people to access the local community.
- Social activities were organised by the staff that were inclusive of both people and their families. For example, a carol singing event.

Improving care quality in response to complaints or concerns

- The provider had an up to date complaints policy.
- Complaints and concerns were investigated, and lessons learned were shared in meetings.
- Relatives were confident that complaints would be dealt with should they have to raise them. One relative told us, "I think they would listen if I had a complaint and do what is in the best interest for mum."

End of life care and support

- People's end of life wishes, and preferences were detailed in their care plans.
- Staff had received end of life care training.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager and staff promoted a positive culture that was person centred.
- Relatives believed the home to be well managed and happy. One relative told us, "I don't have any doubts or worries, they have taken a load of my shoulders."
- The registered manager spoke enthusiastically about person centred care, they told us, "I want residents to feel safe in this environment, it is their home and I want it to feel that way. Not like an institution."

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 registered manager understood their responsibility in relation to the duty of candour.
- There was a duty of candour policy in place at the time of the inspection.

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

- The registered manager understood their roles and responsibilities in maintaining the home's values, ensuring the quality and performance of the staff and the appropriate legal obligations.
- Quality monitoring tools and audits were up to date and effective.
- The management team were knowledgeable of challenges they faced, but felt well supported by the provider in doing this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager welcomed feedback from those who lived at the home via questionnaires and an open door policy, they also told us, "I want to continue to make this feel like home. This place should not feel clinical." They also sought feedback from relatives and staff through meetings to help improve care.
- Staff were knowledgeable about how to raise a concern and felt it would be dealt with if they needed to.

Working in partnership with others

- Staff worked with health and social care professionals to ensure people received joined up care. Staff took part in multidisciplinary team meetings where professionals came together to make joint care decisions.
- Staff shared updates with family members when working with healthcare professionals.

