Beechwood House Limited

Beechwood House Care Home

Inspection report

60 West Coker Road
Yeovil
Somerset
BA20 2JA

Tel: 01935472793
Website: www.beechwoodcarehome.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

About the service
Beechwood House Care Home is a residential care home providing personal care and accommodation for up to 28 people. The provider specialises in the care of older people aged 65 and over. There were 22 people living at Beechwood House at the time of the inspection.

People's experience of using this service and what we found
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff that were caring and treated them with dignity and respect. Staff understood the needs of the people they supported well and knew them as a person. All the feedback we received from people and their relatives was positive.

People were supported by staff who had the skills and knowledge to meet their needs. Staff felt supported by the registered manager. Staff understood their role and received appropriate training that supported them in their roles.

Staff worked together with a range of healthcare professionals to achieve positive outcomes for people. Staff supported people to maintain important relationships and continue personal hobbies and interests. Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard [AIS]. The standard was introduced to make sure people are given information in a way they can understand. The registered manager was aware of the AIS and ensured information was shared in an accessible way.

People's concerns and complaints were listened and responded to. Accidents and incidents were reviewed. People and their relatives commented positively about the registered manager and the quality of care their family member received.

Quality monitoring systems were in place but not effective, the provider had not identified some minor shortfalls through their governance system. Specifically, with regards to medicine management. We recommend the provider consider current guidance on managing people's medicines and take action to update their practice.

The registered manager had ensured all relevant legal requirements, including registration and safety obligations, and the submission of notifications, had been complied with. The registered manager felt staff had a clear understanding of their roles and responsibilities. This was evident to us throughout the inspection.

Although most people had capacity some did not, and staff were not always working with these people within the principles of the MCA, and DoLS. We recommend the provider consider current guidance in Mental Capacity and DoLs in care homes and take action to update their practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection
The last rating for this service was good (published in June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our caring findings below.	**Good**
Is the service well-led? The service was well led. Details are in our caring findings below.	**Good**

Beechwood House Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, assistant manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included four people's care records and four medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines management was not fully robust. We reviewed five peoples medicine management records, (MAR). No one receiving medicines had a care plan or medicine profile in place. This meant the only guidance staff had to administer medicines was the MAR charts which were not very detailed.
- We observed staff at lunch time popping people's medicines into pots and leaving them on tables. We asked staff why they did this. Staff told us people didn't always want their tablets until after they had finished eating.
- One staff member told us, "I know they've taken it, (person's name) has capacity and I always check to see if the person has taken it." The registered manager acknowledged this was not safe practice and immediately changed the time of the medicines round so that it did not coincide with people eating their meals.
- Staff administered PRN medicines. (medicines that can be given if required) No one who had been prescribed PRN medicines had a PRN profile in place. Staff did not monitor the outcome of administering PRN medicines and often the PRN medicine was given as a regular medicine. Staff had not referred this to the persons GP for further review.
- Staff applied prescribed creams to people. No one who had cream administered had a body map in place. Staff could not be certain they were applying the cream to the correct area on the person's body.
- People had been prescribed paraffin based emollient creams. The provider had not considered the dangers of paraffin based emollient creams or completed risk assessments for people using these creams.
- Five people were self-medicating at the home. All five people had a risk assessment in place but no care plans. This meant staff did not have clear guidance to ensure people were taking their medicines correctly.
- Medicines were stored in a locked treatment room, but the room was not temperature controlled. Room temperatures should not go above 25 degrees. People who stored medicines in their rooms had locked areas but also no room temperature monitoring took place.

We recommend the provider consider current guidance on managing people's medicines and take action to update their practice.

- People's medicines were administered by staff who had received appropriate training and regular competency checks. The home had a medicines policy which was accessible to staff.
- Staff promoted independence. Five people managed parts, or all their medicines. People told us they received their medicines. One person said, "Yes they are very good I always get them on time."
- The provider told us they would immediately review their current practice and update their medicines

process. Before the inspection ended the provider had already started introducing medicine profiles.

Assessing risk, safety monitoring and management
● Information about risk and safety was not always comprehensive or up to date. For example, one person was at risk of falling, the actions recorded were, "To encourage independence and become stronger through better eating." It was not clear how this would prevent this person falling or if they had been assessed for any equipment.
● The provider did not have a business continuity plan in place. The provider told us what would happen in the event an emergency occurred but acknowledged this was something they needed to formalise.
● No one living at the home had a Personal Emergency Evacuation Plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated in the event of an emergency.
● The registered manager told us, everyone can mobilise, and staff knew them well enough to get them out of the building safely. They also told us they would ensure everyone had a PEEPs in place so that anyone new to the building had clear guidance.

We recommend the provider consider current guidance on managing risk in care homes and take action to update their practice.

● The provider considered environmental risks. For example, fire maintenance, gas, electrical safety, and safe use of water outlets.

Staffing and recruitment
● Required recruitment checks on staff were not robust. We reviewed four staff files, application forms did not identify a full work history. One staff member had only given one previous employer from 2018 to 2019, another had only given the past 3 years work history. The provider told us they would add that to all staff application forms immediately.
● Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks were carried out as standard practice but not regularly reviewed. The provider told us they would introduce annual DBS declarations for all staff.

We recommend the provider consider current guidance on recruitment in care homes and take action to update their practice.

● The registered manager regularly reviewed staffing levels and adapted to people's changing needs.
● The provider had one night carer vacancy which had been advertised. Staff told us while they waited for the new staff to start they worked additional hours to cover absences. This meant people living at the home did not have their care and support compromised. The rota confirmed shifts were covered as needed.

Systems and processes to safeguard people from the risk of abuse
● The provider had effective safeguarding systems, and managed safeguarding concerns promptly, using local safeguarding procedures whenever necessary.
● People said they felt safe living at Beechwood, one person said, "Yes." When we asked them if they felt safe, adding, "They gave me that walker, it's been a god send I'm so wobbly on my legs."
● One relative told us, "So safe, we are so confident (relatives name) is safe here we won't make the drive down again until Easter."
● The registered manager and staff understood their responsibilities to safeguard people from abuse. Staff knew what actions to take to protect people. One staff member told us, "We tell the manager." Adding, "I

would tell them straight away."
● Records showed staff had received training in how to recognise and report abuse. Staff could tell us what they learnt on the training. One staff member told us, "We close doors when we do personal care and we look for changes in behaviour or bruises."
● Safeguarding concerns had been raised and investigated appropriately. The registered manager had informed the necessary organisations.

Preventing and controlling infection
● The provider employed cleaning staff who managed the control and prevention of infection well. ● Staff had access to, and followed, clear policies and procedures on infection control that met current and relevant national guidance.
● Staff had access to personal protective equipment such as disposable gloves and aprons. The home was clean and free from malodours. One person told us, "Oh yes always cleaning." A relative told us, "(Relatives name) has been here three years, it's always clean."

Learning lessons when things go wrong
● There were very few incidents at the home, but where they had occurred, staff acted to minimise the risks of reoccurrence.
● Staff completed accident forms, the registered manager reviewed them and made changes to the service delivery where necessary. For example, an incident occurred where a person had a serious fall. The provider reviewed their knowledge of falls management and sourced specialist training. They also implemented a falls champion to help minimise the risk of this happening in the future.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved to Beechwood House. Relatives told us, "When (registered managers name) assessed (relatives name) they were very honest about what needs to be sorted." Adding, "We are conscious it's got to work for everyone."
- Other comments from relatives included, "Out of all the care home managers I have met they are the one who's given me more time."
- People told us when they first moved in the staff asked them questions about what support they needed, one person told us, "Yes I felt involved, they do ask me what I want." Although care plans did not reflect this well. Staff had not identified specific outcomes for people or regularly reviewed peoples care needs with them.

Staff support: induction, training, skills and experience

- People were supported by staff who had access to training. Staff told us they thought the training was good.
- Specialist training was available if needed. Staff told us, "Seniors are doing diabetes and end of life." One staff member said, "I did dementia training, it gave me more understanding."
- All new staff completed an induction process and were offered National Vocational Qualification (NVQ) training as part of their skills development.
- People told us. "I think they must have training they seem to know what they are doing." A relative told us, "They seem well trained they look after (relatives name) well."
- The provider carried out supervision in line with their supervision policy. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future and training and development needs. Staff told us, "We talk about what we need to strengthen."
- Staff performance relating to unsafe care was recognised and responded to appropriately and quickly.

Supporting people to eat and drink enough to maintain a balanced diet

- Most people told us they enjoyed the food at Beechwood House. The provider employed two cooks who prepared fresh home cooked meals every day.
- There was only one choice for the main meal every day on the menu board. Although people did confirm if they didn't like what they saw they could ask for something else.
- Staff asked people at resident meetings if the food was ok and if they wanted anything in particular added to the menus. One person told us, "I do get sick of soup and would love roasted parsnips." Other people told us, "The food is ok." And, "Yes we can have cooked breakfast if we want." A relative said, "It always smells

lovely, but I've not eaten with (relatives name).
● The registered manager told us people could ask staff for extra drinks and snacks throughout the day if they wanted it. Although when we asked people if they had snacks during the day, one person said, "I don't ask because they will put the fees up." Other people said, "We get tea and coffee and fruit salad if we want it." And, "No I don't ask for anything else." A relative told us, "(relatives name) only has to press the buzzer, the service is amazing." Adding, "(relatives name) wakes at 3am they make them Ovaltine and sandwiches, they feel spoiled."
● Staff understood people's dietary needs and ensured these were met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People's changing needs were monitored and were responded to promptly.
● People were supported to attend regular health checks. One person said, "I can't hear, they took me to the Drs and they are syringing my ears."
● Where specialist advice was needed staff referred people to other healthcare professionals to ensure they received the support they needed. For example, speech and language specialists and chiropodists.

Adapting service, design, decoration to meet people's needs
● Beechwood House provided nice accommodation for the people who lived there. The décor was homely, and peoples' rooms had personal belongings that made the room special to them.
● People had access to outside space. Some people's rooms had doors leading straight into the garden which they liked.
● There were quiet areas where people could see their visitors and the home was laid out in a way that promoted independence.

Ensuring consent to care and treatment in line with law and guidance
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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff did not fully understand DoLS and the key requirements of the Mental Capacity Act 2005. Some staff were unsure about what they should do to make sure that any decisions were made in people's best interests.
● People had Mental Capacity Assessments in place even when they had capacity to make their own decisions.
● The registered manager had not made any DoLS applications even though three people living at

Beechwood House did not have capacity to make decisions.
● The provider told us these people would not leave the building of their own accord, but staff confirmed if they tried to leave they would be stopped for their own safety. This meant the provider was depriving them of their liberty.

We recommend the provider consider current guidance in Mental Capacity and DoLs in care homes and take action to update their practice.

● Staff had received training in the MCA and showed a good understanding when supporting people's rights to make their own decisions.
●People who had capacity could come and go as they pleased, the code to get in the building was available for people, although most people choose not to go out alone.
● People only received care with their consent. People told us, "They also ask me first." And, "Yes they ask what I want to do they don't tell me." Records showed people had signed consent forms when they moved in to the home.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness. This was reflected in the feedback from people who lived at Beechwood House and their families. Comments from people, included, "Staff are very nice here.", "Staff are great, no complaints." And, "They come in in the morning with tea and biscuits."
- We observed kind and caring interactions between people and staff during both days of our inspection. Staff were offering reassurance, checking people were ok and laughing with people.
- Staff respected people's diversity, they were open and accepting of people's faiths and lifestyles. Nobody we spoke with said they felt they had been subject to any discriminatory practice, for example on the grounds of their gender, race, sexuality, disability, or age. Training records showed that all staff had received training in equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt able to make their own decisions. One person said, "Yes I'm free to do what I want, and my family can come when they want." Another person told us, "Quite happy here, I choose this place, I can have food when I want." Relatives told us, "We are so lucky, they keep us informed, (relatives name) is a different person since they've been here."
- The provider had resident meetings where people could express their views, but these were not regular.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's dignity and privacy was maintained and people's independence was supported. Staff told us, "We shut doors and curtains when doing personal care." People told us, "They, (staff) always do my medicines in my room." And, "I had a bath this morning, staff helped, they always shut the door and make sure I don't get cold."
- We observed staff knocking on people's bedrooms doors before entering.
- Staff promoted people's independence. One person told us how staff had arranged for a walking aid, so they could get around the home easier another person showed us how staff had had a phone line put in their room, so they could stay in touch with their family members.
- People's confidentiality was respected; people's care records were kept securely, and we did not observe staff discussing people in communal areas. People told us they were supported to maintain and develop relationships with those close to them.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they felt in control of their care and support. One person said, "Staff always asked me what I want help with." Another person told us, "Yes they help me they ask if its ok."
- Although people we spoke with were not aware they had a care plan. Staff told us they reviewed care plans regularly but not with the person or their family member.
- Relatives told us, "We don't attend formal care meetings, but they do keep us informed and we only have to ask for an update and they give us one." The registered manager told us they would reconsider how they review care plans in the future.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider supported people to access information that was important to them in different ways. For example, one person was given a landline in their room to make sure they could communicate with their family, another person was provided with a magnifying glass, so they could read independently.
- We observed staff communicating well with people who had some communication challenges by talking clearer and showing people pictures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider supported people to maintain relationships with loved ones who were important to them. There were no restrictions on visiting times and relatives told us they were welcomed into the home by staff.
- Comments from relatives included, "I've got to know most of the staff now they are lovely and always receptive."
- People were supported to access activities that were meaningful to them. For example, trips to the seaside and garden centres. One person told us how they went out for tea and cake and did quizzes.

Improving care quality in response to complaints or concerns

- The provider had a complaints system in place; this captured the nature of complaints, steps taken to resolve them and the outcome. Staff told us, "We have a complaints book on the front desk, and we do a

family coffee morning three times a year where families can come and talk to us."
● People told us they knew how to raise concerns and make a complaint. One person said, "I would speak to (registered managers name) adding, they are very approachable.

End of life care and support
● At the time of the inspection no one was receiving end of life care. We discussed this with staff who told us only senior care staff had received any training in end of life care. One staff member said, "We would work with the district nurses and Drs if someone needed end of life care."
● The registered manager told us "We had a few residents who were receiving end of life care." Adding, "We decided a senior needed to be extra in the staff numbers, so we could sit with them during a difficult time."
● People did not have detailed end of life care plans in place. The provider assured us these would be reviewed so that staff had clear guidance in the event someone did require end of life care.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a positive culture within the home. Staff told us morale was good because the management provided clear leadership. One staff member said, "Staff morale is good, everyone's happy, we all work together as a team and communicate well." Another staff member told us, "(Registered managers name) is very approachable, if I tell (registered managers name) I'm concerned they will deal with it." A third staff member said, "(Registered managers name) is hands on, if a cook is off sick they will cook, they will do care work."
- Feedback from people was positive. One person told us, "Yes I know the manager they are lovely.) A relative said, "(Registered manager name) is very approachable, very practical, but very caring."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to let others know if something went wrong in response to their duty of candour.
- Notifications had been received by the Care Quality Commission (CQC) which meant that the CQC could check that appropriate action had been taken. They also ensured their current ratings were displayed for the public to see.
- The registered manager told us that key messages were communicated through staff meetings. Staff we spoke with confirmed this and told us they felt communication was good.
- One staff member told us, "We have staff meetings and senior meetings, we all feel we can contribute and say what we want to say."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their role and responsibilities. Staff we spoke with were motivated and told us they had confidence in the registered manager and director.
- One staff member told us, "(Directors name) is lovely you can go to them, I go to them with maintenance stuff, if its residents we go to (registered managers name)." Adding "I feel supported by our management team."
- The registered manager saw the quality of the care home as a key responsibility but acknowledged they needed to formalise their assurance processes. For example, whilst they checked medicines regularly they did not carry out a formal audit. This meant they had not identified the shortfalls in medicines found during

the inspection.
● The registered manager and provider told us they were looking to move to an electronic system and this would improve their current level of Quality assurance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider had implemented ways of involving people in developing the service. This included monthly resident meetings.
● Relatives told us they did not attend regular meetings but if they had any concerns they could talk to the registered manager. One relative said, "There's always staff about, I have no concerns at all."
● Most people we spoke with were aware of the resident meetings and there was evidence that the provider acted to improve the service based on requests from people. One person told us, "I feel happy to voice my opinion if its warranted, they always listen."

Continuous learning and improving care; Working in partnership with others
● The registered manager was keen to improve the service delivery and ensure they were up to date with national guidance and best practice. The registered manager told us they would dedicate more time to researching best practice.
● The provider was working in partnership with other agencies. For example, GPs and other health care professionals.