

South West Care Homes Limited

Beechmount

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Beechmount is a 'care home', operated by South West Care Homes Ltd. 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.

People living at Beechmount were older people, most living with physical health conditions associated with older age and dementia. The service accommodates up to 25 people in one adapted building, with a lift to access most of the rooms on the first floor. 19 people were living at the service at the time of the inspection.

At the last inspection on 6 November 2017, Beechmount was rated good in all areas. On this inspection we found this had been sustained.

Why the service was rated good:

The home had a registered manager. 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.

Systems were being operated effectively to assess, monitor and improve the quality and safety of the services provided, and mitigate the risks to people from their care or the environment. Assessments identified risks to people and how they could be reduced, for example from skin damage, falls or choking. Staff were aware of the principles of safeguarding people from abuse and how to report concerns about people's well-being.

People in the management structure, such as the registered manager and care manager had a 'visible presence' in the service daily. Lines of accountability and responsibility were understood and there was a clear organisational structure. The management of the service had recently been strengthened by the appointment of area and deputy area managers to the provider's senior management team, and a new care manager based in the service. People and relatives told us the management team was responsive, kind and listened to them.

The service was continuing to develop the services and care provided. Advice on good practice was sought and visiting professionals told us the service contacted them appropriately and followed their advice to support people's needs. People's healthcare was supported, and staff had clear guidance in the service's care plans on how to support each person with a range of needs, including distress or anxiety associated with living with dementia. The service made arrangements to support people at the end of their life in accordance with their wishes. Care plans included information about people's wishes regarding their care and support and we saw these were followed.

People received their medicines as prescribed. Safe storage was provided, and staff had regular competency assessments to ensure their administration practice was safe. Where people wanted to manage their own medicines, assessments of risk were undertaken.

People were supported by sufficient numbers of staff on duty to meet their needs. A full recruitment process was in place which ensured staff were recruited safely. This included the taking up of disclosure and barring service (police) checks and previous employment references, and assessments of risk where some information was not available. Staff received appropriate training to help them understand and support people's needs.

People's rights with regard to the Mental Capacity Act 2005 and under equality legislation were respected. Staff had received training in the Mental Capacity Act 2005 and applications had been made under the Deprivation of Liberty Safeguards (DoLS) where appropriate to deprive people of their liberty. Conditions associated with the authorisations were being followed.

Systems were in place for the proper management of complaints. The service learned from incidents and accidents, which were analysed to see if a repetition could be avoided; actions were taken where identified. People and staff were supported to share their views of the service at meetings, and through a series of questionnaires. These were then analysed and action plans drawn up to address any issues raised.

Some areas of the building were looking tired, but action was under way to redecorate the hallways and landings and re-carpet the lounge. Work had already started in these areas. The registered manager told us they had some ideas for extending environmental adaptation for people living with dementia when these areas were finished.

Activities were provided that met people's interests and wishes. Visitors were welcome to visit at any time and have a continuing involvement in their relations care if they wished. Feedback from people living at the service and visitors was positive, and told us the service was kind and caring towards people. Some relatives told us their relation had received poor care in previous services and they had been very pleased with the support they had received at Beechmount.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remains well led.

Beechmount

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. The inspection was brought forward in response to concerns that had been identified at another service operated by the same provider. We inspected this service to make sure the same concerns were not being repeated at Beechmount.

This inspection took place on 10 December 2018 and was unannounced. The inspection started at 6.30 am to allow us to meet with the night staff team, be present at the staff handover and see how duties were allocated for the day. The inspection team consisted of one adult social care 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.

Prior to the inspection we reviewed the information we held about the service and the notifications we had received. A notification is information about important events, which the service is required by law to send us. The registered manager had previously completed a PIR or provider information return which had informed the last inspection in 2017. This form asked the registered manager to give us some key information about the service, what the service did well and improvements they planned to make. We looked at this information while taking into consideration that some of this information would be out of date.

During the inspection we spoke with or spent time with six people who lived at the service. We met with the registered manager, the area manager, and deputy area manager from the provider organisation. We also spoke with two visiting relatives, seven care and support staff, a cook, and two visiting healthcare professionals. We also spoke with the local authority's Quality Improvement Team.

Most people living at the service were living with dementia, and were largely unable to share their experiences of the service with us. We spent several periods of time carrying out a short observational framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the

experiences of people who could not communicate verbally with us in any detail about their care. This included over a lunchtime period.

We looked at the care records for five people with a range of needs and sampled other records. These records included care and support plans, risk assessments, health records, medicine profiles and daily notes. We looked at records relating to the service and the running of the service. These included policies and procedures, records relating to the management of medicines, accidents, staff training, moving and positioning, nutrition and fluid support, food, complaints and health and safety checks on the building. We looked at three staff files, which included information about their recruitment and training records.

Following the inspection the registered manager sent us documentation including testimonials from relatives regarding the quality of care and support people experienced.

Is the service safe?

Our findings

On our last inspection we rated this key question as Good. On his inspection we found this had been sustained and the service was again rated as good.

People were protected from abuse because the service had systems in place to identify, report and prevent abuse. Policies and procedures were available to identify what constituted abuse and how to raise concerns about people's welfare. Staff were clear about the need to raise concerns about any potential abuse, and told us they would do so.

Risks to people from the environment and from their care were being well managed. Regular audits were carried out for safety, infection control, and fire precautions. Water temperatures were restricted, window openings restricted and hot surfaces protected. One radiator cover was broken, and we were told this was due to be replaced in the coming refurbishment. On the inspection we identified some fire doors were not closing well in the frames and an area of the floor in one area had sunken. The floor was repaired while we were at the service, and following the inspection we received information some door closures were being replaced. The fire precautions workplace risk assessment was being re-written. Where other audits had identified concerns, action plans were in place, for example wall mounted soap dispensers were on order.

Risks to people from their care or the management of long term health conditions were clearly identified. We heard evidence of staff escalating concerns to visiting healthcare professionals.

Records guiding staff on how to manage health conditions were detailed. For example, one person had a condition affecting their eyesight. The care plan included information about the condition, how it impacted on the person's vision and how to support the person to maximise the vision they had and reduce risks. Another person was living with unstable diabetes, and staff were involved in discussions with community professionals throughout the day reviewing the person's health. Where people had behaviours that resulted from distress or anxiety related to living with dementia there was clear guidance for staff on how to support the person's behaviours and reduce risks.

People received their medicines safely and as prescribed. Medicines were stored securely, administered safely and records completed clearly for each administration. Any gaps in the records were explored. Regular audits were carried out of medicines administration, and staff competency checks were in place. A staff member told us they could "take their time" and develop confidence before deciding they felt ready to administer medicines. Clear protocols were in place for the use of "as required" medicines, particularly for those for pain relief or to reduce distress. We observed one medicine was being given as half a tablet as needed. The service were saving the second half of the tablet for later use if needed in an unlabelled plastic bag within the medicines box. As this was not labelled it was not clear what the medicine or prescribing instructions were. This was addressed with the supplying pharmacist at the time of the inspection.

There were sufficient numbers of suitably qualified and experienced staff to meet people's needs. A senior staff member or team leader was always on duty and the management team told us they were always available for advice and support. On the day of the inspection there was a care manager, one team leader

and three care staff on duty for 19 people. They were supported by catering, domestic and maintenance staff. The registered manager told us they had no current vacancies and could bring in extra staff as needed. There were two waking night staff on duty. They told us they felt this was sufficient staffing cover at night. The service continued to operate safe recruitment procedures. The three staff files we reviewed showed evidence safe recruitment procedures were in place. The registered manager told us that there were no staff requiring 'reasonable adjustments' to be made to their working conditions as a result of disability or other protected characteristics under the Equality Act 2010. This is legislation that protects staff from discrimination in the workplace and in wider society.

Beechmount is an adapted and extended period property, and had been registered for many years. Rooms have character and are individual, but this also means the layout and access to rooms is not always ideal. Some areas of the service had an odour problem, but this reduced during the day after cleaning staff had been at work. The registered manager told us some of the odour had been identified in the lounge carpet and this was being replaced the week of the inspection. One relative told us, "The most important thing for me is that everything is clean, and it is clean. They come around every day."

Records were maintained securely on a phone based system. The registered manager could use these at any time to draw up reports for example, detailing people's fluid intake or the number of falls in a given period. These were then analysed to help ensure learning could take place to prevent a re-occurrence. They also meant it was possible to trace when care had not been given at the required frequency, for example regarding repositioning, to reduce the risks of tissue damage.

Is the service effective?

Our findings

On our last inspection we rated this key question as Good. On his inspection we found this had been sustained and the service was again rated as good.

The majority of people living at Beechmount were living with dementia. The building presented some difficulties in supporting people living with dementia, in that it was large and not particularly easy to navigate. Work was underway in the corridors and hallway to redecorate, so some signage had been removed. However, doors to the bathrooms and toilets were clearly identified, and the service had followed some good practice guidance on supporting people with dementia, for example with the use of plain bold colours.

We found staff had the skills and experience they needed to support people, and the service sought additional expert or professional experience when needed, for example from visiting district nurses or mental health professionals. Staff had a good knowledge of people's needs and how they liked to be cared for. Training and refresher training was carried out frequently and recent updates had included skin integrity, falls management, safeguarding and infection control. Staff received regular supervision to discuss any areas of difficulty or identify training needs. Staff told us they felt well supported and worked well as a team. We saw staff working well to support people in line with people's care plans. The registered manager told us they sometimes worked alongside staff to support them and model good care practice. They said "They have to see you doing what you expect them to do."

Assessments carried out before people moved to the service identified if the home could meet people's needs and if they would be likely to be compatible with people already living there. The service contacted people's GPs at the point of admission to ensure they had an up to date list of medicines the person was taking.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received and understood training in the MCA, and we saw good practice in place in relation to its implementation.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The service had made applications for authorisations to deprive people of their liberty to maintain their safety, and three had been granted. We saw conditions on these were being followed. For example, one person had a specialised seating system which had been a condition of their authorisation. Another person who no longer went out was regularly offered opportunities

to practice their religion 'in house' if they wished.

People told us the meals were good and they ate well. One person told us the meals were not always to their taste, but we saw people being offered a choice, which of the day of the inspection was ham, egg and chips or steak pie. The chef told us they worked from a four-weekly menu plan, but could offer alternative choices if people wanted something else - "or just soup if that's what they fancy". We saw people ate well, and special diets were catered for. One person said "The porridge is delightful. If I asked for a fried egg on toast I'd have it."

Staff at the service worked well with other agencies to ensure people's welfare was maintained. Two visiting healthcare professionals told us the service responded well to their requests, called them in at an early stage and acted on their advice.

Is the service caring?

Our findings

On our last inspection we rated this key question as Good. On his inspection we found this had been sustained and the service was again rated as good.

We heard examples of staff going "above and beyond" what they needed to do to support people. We heard of staff sitting by people who were near the end of their life to ensure someone was with them at all times, and supporting relatives to take people to hospital, all in their own time. Staff had slept at the home when there had been heavy snow to ensure staffing levels could be maintained.

People told us they were very satisfied with the services provided by the home. People told us staff were caring, friendly and committed. Staff supported people's independence where they could. For example, one person managed their own medicines. They told us, "I look after my own meds and in the first few weeks they kept checking I was taking everything." They also told us, "I know that I'm checked in the night as well as I sometimes hear the door open."

We saw staff supporting people in ways that maintained their dignity. One person told us, "The staff are brilliant here, they're so friendly." And another said, "They're as good as gold - absolutely fantastic." Staff in return told us how much they enjoyed working at the service and how much affection they felt towards the people living there. One told us, "I love working here. It's nice when you can come to a place where you love to work." Staff ate their meals with people living at the service, who were also eating theirs. This helped to foster a sense of community and positive communication between people and staff. A staff member told us, "It does feel like a family here. It's definitely more homely. It's like a home but with a small 'h' if you know what I mean. I do feel that we are working in their home which is nice."

Staff knew people well. They could tell us information about people and their life history, people who were important to them and how they liked to be supported. Each person had a key worker to assist them with writing letters and checking their rooms were kept tidy. They took a particular interest in that person's welfare. For example, a staff member knew a person had lost their cat prior to moving into the service. They had gone out and bought the person a picture of a cat similar to the one they had lost and a toy cat to keep on their bed to help them feel at home.

Visitors were welcomed to the home at any time, and the registered manager told us people could stay at the service if their relation was near the end of their life, providing comfort to both parties. The week of the inspection the service was planning a Christmas party to which family members had been invited. Decorations had been put up and people were being reminded about the forthcoming celebrations. Relatives told us they had confidence in the service's ability to support their relation. One told us "They do very well with her here, they handle her well. They engage and humour her, sometimes she even smiles."

The registered manager told us the service was open to people of all faiths or none, and they would not discriminate against people protected under the characteristics of the Equality Act. This is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or

gender. We did not identify any concerns over discriminatory practices.

The registered manager sent us a number of testimonials from relatives and other supporters about the service following the inspection. These expressed a high level of satisfaction and involvement with the service. Relatives told us "The staff are not only professional but caring and loving. There are lots of hugs and reassurance is constantly offered to people who are stressed or upset" and "I cannot fault the care, patience and kindness all the staff have shown to him."

Is the service responsive?

Our findings

On our last inspection we rated this key question as Good. On this inspection we found this had been sustained and the service was again rated as good.

Beechmount continued to provide care that was responsive to people's needs. People told us, "I'd change nothing here" and "It's brilliant." One person told us their care had been delivered by a man that morning. They told us they didn't mind this. They said, "It doesn't matter to me - he's harmless" and laughed.

Each person had a care plan that described their care needs and guided staff in the delivery of care and support to people. For example, people's plans included details of when they liked to get up or go to bed. We had arrived at the home early in the morning. When we had arrived, there were two people already up. One told us they had woken early, so had wanted to get up. They said "I've had biscuits (and tea) – you're well looked after here." Another person had been awake and wandering but had fallen asleep again in the lounge. Other people had a 'lie in', as they had been active during the night, or just wanted to rest.

Care plans were reviewed regularly with the person and/or their relatives as appropriate. People's plans detailed any specific support they needed due to health issues. For example, one person was living with unstable diabetes. We saw their plan detailed clearly how the condition affected this person, and when to escalate concerns about their health. We saw this happened during the inspection. Other plans guided staff on how to assist people with moving and positioning, supporting their mental well-being and personal hygiene. Information about people was used to support their care. For example, we were told one lady had liked poetry. Their relation had bought in some old poetry books, which staff read to them which helped to decrease their agitation. Relatives told us they were involved in reviewing plans where their input was needed.

We saw people were given support in accordance with their care plan. Throughout the day people's electronic records were updated by staff to demonstrate the care that had been provided, and these records were linked directly to the care plan. Staff understood people's needs and could tell us about how people liked their care to be delivered and which elements they were able to do themselves. Plans contained some information on people's life history where this was available. This helped staff understand people based on the life people had lived.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. We looked at how the home shared information with people to support their rights and help them with decisions and choices. People's communication needs were understood and included in their care plans. For example, one plan stated that although the person had dementia "I can clearly communicate verbally my wants and needs and hold a conversation well.I like company." Another plan guided staff on how to approach a person with impaired vision. Feedback from a relative said "My mother is now unable to speak, but she still tries to communicate in her own way. The staff take time to try to understand her needs and to still give her choices."

The service had planned activities available for people throughout the week, and a programme was on display. On the day of the inspection this included a visiting activities provider. We saw people joined in the activities and singing and showed pleasure in doing so. The activities provider ensured everyone was engaged and participated through the activity, and the room was full. The service also ensured staff time was spent with people in their rooms, and was developing links with a local primary school to organise joint visits.

At the time of the inspection no-one was receiving end of life care. However, several people were very frail and where needed 'just in case' medicines had been provided. This meant medicines to keep the person pain free would be available quickly in case of a sudden deterioration in their health. Some people's files contained information about their end of life care wishes where these were known, such as any religious, social or cultural needs. Staff had experience of supporting people at this time in their life, and the registered manager told us they contacted the local hospice when people were at the end of their life to help ensure both the person and their family had the support they needed.

The service had a complaints procedure that ensured complaints were listened to and acted upon. People and relatives told us they would feel able to raise any concerns or issues with the service's staff or management. Complaints were audited to ensure any patterns were identified and actions taken.

Is the service well-led?

Our findings

On our last inspection we rated this key question as Good. On this inspection we found this had been sustained and the service was again rated as good.

People could be assured of safe, high quality care because systems were in place and audits undertaken to assess the quality and safety of services. Any needed actions were taken and action plans compiled as a result. The service listened to feedback and took advice from visiting professionals on how to improve the service. This included the registered manager and staff updating themselves in developments in care practice, especially in the field of dementia care. For example, on the inspection we were told the service was purchasing specialist confectionary for people who were reluctant to drink.

The service had a registered manager in post, who managed both this and another local service. People and staff told us the registered manager was approachable, kind and good at their job. A new care manager had recently been appointed for the service, and we received positive feedback on the changes they had made since their appointment. The registered manager told us they did not work set hours, so could be available at any time to support the service or meet with relatives. They told us they tried to "encourage an open-door approach" ensuring that people, staff and relatives had access to them and felt listened to. The registered manager and care manager also told us they worked alongside staff to help keep them in touch with people's changing needs, re-assure relatives and model good practice. Relatives told us "I get on with (name of manager) very well - we work at issues together" and "The manager is excellent." Several pieces of written feedback we received referred to people having received poor or inappropriate care in previous care settings and how much happier people were now their relations were living at Beechmount.

People were encouraged to give their views about how well the service was working and what could be improved. People living at the service and others such as staff gave their views about the operation of the service through a series of questionnaires. Regular meetings were held to help ensure effective communication and identify any issues. Where issues were identified changes were made. For example, updating and redecoration of the hallways was underway following it being identified as being in a poor condition. The registered manager told us they had resources to enable changes to be made in a timely way.

Since the last inspection there had been an increase in support and oversight of the service through the provision of a new area manager and deputy area manager. They regularly carried out audits of the registered manager and provided effective challenge and oversight. There was effective communication within the organisation. Staff understood their roles and lines of accountability were clear within the management structure.

The service was in the process of developing 'champions' for each area of care, and supporting staff to develop new skills in writing care plans. This helped ensure care plans were comprehensive and could quickly reflect changes in need. Students from the local college worked at the home voluntarily to contribute towards their health and social care qualifications and gain experience.

The service had ensured notifications had appropriately been sent to the Care Quality Commission as required by law. These are records of incidents at the service, which the service is required to tell us about.