

Mr C L Saffrey and Mrs D E Saffrey

Beechfields

Inspection report

Conyer Road
Teynham
Sittingbourne
Kent
ME9 9ET

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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

This inspection took place on 03 January 2019 and was unannounced.

Beechfields is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Beechfields is a registered care home providing accommodation, personal care and support for up to nine older people. It is situated in a rural area approximately two miles from the town of Sittingbourne in Kent. The accommodation was comfortable and home like, was on one level and had been purpose built to meet people's needs. All the rooms had on-suite shower facilities. At the time of the inspection, eight people lived in the service.

There was a registered manager employed at the service. A 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. The registered manager was not present during the inspection, this was conducted with Mrs Saffrey, who is joint provider of the service with the registered manager and in day-to-day charge of the care being delivered.

At the last inspection the service had an overall rating of 'Good'. This inspection report is written in a shorter format because our overall rating of the service has not changed. At this inspection, we found the service remained overall 'good.'

At our inspection on 03 June 2016 we made two recommendations to assist the provider to further improve the quality of their service. One was in relation to the provider's policy about emergency planning and the other was about the management of risk around the monitoring of potential waterborne viruses. At this inspection, we found that the provider had taken actions on our recommendations.

Risks continued to be appropriately assessed and mitigated to ensure people were safe. Medicines were managed safely and people had received their medicines as prescribed. Staff knew what they should do to identify and raise safeguarding concerns. The provider knew their responsibilities in relation to keeping people safe from harm.

Effective systems continued to be in place to enable the provider to assess, monitor and improve the quality and safety of the service. Accident and incident records were closely monitored, actions were taken in a timely manner to ensure lessons were learnt.

People were happy with their care and support. Staff had built up good relationships with people. The service provided good quality care and support to people enabling them to live as fulfilled and meaningful

lives as possible. Staff were caring and kind in their approach and had a good rapport with people. People told us they were treated with dignity and respect. People's privacy was respected.

People were asked about their needs relating to culture, race, religion and sexual orientation in their assessment. This was recorded in their care plan and staff were aware of this.

There were enough staff deployed to meet people's needs. The provider continued to operate a safe and robust recruitment and selection procedure to make sure staff were suitable and safe to work with people. Staff received training, which enabled them to meet people's needs. They also received support and supervision to enable them to carry out their roles safely.

People were encouraged to make their own choices about everyday matters. People's decisions and choices were respected. People's care plans clearly detailed their care and support needs. People were fully involved with the care planning process. The service had developed care plans which clearly detailed people's preferences, likes, dislikes, mental health and social needs. Care had been delivered in line with people's choices. The provider reviewed each person's care with each person as and when necessary.

People continued to be supported and helped to maintain their health and to access health services when they needed them. The provider and staff maintained good communication with other organisations such as the community nursing service, GP and other healthcare services.

People were given information about how to complain. People were actively involved in improving the service. They completed feedback surveys and had regular meetings with the providers.

Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to.

The provider continued to build links with other healthcare professionals and work closely with them.

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 remained safe.

Good ●

Is the service effective?

The service remained effective.

Good ●

Is the service caring?

The service remained caring.

Good ●

Is the service responsive?

The service remained responsive.

Good ●

Is the service well-led?

The service remained well-led.

Good ●

Beechfields

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 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 03 January 2019 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

Before the inspection, 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. We also looked at information we held about the agency, such as notifications. Notifications are changes, events or incidents which the provider is required to tell us by law. We used all this information including the PIR to plan our inspection.

As part of the inspection, we spoke with one of the providers, one care worker and one senior care worker providing direct support. We spoke with three people who lived in the service. We also contacted healthcare professionals involved in the service. We did not receive any feedback from healthcare professionals contacted.

We observed staff interactions with people and observed care and support in communal areas. We also spoke with two relatives.

During the inspection visit, we reviewed a variety of documents. These included two people's care records, which included care plans, health care notes, risk assessments and daily records. We also looked at two staff recruitment files and records relating to the management of the service, such as satisfaction surveys, staff rotas, policies and procedures.

We asked the provider to send additional information after the inspection visit, including training records

and completed service audits.

The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

People we spoke with told us they felt safe with staff from Beechfields. One person said, "I am safe here. I wouldn't ever worry about that. I can't think why. The staff chat to me and reassure me if necessary." Another said, "Good Lord! All is fine here. It is a wonderful place. I have known the owners a long time. I came here after I had been in hospital and couldn't manage on my own any longer. I feel I can live my own life here, but support is also there for me."

The risk of abuse continued to be minimised because staff were aware of safeguarding policies and procedures. All staff we spoke with told us they would report safeguarding concerns to the provider immediately. A staff member said, "It is making sure our residents are safe from abuse. If I suspect anything, I will report to the manager and I can also go outside the organisation." Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "If I discover something untoward, I will report it to my line manager. If no response, I will speak to CQC."

People's individual risk assessments continued to be reviewed and kept up to date. People told us they were enabled by Beechfields staff to be safe. One person said, "I go out for walks on my own but I tell the staff where I am going, so I am sure if I didn't come back, they would look for me." This meant that people were supported in a manner that promoted their independence in a safe way.

Appropriate checks continued to be undertaken before staff commenced work, to ensure they were suitable for their role. Staffing levels continued to be provided in line with the support hours agreed with the person receiving the service. Currently there were enough staff to cover all shifts. Staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased if required. The providers also provided direct care and support whenever required to ensure their staffing needs were met.

The provider continued to review all accidents and incidents to ensure that relevant action had taken place. Records evidenced that the provider had referred people on to the hospital or GP whenever necessary. Copies of people's accidents and incidents were kept in their care file which helped staff understand why care plans or risk assessments had been amended.

Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. Medicines were stored safely in secure cabinets. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. One person confirmed this and said, "The staff are nice. They take me to the doctor in Faversham. I went yesterday and they have put me on antibiotics for my leg. It is the only tablet I take. The staff bring it for me when I need to take it."

The environment and equipment used by people was safely maintained. There were regular checks on

health and safety, cleanliness and whether equipment was in good working order. The building had all the needed health and safety certificates and the certificates were all up-to-date. For example, the gas and electrics had been tested to ensure that they were safe. Staff had received infection control training. We observed that the environment was clean and odour free during our inspection. One person said, "The best thing about the place is the view from the window and the birds." Staff were provided with appropriate equipment to carry out their roles safely. For example, they were issued with gloves and aprons.

Each care plan folder contained a Personal Emergency Evacuation Plan (PEEP), which was reviewed in 2018. A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency. The fire safety procedures had been reviewed and the fire log folder showed that the fire risk assessment was in place. Fire equipment and emergency lighting were regularly checked. The service had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk for example, in the event of a fire. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies.

Is the service effective?

Our findings

The people we spoke with told us that staff supporting them had the skills and knowledge to meet their needs. One person said, "The staff are always keen to help me, so I let them. I need help to have a shower and the staff are there to help me." Records showed that staff continued to undertake training in topics relevant to their roles. Staff also spoke with us about additional training that they received to ensure that they could meet a person's individual needs such as dementia and epilepsy. Staff training and the need to ensure it was kept up to date was covered both in staff meetings and supervision meetings. Staff were provided with regular supervision and felt well supported. One staff told us, "I find supervision helpful. I am doing NVQ level 3 in Health and Social Care. My line supervisor supports me with my training."

People's needs continued to be assessed before support was provided to them. The assessment took into account what people could do for themselves as well as the help they needed. Records also showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. For example, if they had any cultural or religious beliefs or needs which needed to be considered when planning for their support. A visiting relative said, "The local vicar comes here once a month to meet [X] spiritual needs." People's initial assessment led to the development of their care plan. Individual care plans were detailed, setting out guidance to staff on how to support people in the way they wanted. Staff told us they had all the information they needed within the care plan to support people well. Care plans covered all aspects of people's daily living and care and support needs.

The service continued working in accordance with the Mental Capacity Act 2005 (MCA) and associated principles. 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 MCA.

People's capacity to consent to care and support had been assessed and recorded within their care plans. Where people lacked capacity to make specific decisions, the provider had an understanding of what procedures to follow. People were always asked to give their consent to their care, treatment and support.

People continued to eat and drink enough to help them maintain their health and wellbeing. People had been asked for their likes and dislikes in respect of food and drink. Staff supported people to avoid foods that contained known allergens people needed to avoid. The home cooked food we observed being served was well presented, looked and smelt good and people ate well. People sat and ate together, and staff joined them for their meals. This promoted conversation and made the meal a social occasion. People commented as follows, "The food is good. I have not needed to ask for any more to eat. I am not sure they would get me something else if I didn't like what they served", "We are treated as individuals here. There is enough to eat and drink. I tend to eat in the dining room, which I like" and "The food is very good on the whole. I am a vegetarian. I have a balanced diet. We have a lot of cakes with custard, or cream for pudding. There is a fruit bowl we can help ourselves from after meals." A visiting relative said, "[X] nutritional needs are being met here. They have a family dining table style which is nice."

The provider and staff continued to work closely with other healthcare professionals such as district nurses, GPs and emergency services as needed. Appropriate referrals for people were made when required to health and social care services such as GP's and district nurses. Details of discussions and any actions decided were recorded by staff in the daily records to ensure people received care and support that met their needs.

Is the service caring?

Our findings

People were very complimentary about the care staff and all the feedback we received was positive. People said they were supported, with dignity and respect, by kind and caring staff. One person said, "The staff are kind and treat me well. The staff ask me if I want help with anything and treat me with respect." Another said, "The staff treat me well. I am very comfortable here." One other person said, "Staff are all nice and helpful."

People's privacy and dignity continued to be protected and promoted. Staff described the methods they used to ensure that they respected people's privacy and dignity such as closing doors and curtains when delivering personal care and ensuring that people were covered up as far as possible. All of the people we spoke with told us they were satisfied with how their privacy and dignity was respected by staff. Staff continued to promote personal choice and independence by ensuring that people were involved in day to day decisions regarding their care and support.

A visiting relative said, "The service here is first class service. We moved [X] here from another failing service about a year ago. We found that the care is exemplary. They do meet her needs very well. The staff are very good."

People continued to be involved in their care planning and their care was flexible. People's care plans detailed basic information about what type of care and support they needed in order to maintain their independence and reach goals to improve their lives. The daily records showed staff had delivered the care in their care plan. They had been flexible and staff had actively encouraged independence and choices.

There was a person-centred culture at the service. Staff on shift knew and understood each person's needs very well. Staff knew people's names and they spoke to them in a caring and affectionate way. They had knowledge of their past work experience and who was important in their lives. They understood the importance of respecting people's individual rights and choices. Staff were aware of the need to involve people in making decisions where possible. The provider told us they ensured people's choices were respected.

We observed staff providing care in a compassionate and friendly way. Staff spent time talking with people. People were able to personalise their rooms as they wished. A visiting relative described the rooms and said, "The room is hotel standard. We do not have to worry."

The provider continued to have a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely in the service. People's individual care records were stored in lockable cupboards. Staff files and other records were securely locked in cabinets within the service and computer records password protected to ensure that they were only accessible to those authorised to view them.

Staff supported people to maintain relationships with their loved ones. Relatives told us they were kept up

to date with information relating to their loved ones. During our inspection, a relative visited and said, "We do come here regularly if not daily and we are always pleased."

Is the service responsive?

Our findings

People we spoke to told us the care and support they received was responsive to their needs. One person said, "The staff always get me what I need." A visiting relative said, "We have no issues or concerns since our loved one moved in."

The provider told us that they continued to carry out people's needs and risk assessments before the care began. They told us and evidence showed that this was recorded in their care plans. Such tasks included care tasks, washing and dressing, helping people to shower, preparing breakfast or lunch, giving drinks and turning people in bed. Care plans and people's health were reviewed monthly or more frequently if needed and changes were shared with the staff team.

People were asked about their needs relating to culture, race, religion and sexual orientation in the care plan. This was recorded and staff were aware of this. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People continued to be supported to take part in activities they enjoyed. Activities were arranged in the communal lounge or in people's rooms. People told us they took part in a variety of group activities including craft, book reading, walking in the garden and going to church if they want. The garden was accessible from one of the lounges and the provider told us that the garden was used extensively in better weather.

People and relatives were given a copy of the service's complaints procedure, which was included in the service users' guide. The information included contact details for the provider, social services, local government ombudsman and the Care Quality Commission (CQC). People told us they would have no hesitation in contacting the provider if they had any concerns, or would speak to their care staff. One person said, "I am quite content. I've never needed to complain." The service had received no complaints since our last inspection.

People continued to be supported at the end of their lives. People were asked about their end of life wishes and these were recorded. People's preferences were used to develop people's end of life plans, and there were details about how staff should support people to ensure their preferences were met.

Is the service well-led?

Our findings

People told us the service was well led. One person said, "I think it is well managed here. Things just happen." Others said, "The staff have told me that they like working here and are happy" and "I feel I know what is going on here. It is very well managed, it just functions well. The best thing about the place is that I don't have to worry about anything. I can't really think of anything I would change."

The providers had the skills and experience to carry out their role. They kept up-to-date with best practice by attending training events, consulting with the local authority and other health and social care professionals.

The provider and staff shared a clear set of values for the service. The provider had a mission statement, which was followed, that spoke about consistently excellent care being delivered by professional carers in a well maintained environment. Most of the staff team had been working for the provider for many years. Relatives knew who the management team were and were confident in approaching them with any problems if they had any. One visiting relative told us, "The management staff are easily accessible."

The provider was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. There were a range of policies and procedures governing how the service needed to be run. The provider followed these in liaising with outside agencies.

The provider continued to monitor the quality of service provision. Regular audits to check the quality of the service continued to be completed. Audits included checks on medicines, care plans, daily records, training, supervisions and fire safety. Where actions were needed we saw that these had been completed. Records were thorough and well organised as well as being complete and accurate.

The provider continued to work closely with social workers, referral officers, district nurses and other health professionals. This ensured the right support and equipment were secured promptly and helped people continue to live independently, safely or be referred to the most appropriate services for further advice and assistance when this was necessary.

Communication in the service had been maintained through handovers with on-call staff and regular office meetings. At these meetings, any concerns, actions or issues were discussed and addressed. Staff were complimentary about the provider, and felt the values displayed by the provider was reflected in the support they provided. They had the opportunity to discuss any concerns informally with the provider. A member of staff described the provider of the service as, "Supportive, caring, team player, friendly, helpful, understanding and approachable."

Feedback from people had been sought via questionnaires and meetings. This helped the provider to gain feedback from people on what they thought of the service and areas where improvement was needed. All responses received were positive.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating at their premises.