

Anchor Hanover Group

Beechfield Lodge

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

Beechfield Lodge is based in Salford, South Manchester and is a care home, which can accommodate up to 60 people. All the rooms are for single occupation, 45 are self-contained flats with a small kitchenette, lounge and bedroom areas and a bathroom. The other 15 rooms are single bedrooms with the majority having en-suite facilities of a toilet and sink.

At the last inspection in July 2014 the service was rated Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beechfield Lodge on our website at www.cqc.org.uk.

At this unannounced inspection on the 29 September 2017 we found the service remained Good. The service met all relevant fundamental standards.

The service 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.

People were protected from abuse and all told us they felt safe. Staff were knowledgeable about how to recognise signs of potential abuse and were aware of the reporting procedures. Assessments identified risks to people and management plans to reduce the risks were in place.

Risks had been identified and management systems were in place to monitor risk and reduce incidents ensuring people's safety. There were also detailed assessments to follow in case of an emergency.

At the time of the inspection there were sufficient staff on duty to meet people's needs. However the dependency tool lacked detail to determine people's dependency.

People and their relatives we spoke with told us they thought there were sufficient staff on duty. Recruitment procedures ensured the right staff were employed to meet people's needs safely.

Systems were in place to ensure management of medicines was safe. Staff received training and competency assessments to administer medications safely. The provider completed regular audits of the system to ensure standards were maintained. Although the audits did not cover topical medications and these systems could be improved.

We observed staff took account of people's individual needs and preferences while supporting them. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

Staff were aware of people's nutritional needs and people were supported to maintain a balanced diet. People were supported to maintain good health and had access to health care services.

People were treated with respect. People we spoke with and their relatives told us staff were kind, considerate and caring. Staff we spoke with were able to tell us how they respected people's preferences and ensured their privacy and dignity was maintained.

People told us they could take part in activities of their own choice and that there were also organised group activities taking place during our inspection.

There was a system in place to tell people how to raise concerns and how these would be managed. People told us they would feel comfortable raising any concerns with the management team.

Systems were in place to monitor and improve the quality of the service provided. Areas for improvements had been identified and action plans were in place these were followed by staff. The provider also had a quality team who monitored the service to ensure continued improvements.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? At the last inspection in 2015 this was rated as requires improvement this domain is now good. Staff interactions we observed were kindly and caring. Staff respected people's privacy and dignity. Care plans reflected people's wishes, choices and decisions.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Beechfield Lodge

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'.

This comprehensive inspection took place on 29 September 2017 and was unannounced. The inspection was undertaken by an adult social care inspector and an expert by experience with expertise in the care of older people. 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 visit we gathered information from a number of sources. We looked at the 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.

We looked at notifications sent to the Care Quality Commission by the registered manager. We also obtained the views of professionals who may have visited the home, such as service commissioners, healthcare professionals and the local authority safeguarding team.

At the time of our inspection there were 56 people using the service. We spoke with the registered manager, the area manager, five support workers, two team leaders, the activity coordinator, the cook and a domestic. We also spoke with 15 people who used the service and three visiting relatives. We also spoke with two health care professionals.

We looked at documentation relating to four people who used the service and two staff, as well as the management of the service. This included people's care records, medication records, staff recruitment, training and support files, as well as minutes of meetings, quality audits, policies and procedures.

Is the service safe?

Our findings

People we spoke with and their relatives told us Beechfield Lodge was a safe place to live. One person said, "I'm 99 and love it here. I've been here seven years and always feel safe."

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff we spoke with were knowledgeable on procedures to follow. Staff were also aware of whistle blowing procedures.

We found risk assessments were in place in people's care files. Risks had been regularly reviewed and staff received regular training on how to manage risks to ensure people were safe. People also had personal emergency evacuation plans in place to follow in case of an emergency.

We found on the day of our inspection that there were adequate staff to meet people's needs. Staff we spoke with confirmed there was enough staff available to provide the care and support required. However, staff said the staffing levels had been decreased recently due to a decrease in numbers of people who used the service. Staff then told us that the occupancy numbers had now increased again as new admissions had arrived but the staffing numbers had not increased in line with this. They said because of this at times they could struggle to meet people's needs in a timely way. We discussed this with the registered manager who acknowledged that the staffing needed to increase and agreed to have this in place the day following our inspection. We received copies of the staff rota from the registered manager following our inspection, which clearly showed staffing had increased.

We looked at the dependency tool used to determine people's needs and the staffing hours required to meet people's needs. We saw this was very vague and did not give sufficient detail to be able to robustly access people's dependency levels. The registered manager and the area manager agreed to take this to the provider to discuss and review.

People we spoke with said that there seemed to be adequate staff on duty to meet their needs. One person said, "Yes I think so (enough staff) staff are good." Another said, "I have my own room and I can lock it. I think there is enough staff." Although another commented, "Staff are ok, but could be more on at night."

A robust recruitment and selection process was in place, which included new staff receiving a structured induction to the home. We sampled two staff files all essential pre-employment checks required had been received. This included written references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at the systems in place for managing medicines. This included the storage, handling and stock of medicines and medication administration records (MARs) for people.

Medicines were stored safely. We saw records were kept for medicines received, administered and disposal

of any medicines not required. We found people were receiving medication as prescribed. However, we found some records could be improved. For example, records in relation to ointments and creams, we saw care staff were completing the records to state when they had been applied, but these were not always completed, this did not evidence they were given as prescribed. We saw the issues we found had not been identified by the providers audit system as this was not included in the audit. The registered manager has since confirmed in writing that this has been amended and new topical MAR implemented to ensure records were maintained. People we spoke with confirmed they received their medication. One person said, "If I'm in pain I get tablets, the staff are very good."

The standard of cleanliness throughout the home was good although improvements to the environment were required. We spoke with the infection control nurse specialist and they told us, "The staff take a real pride over their home and the residents appeared happy and well cared for. I have no issues within this home"

Is the service effective?

Our findings

People we spoke with told us the staff were very good, met their needs and respected their choices and decisions.

One person said, "I get up when I want and go to bed when I want. I choose. Staff always ask first." Another person said, "I know my own mind, I do what I want, I'm not told."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We found the service was meeting the requirements of this legislation.

Staff we spoke with were able to give examples of how people's best interests were taken into account if the person lacked capacity to make a decision. Predominantly records we saw showed that where people could not speak for themselves decisions had been made in their best interest and these were recorded in their care files. However, the deputy manager was in the process of working through each care file to ensure all the requirements of the legislation that were relevant to each individual were met.

We observed staff giving people choices and supporting people to make decisions. One person said, "Staff always ask me before they help me." A relative said, "I know [My relative] is well looked after. They [The staff] ring me if anything not right. Staff have asked me questions about [My relative] so they can help them better. It's really good. I've no complaints. [My relative] is ok, so I'm ok."

Another relative told us, "I feel very involved with [My relative's] care. I was asked about their likes and dislikes. I know the foods good [My relative] eats everything and their weight is good. They [The staff] keep me informed if anything is wrong."

We found staff had the right skills, knowledge and experience to meet people's needs. All new staff completed an induction when they commenced work. We saw this included completing an induction workbook and shadowing an experienced staff member until they were assessed as confident and competent in their role.

Staff we spoke with told us they had received the training they required to do their job well. One staff member said, "The training is excellent, there is always some training to attend." Another staff member said, "We are able to attend additional specific training if required, we are supported to attend training".

The registered manager told us staff had to complete the company's mandatory training when they commenced employment and then attend regular updates. Staff had received regular supervision sessions and an annual appraisal of their work. Staff told us they felt they were well supported and listened to.

Peoples nutritional and hydration needs were met. At lunchtime we observed the meal being served in two

dining areas. We saw tables were set with tablecloths, napkins, condiments, glasses for juice or water and cutlery was on the tables. The expert by experience tasted the food and found it was tasty and hot. Food was well presented. Staff came round with small plates of food first showing people what the choice was this helped people to choose. One person didn't want anything to eat we saw staff continually tried to encourage them to ensure they had something to eat and we saw they did enjoy a pudding. We also saw one person was vegetarian and they were given a meal that accommodated this. There was music on in the background and overall the dining experience was enjoyed by people. Staff were professional, caring and approachable.

We also spoke with people about the food. We saw people were able to choose what they wanted for lunch and where they wanted to sit. People told us they enjoyed the food, one person said, "The food is good. I have plenty to eat and drink." Another person said, "Food is plain but I like it." Another person commented, "I get enough to eat and drink, too much sometimes."

People were supported to maintain good health and had access to healthcare services when needed. Care records detailed any health care professionals involved in the person's care, such as doctors, dieticians and occupational therapists. Health care professionals we spoke with spoke highly of the service and told us they had no issues.

During our inspection we looked around the service we found the environment required attention. Many areas were very clinical and were not dementia friendly. We also saw that areas were tired and required redecoration and some repair work. We discussed this with the registered manager who has since our inspection confirmed that major redecoration is to commence in January 2018. They confirmed that this will be in consultation with the providers dementia lead to ensure the work is in line with best practice and latest guidance for people living with dementia. A suitable environment for people living with dementia can ensure a positive sense of well-being and improve people's quality of life.

Is the service caring?

Our findings

At our last inspection in 2015 this was rated at requires improvement. This was because people's dignity was not always maintained. At this inspection we found this had improved and this domain was rated as good.

We observed staff interacting with people; these were professional, caring and appropriate. People responded positively to staff they were relaxed and obviously knew the staff well.

We saw staff were very caring and compassionate for example, we observed staff responded appropriately to one person was very anxious. The person wanted to know where their baby (comfort doll) was. Staff said, 'she is asleep in her room'. The person did not settle with this information and anxiously said, 'I can hear her crying'. Staff immediately went to get her comfort doll. Once the person had their 'baby' they settled. This showed staff understood the person's needs and therefore understood the needs of people living with dementia.

One person said, "Staff are very kind and caring." Another person said, "I feel treated with dignity and staff respect me." Another person commented, "I like the staff I feel comfortable with them." Another person we spoke with, when we asked if staff were kind, they replied, "Staff are more than that, they genuinely care, look after me, it is very homely."

Relatives we spoke with all told us the staff were very kind and caring. One relative said, "Staff are lovely, kind and caring you can see it. I've seen it, nothing is too much trouble. [My relative] would tell me if they weren't listened to or if they were not cared for, but I don't believe that from what I've seen. I can come and go when I want there are no restrictions on me visiting." Another relative commented, "[My relative] always looks cared for. When I visit I see staff are caring that's reassuring. Staff are approachable. Staff are always going round checking and asking people if they are ok. They know [My relative] very".

People told us that staff respected their decisions and confirmed they or their relatives, had been involved in planning the care which staff delivered. One person said, "I've no faults with staff, they are lovely and kind."

We spent some time observing in the communal areas during the inspection. We saw that staff were consistently reassuring and showed kindness towards people when they were providing support. Staff also engaged people in day to day conversations and activities. The interactions we saw between staff and people they supported were inclusive and it was evident they had positive relationships with people who used the service.

There was an activity co-ordinator who planned activities with the involvement of the people who used the service. Activities were individualised and meet people's preferences and choices. We observed the activity coordinators were kind, caring and considerate. This supported people to engage in the activities. We saw activities taking place throughout the day with high levels of engagement from the people who lived at Beechfield Lodge. We observed arm chair exercises taking place 25 people had joined in and all the people were actively engaged there was laughing and joking and banter, people were happy in the company of staff

and thoroughly enjoying the company. People achieved a positive state of well being form this activity and company.

Conversations we heard between people and staff showed staff understood people's needs; they knew how to approach people and also recognised when people wanted to be on their own. Staff we spoke with knew people well, and described people's preferences and how they wished to be addressed or supported.

End of life champions had been identified taking a lead on promoting positive care for people nearing the end of their life. Staff had undertaken specific training to ensure they had were able to support people appropriately as they approached this stage in their life. We also saw people had access to advocacy services if required to ensure their views, choices and decisions were achieved.

Is the service responsive?

Our findings

People who used the service and their relatives all spoke highly of the staff and all confirmed staff met the needs of people who used the service.

Each person had a care file which contained information about them and their individual care needs. The care files we sampled contained needs assessments which had been carried out before people were admitted to the home. Care plans and risk assessments had been completed. People we spoke with told us they were involved in their care and support plan if they wished. We saw that care plans had identified when people were at risk of poor nutritional intake and actions implemented. We saw one action was to record food and fluids on a chart to be able to monitor and review. Staff recorded peoples diet, however, they recorded ate half or all and did not record the amount served. Therefore it was not possible to determine what was eaten. The registered manager has confirmed that measuring spoons have been ordered to be able to have portioned servings. This will make it clear what portion is served to enable an accurate review of food eaten to ensure people's dietary requirements are met.

The daily records and visit records were all up to date. These records showed the staff worked responsively with external professionals, such as social workers, speech and language therapists and dieticians. We saw the professional visit record was updated following any input from health care professionals.

People were supported to access the community and participate in activities. We observed the activities throughout the day. People appeared to be enjoying the sessions and joined in. The activity coordinator knew people well and was able to support them fully. The activities were organised so that all people were either able to join in or could watch and feel part of the activity. We saw people were enjoying the activity and talking to each other and there was a good sense of well-being. People we spoke with confirmed that there were regular activities and entertainers. One person said, "You can join in all sorts of things something every day. I've no complaints I like it here. I'm not leaving." Another person said, "If I want to join in I can. I like some of the things, the ones I don't I leave. Overall good, I've nothing to complain about." Another person commented, "I like the sing songs the best. But it all is good."

A relative told us, "From what I have seen there is always something going on when I visit. I come at different times every visit so things going on at different times of the day."

People we spoke with confirmed that here was also opportunity to access the community. One person told us, "I go out to the Irish centre, I like that. There is also other things going on in the home, exercising in chairs, games, quizzes, reading the papers, all sorts. It's great."

There was a complaints' policy which was given to each person when their care package commenced. There were clear timescales for the service to respond to any concerns raised. A record of compliments received had been maintained with outcomes. People we spoke with and their relatives all told us they were listened to and any issues no matter how minor were addressed immediately. One person said, "I've no complaints. You can't have everything nothing is perfect. I like it here. There is lots going on if you want to join in. My

family come when they want to. What more do I want."

However two people we spoke with felt they had not been listened to as their concerns had not been resolved. We discussed this with the registered manager who was not aware of the concerns and agreed to look into this and have since our inspection confirmed these have been resolved.

Is the service well-led?

Our findings

People and relatives we spoke with all felt the service was well led. They were all aware of the head of care and the registered manager although most said if they had any issues they would go to any staff.

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. 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.

There was a structured team in place. This included a head of care, team leaders and support workers. Each member of staff we spoke with was clear about their role and the roles of the other staff employed at the home.

We found systems were in place for managing safeguarding concerns and incidents and accidents. The analysis of incidents and accidents was extremely thorough and identified any themes or triggers to ensure any management plans could be implemented to reduce the risk of further incidents.

Staff told us that the provider took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Effective systems to monitor and improve the quality of the service provided were in place. We saw copies of reports produced by the staff team and the provider's area manager. Any issues identified were recorded on an action plan and were actioned. Most of the issues we identified during our inspection had already been picked up by the provider and were being addressed. The issues we had identified that were not part of the audit system have also been addressed. The registered manager has confirmed in writing that the systems have changed to ensure these areas are part of the quality monitoring so any issues can be picked up in future.

The provider actively sought the views of people who used the service and their relatives. This was done in a number of ways such as interactions with people when they visited, resident meetings and questionnaires. People's feedback was taken into account to improve the quality of the service. We saw the results of the last survey sent out and most of the comments were very positive. The survey was due to be sent out again to seek people views.

Communication within the staff team was described as very good. Regular hand overs kept staff informed of people's changing situations. We observed a hand over, which was detailed and ensure staff were aware of any changes or actions required. All staff starting a shift were part of the hand over. Staff meetings enabled staff to keep up to date with and changes and updates. All staff we spoke with told us they were well supported and that management were always there if you needed them.