

# Flightcare Limited

# Beechcroft

## Inspection report

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Date of inspection visit:  
22 February 2017

Date of publication:  
30 March 2017

## 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

The inspection took place on 22 February 2017 and was unannounced. Beechcroft provides support for people with both nursing and personal care needs. It is a 43 bedded home with 35 single and four shared bedrooms.

As a condition of the provider's registration with the Care Quality Commission, the home is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The home had a registered manager who had worked there for over 20 years.

We looked at care plans and found that they were person centred, detailed and clearly reflected people's needs. Staff had a good knowledge of the life histories and care needs of the people that they supported. We saw that there were activities available and most people said that they enjoyed them.

The home employed adequate staff in order to meet the needs of the people who lived there. The staff employed were supported by the management team to do their jobs well. They had access to regular training, support and supervision.

The premises were cleaned and well maintained. We saw that the equipment was regularly checked to ensure that it was safe for use. We also saw that the service ensured that the maintenance of the home did not disrupt the care that was being provided.

The manager and staff had a good understanding of the Mental Capacity Act and saw that it was safely applied to ensure that people were cared for lawfully.

The staff were kind and caring and we saw many examples of how they respected the privacy and dignity of the people who lived in the home. People spoke very highly of the staff and the manager and the care that they received.

The home was well led and the manager and deputy manager worked hard to maintain systems and processes to ensure that people received good care in a warm and safe environment.

We saw that risk assessments were in place and were updated regularly to keep people safe. Medicines were managed well for everyone who lived in the home. The deputy manager monitored the systems and processes well and made sure that standards were maintained.

End of Life care was an area where the service particularly focussed and this had been recognised with the service holding the Gold Standard Framework (GSF) Beacon status for End of Life Care. The service had been awarded Beacon status for a second time in March 2015 and this is valid until March 2018. It was clear that

this award and the values of the GSF were very important for all of the staff.

## 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.

The home was clean and well maintained.

The home had appropriate staff on duty to meet the needs of the people that lived in the home.

People's medicines were stored, managed and administered safely and in accordance with the home's policies and procedures.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to do their jobs safely and effectively.

Staff were knowledgeable about the Mental Capacity Act and ensured that people were cared for in accordance with their rights and wishes.

People's health needs were looked after and positive relationships had been developed with other health professionals.

### Is the service caring?

Good ●

The service was caring.

The home had Beacon status for the Gold Standards Framework for end of life care.

We saw many examples of people's privacy and dignity being respected.

All of the people we talked to spoke highly of the staff team and the care that they provided.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and comprehensive and were regularly updated to reflect people's needs.

There was a clear complaints procedure that people knew how to use if they were unhappy about anything.

Activities were planned and suitable to meet most people's needs.

### **Is the service well-led?**

**Good** ●

The service was well led.

There was a clear management structure that worked well.

People spoke very highly of the manager and the staff team.

There were quality audits carried out to monitor all areas of the home and the care being provided and these worked well.

# Beechcroft

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 22 February 2017 and was unannounced. It was carried out by an Adult Social Care Inspection manager and the Head of Inspections (North West).

Before the inspection we contacted Wirral Council's Quality Monitoring and Contracts department. They told us that they had no concerns about the service. We looked at all of the information that CQC had received about, and from, the service since the last inspection. This included notifications and positive feedback from relatives.

During the inspection we looked at all parts of the premises. We spoke with seven members of staff, six people who lived at the home, and seven visitors, who were all family members of people who lived at the home. We observed staff providing support for people in the lounge and the dining room. We looked at medication storage and records. We looked at staff rotas, training and supervision records, and recruitment records. We looked at maintenance records. We looked at care records for eight people who lived at the home and records of the audits that the manager had carried out.

# Is the service safe?

## Our findings

We spoke with people who lived in the home and asked them if they felt safe. They all told us that they did. One person said "I wasn't safe at home but I'm safe here. I feel really at home here now." One relative told us "I don't have to worry any more. I know she is safe and well cared for and has everything she needs."

We reviewed the services policies and practice around safeguarding and found them to be of a consistently good standard. Staff, when asked, were clear in their responsibilities to report any issue of concern and this included, if necessary, going outside of their service to The Care Quality Commission if they felt the response had not been adequate. Staff records confirmed that all staff regularly received updated safeguarding training.

All those that worked at the service confirmed that there was sufficient numbers of staff to provide a good standard of care and we observed that staff had the time to combine their tasks with time to sit and chat with people on a more informal basis. We were told that this was also the case when there was any absence due to sickness or holidays. People and their families also confirmed that they did not have any concerns about the number of staff on duty .

We reviewed files to check if staff were recruited safely. All of the files we looked at had at least two references, identification confirmation and a Disclosure and Barring Service check (DBS), which was carried out before staff started work at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults.

We looked all around the premises and saw that it was clean and well maintained. We looked at the certificates relating to the safety of the building and the equipment in it and saw that all the safety checks were up to date and had been carried out regularly. We saw that there was an emergency file that contained all the information that would be required in an emergency including Personal Emergency Evacuation Plans (PEEPS) for each person who lived in the home.

When we looked at the fire alarm testing records we saw that at certain times the fire alarm test days had been moved. It was recorded that this because at that time a person had been dying in the home. The home had been mindful of the person and their relatives and had tested the alarm on another day to be as respectful as possible.

We looked at the medicines management in the home and saw that very clear procedures were in place and were followed very closely. Medicines were stored, managed and administered safely. We saw that the stock of controlled drugs was checked every night by two staff members. We checked the fridge where some medicines were stored and saw that it was cleaned and the temperature was checked every day to ensure that the medicines were stored at the correct temperature.

We observed some medicines being administered at lunch time. We saw the nurse respectfully ask the person if they were happy to have their medicine at that time. The person spoke with us and said "that was not just for your benefit – they always ask if it's ok before they give me my tablets. They are very good here."



# Is the service effective?

## Our findings

We asked people about the care that they received and they all responded positively. One person said "They are excellent, you cannot complain. I can ring the bell anytime day or night and the staff come straight away. The staff are wonderful. Very nice indeed."

We reviewed staff training and found there to be a comprehensive approach to ensure that all staff had the same foundation of learning that was updated every 6 or 12 months. This training was defined as mandatory by the registered provider and included: moving and handling; infection control; safeguarding; food hygiene; health and safety; mental capacity and DoLS.

There were also opportunities for staff to do additional training that was specific to a person's individual care needs such as tissue viability care or PEG feeding [ Percutaneous endoscopic gastrostomy is a tube that is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not possible or adequate].

Staff said that they felt the team meetings and handovers at shift end were also used to share ideas and tips to improve care at the service. Staff told us that they had regular access to support and supervision. We saw that the registered manager carried out all of the supervision sessions in the home. Staff told us that they felt supported and were able to raise concerns if they needed to.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The manager and staff we spoke with had an understanding of the Mental Capacity Act and how this affected their work. People at the home were supported to make as many decisions as possible for themselves. Some people living at the home had an authorised DoLS in place. We looked at a number of care files and saw that there was a clear audit trail of mental capacity assessments and best interest meeting minutes for all decisions made on people's behalf in order to keep them safe and well.

We asked people living in the home if they enjoyed the food. They responded positively. We met with the chef and they were able to tell us about the dietary needs of the people living in the home. We sampled the food at lunch time and ate in the dining room. We saw that the tables were laid with table cloths and serviettes and condiments were offered to people. The staff worked hard to engage with people, support them at their own pace and make the meal a pleasurable experience.

We looked at people's health needs and saw that they were carefully monitored. During the inspection we

were able to speak with a visiting GP. They told us that they had no concerns about the people who lived in the home because they were well cared for. They told us "This is one of the best nursing homes I've worked with. They are so on the ball with everything."

We looked at the premises and saw that it was decorated in neutral colours. Staff told us that they have been involved in choosing the colour scheme with the people who lived in the home. We saw that there were dementia friendly signs around the home and in colours that made things easily identifiable for people.

## Is the service caring?

### Our findings

We asked people if they thought the home provided good care. Everyone we spoke with was very positive about the care that they received and spoke warmly about the staff who supported them. One person said "The care here is second to none." A visitor told us "It's a lovely home. Coming to visit is respite for me. There is a lovely atmosphere in here."

All of the interactions we observed between staff and the people who lived in the home were kind and caring. We saw that people were supported at their own level and pace and were encouraged to make clear choices in how they wished to be cared for. We met one person who had just got up late on in the morning. They told us "I'm happy with the care here. I do what I want and when I like."

During the inspection, a health professional visited the home and needed to provide a service for a person who lived there. The person did not wish to leave their chair in the lounge to receive the service and requested to stay put. The staff provided a screen, which they placed around the person to protect their privacy whilst the intervention was carried out. This meant that the person received the care they needed but the staff ensured that their dignity was observed.

We observed staff chatting with people whilst supporting them with their day. It was obvious that staff knew people well and were able to talk to them about the things that they were interested in. We also noted that staff made sure to treat people with respect regardless of their capacity to consent. We saw that staff explained what they were going to do and asked people how they wished to be supported.

We saw one person was getting agitated and a bit anxious. The staff member in the room noticed this quickly and spoke with the person, laughing and joking with them and then got them a cup of tea and quickly diffused their agitation. They then sat with them and had a conversation and talked about their plans for that week.

End of Life care was an area where the service particularly focussed and this had been recognised with the service holding the Gold Standard Framework (GSF) Beacon status for End of Life Care. To qualify for accreditation, care homes must have undertaken the full GSF training programme over 9 months, embedded this into their homes for at least 6 months and then undertaken an accreditation process that includes: Assessment against 20 clear standards of best practice; Reviewing the care of residents using the After Death Analysis Audit Tool; Quality Assessment Visit – reviewing the integration of the processes into everyday practice. To achieve accreditation a home must achieve at least 84% of the standards, which includes 4 vital standards. To be recognised as a beacon, a home must show innovative and established good practice across at least 12 of the standards. The service had been awarded Beacon status for a second time in March 2015 and this is valid until March 2018. It was clear that this award and the values of the GSF were very important for all of the staff.

Feedback that we read from families supported the view that the service was very skilled and compassionate when supporting people at the end of their lives. Among the many comments were: "Thank

you for your kindness and compassion in taking such excellent care of our Mum", "[name] was always treated with love and respect" and "you treated her wonderfully well".

## Is the service responsive?

### Our findings

We asked people about the activities in the home. One person said "I love the poetry, the singing and the quizzes. A visitor told us that they often stayed longer to enjoy the poetry sessions and they told us about a staff member who "Has so much fun with them and brightens everyone's day." One relative told us that they did not think that the activities currently on offer were stimulating enough for their relative.

The care files that we looked at contained detailed person centred profiles about the people who lived in the home. From the person's profile, it was possible to see what was important to the person and how they wished to be cared for. They also contained lots of information about people's life histories which enabled staff to have knowledge of and engage with and talk to people about their lives. For example one person had been a specialist nurse and despite their memory loss due to their dementia, they were able to remember and reminisce about the work they had done many years previously.

The care files also contained up to date information about people's care and the support that they needed relating to their mobility, skin integrity, weight and health needs. We case tracked a number of people. This meant that we read their care records and then went to meet the person and talk to them to see if their care records reflected what they needed. We found that people's needs were documented and updated on a regular basis.

We saw that people's choices were reflected throughout the home. We met one person who was being cared for in their bedroom but this was their choice and the staff respected this. The staff made time to regularly sit with this person and not only enter their room to support them with a care task.

We read the complaints policy and saw that it was available throughout the service. Families we spoke with confirmed that, if they needed to, they knew how to complain. We looked at the complaints log and saw that the registered manager recorded all concerns and complaints made. There was a clear action log and also the Care Quality Manager [a person who was not employed at the service but worked for the overall registered provider and was responsible for care quality across a range of services] confirmed that all complaints were shared and discussed at senior management meetings and actions followed through.

# Is the service well-led?

## Our findings

All of the people we spoke to said that they felt that the service was well managed. Staff we spoke with stated that they felt well supported and that there was a commitment from senior staff to listen to any concerns or ideas that they had. One staff member said that it was a "Good homely home .... with a great bunch of staff that get on with their jobs". Another said that "The manager was very good, firm but fair and always prepared to listen". Family members that we spoke with said that they were "very impressed" with the service and another said that "all of the staff were smashing".

There was a registered manager in post who has been working at the service for over 20 years.

We found that the registered manager had a good knowledge of the people who used the service and of the staff team. We saw that there was clear leadership which set the tone for the service and that this was based around wanting to provide good quality care for everyone who lived there. The registered manager said that, when recruiting staff, she looked for people who were "Passionate about what we do and who were genuinely kind people". Our observations and review of feedback from a range of people [people who used the service, families, staff, health professionals] confirmed that there was a consistently warm, calm and organised feel throughout the service.

We observed a monthly "coding meeting" based around the principles of the GSF which seeks to ensure that the principles of GSF are fully embedded into everyday practice. This meeting was an information sharing and review process that ensured that all staff knew the very latest care needs of the people living at the service. A particularly impressive aspect of this meeting was that all of the staff were present, not just care staff, and it was clear that domestic, kitchen and other staff were all equally involved in the discussions.

This inclusive approach to management also extended to general communication and information sharing. We were told and saw evidence that staff who worked at night or at weekends were equally important and that every effort was made to ensure shift handovers and written communication were consistent and readily available.

We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We reviewed several audits and checks and these included checks on health and safety, infection control, staff records, care records, medicines, accidents and incidents amongst other areas. We saw that these checks were carried out regularly and thoroughly and that any action that had been identified was followed through and completed. We also saw that the service responded to external audits in a positive way. For example, an infection control audit undertaken by Wirral Local Authority in June 2016 had identified that some of the tiles in the kitchen were cracked and that the curtains in the lounge and dining room were in need of replacement. We found that both of these issues had been dealt with promptly and completely.

We saw that the internal audits were also reviewed by the Care Quality Manager, a person who was not

employed at the service but worked for the overall registered provider and was responsible for care quality across a range of services. This ensured that any learning from the service was shared across the group. The registered manager also told us that they met regularly with managers from other services both for training purposes but also to share information and best practice ideas. One example of recent training that had made an immediate difference to one person's care was a tissue viability day that had introduced new techniques of compression bandaging. This had been implemented and resulted in a rapid improvement and a reduction in discomfort for the person.

There was a well-established staff team that had worked at the service for many years and knew the people and their families very well. It was clear from our observations and discussions that staff liked working at the service and that this was, in part at least, down to the leadership and management of the service.

We saw records that showed that staff supervisions and appraisals took place on a regular basis and confirmed with staff that this was the case. All staff said that they felt the leadership of the service was approachable and supportive but also dealt with any issues of concern promptly.

The registered manager understood their legal obligations including the conditions of their registration. They had correctly notified CQC of any significant incidents which had occurred within the service.

We saw that the registered manager also worked in partnership with local GPs and social workers to make sure that the appropriate professional input was available to support the knowledge and skills of the staff team.