

Pearlcare (Richmond) Limited

Beechy Knoll Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
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

This inspection took place on 17 April 2018 and was unannounced. This meant no-one at the service knew we were planning to visit.

We checked progress the registered provider had made following our inspection on 25 January 2017 when we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in; Regulation 9; Person-centred care, Regulation 11; Need for consent, Regulation 12; Safe care and treatment, Regulation 15; Premises and equipment, and Regulation 17; Good governance.

Following the last inspection, we asked the registered provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, caring, responsive and well-led. We found improvements had been made and the registered provider was no longer in breach of regulations.

Beechy Knoll Care Home 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. Beechy Knoll Care Home is a care home providing accommodation and personal care up to 40 older people with a range of support needs, including people living with dementia. There were 24 people living at Beechy Knoll Care Home at the time of this inspection.

There was a registered manager employed at the service. 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.

Staff had not been provided with supervisions and appraisals at the frequency identified in the registered provider's policy.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the registered provider's policies and systems supported this practice.

People's care records contained detailed information and reflected the care and support being given, but we found there were no records of best interest decisions for the use of restrictive equipment, such as bed rails.

There were systems in place to monitor and improve the quality of the service provided and make sure full and safe procedures were adhered to.

People spoken with were very positive about their experience of living at Beechy Knoll Care Home. They told us they were happy, felt safe and were respected.

We found systems were in place to make sure people received their medicines safely so their health needs were met.

Staff records showed staff were provided with relevant training, which gave them the skills they needed to undertake their role.

The service employed a part-time activities coordinator and we saw a stimulating programme of activities was offered at the service. We received positive feedback from people who used the service about the quality of activities provided.

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.

Staff knew how to safeguard people from abuse and had received training in this subject.

Risk assessments were undertaken which identified risk and the actions needed to minimise risk, including infection control and lessons learnt when things have gone wrong.

Through our observation, and by talking to staff, we found there were enough staff available to meet people's needs. Safe systems were in place in the recruitment of staff.

The registered provider had systems in place for managing medicines and people received their medicines in a safe way.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not received supervisions and appraisal at the frequency as stated in the registered provider's policies and procedures.

Staff understood the requirements of the Mental Capacity Act (MCA) and considered people's best interests. However, best interest decisions about the use restrictive equipment were not recorded.

Staff had been provided with relevant training to make sure they had the right skills and knowledge for their role.

People were provided with a balanced diet and had access to a range of healthcare professionals to maintain their health.

Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People living at the home, and their relatives said staff were very caring in their approach.

Is the service responsive?

Good ●

People's care plans contained a range of information and had been reviewed to keep them up to date.

Staff understood people's preferences and support needs.

People living at the home, and their relatives, were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

We found the registered manager was not always submitting notifications to the Care Quality Commission every time a significant incident had taken place.

The service promoted a positive and open culture, where staff and people living at the home had confidence in the registered manager.

Audits were carried out regularly which identified required improvements.

Beechy Knoll 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 was 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 took place on 17 April 2018 and was unannounced. The inspection team consisted of two adult social care 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. The expert by experience had experience in caring for older people.

Prior to the inspection we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was completed and returned as requested. This information was considered as part of our inspection.

During the inspection we spoke with seven people who used the service and four visiting relatives. We spoke with the registered manager, the area manager, one senior care assistant, two care assistants, two domestic assistants, the activities coordinator and the cook.

To help us understand the experience of people we could not fully communicate with, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us evaluate the quality of interactions that took place between people living in the home and the staff who supported them. We also spent time observing care throughout the service.

We looked at documentation relating to people who used the service, staff and the management of the

service. This included four people's care records, six staff records, and the systems in place for the management of medicines and quality assurance.

Is the service safe?

Our findings

We checked progress the registered provider had made following our inspection on 5 January 2017, when we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. This was because the registered provider had failed to take all reasonable steps to control the risk of infection. At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

We saw the home was clean and domestic staff were observed using protective clothing and colour coordinated cleaning materials to reduce the risk of cross contamination. We spoke with the two domestic staff on duty and they told us there were enough domestic staff on duty every day and they had all the equipment and supplies needed to maintain a clean environment. We saw regular checks of the environment took place and any issues or concerns were recorded and followed up. The registered manager told us all staff were provided with infection prevention and control training through a combination of electronic learning and taught sessions, which was then refreshed annually. This was reflected in our checks of staff training records. At the previous inspection we saw staff used the sink in the sluice room to wash their hands and to wash commode pots, which was unsafe. We also saw the toilet by the office had equipment stored in it. This meant the area could not be cleaned thoroughly and there was a risk of cross contamination passing from people using the toilet to the equipment. At this inspection we saw the registered provider had addressed our concerns from the previous inspection about infection control risks in sluice rooms and the appropriate storage of equipment. This showed there were satisfactory systems in place to control the risk of infection.

We checked progress the registered provider had made following our inspection on 5 January 2017, when we found breaches of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Premises and equipment. This was because parts of the premises were not clean or properly maintained. At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

We looked at the service's maintenance reports and saw these were renewed regularly so the premises and equipment received regular checks by a person who was suitably qualified. Those seen included gas, lift service report, electrical installation reports, portable appliance testing (PAT) certificate and fire detection and emergency lighting inspection. Where improvements had been identified in the environment we saw the registered provider had acted on feedback from relevant persons. For example, we saw the registered provider had replaced faulty smoke detectors and emergency lighting following their fire detection and emergency lighting inspection. This shows there were systems in place to ensure the building and premises was properly maintained and suitable for the intended purpose.

Everyone we spoke with, without exception said they felt safe living at Beechy Knoll. A relative told us they had seen a vast improvement with regard to matters of safety in the last 12 months and, "Staff seem to have more time to spend with [relative] and with the other people here, so everyone is much safer. They've also improved the processes for getting in and out of the building so it's much better and much safer".

Systems and processes were in place to protect people from abuse. Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. It was clear from discussions with staff that they were fully aware of how to raise any safeguarding issues and said they would always report any concerns to the registered manager. They also felt confident they would be listened to, taken seriously and appropriate action would be taken to help keep people safe. We saw a policy on safeguarding vulnerable adults was available. This meant staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

We found there were satisfactory arrangements in place for people who had monies managed by the service to help protect people from the risk of financial abuse.

We looked at three people's care plans and saw each plan contained risk assessments, which identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were individual to reflect the person's needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

We saw the service kept a log all accidents and incidents which had occurred, as well as any follow up actions taken by staff. For example, one person had fallen at the home and an Emergency Care Practitioner was contacted so they received the right care and treatment for their injury. We saw the registered manager carried out regular audits of recorded accidents and incidents, analysed this and looked for trends, patterns and actions they could take to minimise falls. The registered manager told us any lessons learned were discussed at monthly team meetings.

The staffing numbers were worked out using a dependency tool. This identified the level of dependency for each person, such as low, medium and high dependency. We saw three care assistants and one senior care assistant working at the service on the day of the inspection. We looked at staff rotas and found they reflected the number of staff working. For night time shifts the rota showed two care assistants scheduled for duty. Throughout the day we observed that people received timely care and staff did not appear rushed. We also carried out observations during lunch time and saw that there was appropriate staffing in place to meet people's needs.

We looked at six staff files and found safe procedures for recruiting staff were followed. Staff we spoke with told us they had completed pre-employment checks before they commenced their employment with the registered provider. This included references from their previous employment and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. Where a person had declared previous criminal convictions we saw a risk assessment had been undertaken. This confirmed recruitment procedures in the service helped to keep people safe.

We found people's medicines were managed in a safe way. Medicine was administered to people by the care staff. We checked three people's Medicine Administration Records (MAR) and found they had been fully completed. The medicines kept corresponded with the details on MARs. Medicines were stored securely. The registered provider had appropriate arrangements in place for storing, administering and recording controlled drugs (CD's). These are medicines that require extra checks and special storage arrangements because of their potential for misuse. CD administration had been signed for by two staff and the number of drugs held tallied with the record in the three CD records checked. This showed safe procedures were being

followed.

Some people were prescribed topical medicines to be applied to the skin, for example creams and ointments. Topical MARs and body maps were in place to guide care staff when and how to apply these creams; however we saw gaps in records which meant we could not be sure people always received them as they had been prescribed. The registered manager assured us this was a record issue and people had received their topical medicines as prescribed.

Is the service effective?

Our findings

We checked progress the registered provider had made following our inspection on 5 January 2017, when we found breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent. The registered provider was not acting in accordance with the Mental Capacity Act 2005 (MCA), and care and treatment wasn't always provided with the consent of the person. At this inspection we found some improvements had been made and the service was no longer in breach of this regulation.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked and found the service was working within the principles of the MCA. We saw the registered provider had a robust system in place to monitor existing standard authorisations and pending requests. We looked at the care records for three people who used the service and saw evidence that people were consulted about how they wanted to receive their care and where possible consent was obtained for care and treatment as part of the registered provider's admission process. However, we found when a person did not have capacity to consent to potentially restrictive equipment, such as bed rails, relevant best interest decisions were not recorded. The registered manager understood her responsibilities under the MCA and assured us where appropriate she would retrospectively record decisions about the use of potentially restrictive equipment.

Staff members told us they felt supported and could speak freely with the management team. We found staff employed by the registered provider had not received supervision and appraisal at the frequency dictated in the provider's policies and procedures. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. We discussed this concern with the registered manager who assured they would commence supervisions and appraisals at the frequency as set out in their policies and procedures.

People we spoke with told us they thought the care staff were well trained and performed their jobs well. We saw the registered provider had introduced an electronic training plan for each staff member employed at the service. This ensured mandatory training such as moving and handling, first aid, medicines and safeguarding was completed and renewed as required. Our checks of the staff training matrix showed staff had received appropriate training to carry out their roles effectively and this was renewed regularly.

People's care needs were assessed in a range of areas to help ensure effective outcomes. Care plans were detailed with internal and external specialist support utilised to help ensure care plans were of good quality and adhered to best practice guidance. The care records checked showed people were provided with support from a range of health professionals to maintain their health. All the people we spoke with told us staff looked after them well and supported them to see a range of health and social care professionals when required. Comments included, "I see the doctor every two or three months. Either she comes here or I can walk to the surgery. A relative told us, "I might notice something and mention it to the staff and ask them to keep 'an eye', before you know it, it's reported to the doctor if they're not happy with it, and they now always keep me informed".

People spoke positively about the meals provided at the service. Comments included, "The meals are always good and you get a choice" "I like the food here, I always have a good breakfast, I can't remember what I had today, but I know it was good!" and "I choose to eat in my room. There's always a good choice and its very good food."

We found a varied and nutritious diet was provided to support people's health. We looked at menus and found they incorporated fresh fruit and vegetables. We saw that meal options were displayed in writing or people were shown their meal options to help them decide. We found the kitchen was clean and food was stored appropriately. We saw stocks of fresh food and use by dates were clearly displayed. People's care records highlighted any special diets or nutritional needs people required and we saw this information had also been shared with the kitchen staff. This demonstrated people were encouraged to maintain a nutritional, well balanced diet and were supported with their nutritional needs.

Is the service caring?

Our findings

We saw positive interactions between people living at the home and staff. People spoken with were very complimentary about the staff team. One person told us, "It's a very difficult job. Some people that live here can't do much of anything for themselves. Staff are so caring with everyone." All visiting relatives and friends spoken with were happy with the care people received. One visiting relative told us, "When [family member] first came here, I had lots of little niggles, but I just couldn't put my finger on it, then the first inspection report came out and I understood why I felt like I did. I've seen vast improvements in every area, and as it's improved, the staff have just become more and more caring. They [staff] actually have time to care." This was consistent with our own checks of the service and without exception people gave positive feedback about the staff, which was an improvement from the previous inspection. This shows caring practices such as treating people with kindness, respect and compassion were embedded.

People were clear that their privacy was respected. Staff respected people's privacy by knocking on doors or asking for permission before they entered their bedroom. We observed staff providing support to people during mealtimes and found that staff were able to meet people's needs and did so in a caring manner. For example, we observed the care team consistently communicated at eye level when people were seated. We also observed staff chatting with people who used the service in a friendly and familiar way. This demonstrated that staff were caring and committed to meeting people's needs.

We did not observe staff discussing any personal information openly or compromising privacy. Staff understood the need to respect people's confidentiality and understood not to discuss personal information in public or disclose information to people who did not need to know. Any information needed to be passed on about people was done so in a discreet fashion, for example, during staff handovers. This helped to ensure only people who had a need to know were aware of people's personal information.

The registered manager told us they had an open door policy and we saw people were free to talk to the management team when they wanted to.

Is the service responsive?

Our findings

We checked progress the registered provider had made following our inspection on 5 January 2017, when we found breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care. This was because people didn't have a collaborative assessment of their need and preferences for care and treatment. At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

We saw the service used an electronic care plan system. This meant people's care and support plans were stored electronically and accessed by computers. Staff spoken with were confident accessing people's electronic records and knew how to make changes where necessary, for example, when a person's care and support needs had changed. Throughout the inspection we observed staff accessing people's electronic care plans on the service's computer. We looked at copies of four people's assessments and care plans. Care records we checked demonstrated people were supported to receive their care and support in a way they liked. One visiting relative told us, "I attend all the annual reviews of [family member's] care." This shows the service involved families in care reviews and had a collaborative assessment process in place. There were documents in place regarding the person's life history, preferences and activities they enjoyed so that staff could support people to meet their wishes and aspirations. During the monthly reviews of care and support plans, information was updated or added to, to ensure it was correct and relevant so that staff were aware of key information about any changes to people they supported. We saw evidence that community health professionals were visiting regularly and visits were recorded in people's care records. This shows people received the right care and support at the service.

Daily handovers ensured new information about people was passed to staff at the start of each shift. This meant staff knew how people were each day.

We saw the service provided a range of stimulating activities. One person told us, "There are lots of activities to join in with at Beechy Knoll." Another person told us, "We like to go out, and we love a sing-a-long. We're always playing dominoes too."

We saw planned activities displayed around the service. For example, in April 2018 the service had planned an Easter themed party and 'Best of Broadway' event. We spoke with the activities coordinator who was very enthusiastic and positive with regard to their role at Beechy Knoll. The activity coordinator told us they were committed to making sure the activities were enjoyable and beneficial. The activity coordinator demonstrated an understanding of the physical and psychological benefits of activities to people's wellbeing. One aspect of their role was chairing the monthly residents meetings which had been introduced and were now well attended. We were told that the families of the people living at Beechy Knoll had become increasingly involved in the life of the home and were actively supporting the fundraising efforts. The activities coordinator told us they send details of the planned activities at Beechy Knoll to people's relatives on a quarterly basis, as a means of mobilising involvement.

People we spoke with told us that their families were able to visit without restrictions. One person told us, "I

visit my family at their home, the system here is that they will book me a taxi to get me there as I'm not able to get there on my own." A visiting relative told us, "I visit whenever I like. I tend to time it so I leave at meal times, as it's a natural break and not so hard for mum when I have to say bye." This shows the service supported people to maintain their community links and provide a range of leisure opportunities to meet people's needs.

We found that the service supported people to express their views and be actively involved in making decisions about their care, treatment and support. We saw that service held a residents and relatives meeting in February 2018, which discussed future activities at the service, meals and changes at the home.

The registered provider had a complaints procedure and the registered manager kept a record of any concerns received. We saw the record included relevant letters and information relating to concerns. This showed the registered provider acted on complaints. We saw that the service had received one complaint since the previous inspection. We saw that the registered provider had followed their policy and responded appropriately. We saw people had access to a copy of the complaints policy in the reception area. People living at the home and their relatives we spoke with told us they knew how to complain and felt confident raising concerns informally if they were unhappy with their care. This showed that the registered provider was approachable and transparent about their complaints policy and procedures.

The service had a strong commitment to supporting people living at the home, and their relatives, before and at the end of their life. Some people had end of life care plans in place. We saw next of kin and other significant people had been involved as appropriate. These plans clearly stated how people wanted to be supported during the end stages of their life. Do Not Attempt Resuscitation (DNAR) forms were included and were reviewed as and when required by the person's doctor and a family relative as appropriate.

Is the service well-led?

Our findings

We checked progress the manager had made following our inspection on 5 January 2017, when we found breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. This was because systems were not established and operated effectively to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

We saw checks and audits had been undertaken to monitor service delivery. We saw audits were being carried out regularly, however, in some cases we found audits were not completed at the frequency as dictated in the registered provider's policies and procedures. We saw where issues had been identified in an audit the registered manager took appropriate corrective action. For example, in the January 2018 medicines audit the registered manager identified inappropriate storage of respite medicines in the medication room. We saw a completed action to purchase more containers so that all respite medicines were appropriately stored. This showed monitoring systems were established and action was taken to mitigate risks.

We found the registered manager was not always submitting notifications to the Care Quality Commission every time a significant incident had taken place. We looked at safeguarding records from 1 January 2017 to 17 April 2018. We saw there had been 10 safeguarding incidents at the service and in each case the registered manager had notified other agencies as required but had not informed the CQC, which meant we were not aware of potential incidents of abuse that had occurred at the service. It is important that we are made aware of these types of incidents so we can take action where appropriate to keep people safe. After the inspection the registered provider confirmed they had made changes to their safeguarding recording process so notifications to the CQC will not be missed and quality and legal standards are always met.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents.

We saw the registered manager was visible and fully accessible on the day of our inspection. We also met a senior manager during our inspection and saw that they actively supported the registered manager with the inspection process. This meant that people living at the service and staff had a clear and accessible support structure should they need to escalate any concerns.

People we spoke with thought the service at Beechy Knoll was well-led. Staff told us they felt well-supported, valued and confident about bringing any issues to the attention of the management team, as these would be resolved quickly and effectively.

We saw an inclusive culture in the home. All staff said they were part of a team and enjoyed their jobs. We saw evidence that regular staff meetings took place which looked at what issues staff were experiencing in their roles and what support they needed to do their jobs well. This demonstrated that the management

team listened to staff and supported them.

We found that the service supported people to express their views and be actively involved in making decisions about their care, treatment and support. We saw the service carried out a satisfaction survey in February 2018. We saw 14 people living at the service participated and feedback was mostly positive. The results from this were displayed in a user friendly format in the service's reception area. This included a summary of the results and any follow up actions taken by the service. For example, we saw the service responded to feedback about new staff not always being introduced to people living at the service. Now as part of the service's induction process new staff were to be introduced to everyone and covered as an agenda item during resident meetings. This showed the registered provider listened to feedback from people for the purposes of continually evaluating and improving services.

We also saw there was a range of information and leaflets accessible in communal areas of the service to help people make informed decisions about their care and treatment. For people who wished to have additional support whilst making decisions about their care and treatment, information on how to access an advocate was also available.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures seen had been updated and reviewed when practice guidance and legislation changed. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme. This meant staff were kept up to date with current legislation and guidance.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered manager did not always notify the Care Quality Commission every time a significant incident had taken place.