

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?

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

Beechwood House Care Home provides personal care and accommodation for up to 28 people. The home specialises in the care of older people. At the time of the inspection 26 people were living at the home.

At the last inspection in June 2015, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good

People felt safe at the home and with the staff who supported them. One person said, "I feel safe and well looked after." There were adequate numbers of staff to provide care to people in a relaxed and unhurried manner.

People received effective care from staff who had the skills and knowledge to meet their needs. Staff assisted people to access healthcare professionals according to their specific needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us staff were kind and treated them with respect and dignity. One person said, "Staff are definitely kind." Staff knew people well and involved them in all decisions about their care and support. Throughout the inspection we heard staff chatting to people and there was friendly banter and laughter.

People received care that was responsive to their needs and took account of their individuality. One person said, "They have to work around me." Another person told us "You can more or less do what you like." There were organised activities for people to join in with if they wished to.

The service was well led by a provider and registered manager who were committed to listening to people's views and making on-going improvements. There was an open and friendly culture which helped to make Beechwood House a comfortable home for people.

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 remains Good.

Is the service effective?

Good ●

The service has improved to Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Beechwood House Care Home

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 inspection took place on 7 June and was unannounced. It was carried out by one adult social care inspector.

Before the inspection the provider completed 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in June 2015 we did not identify any concerns with the care provided to people.

During this inspection we spoke with eight people who lived at the home and two visiting friends or relatives. We also spoke with three members of staff. The registered manager and nominated individual were available throughout the inspection.

We observed care practices in communal areas and looked at a number of records relating to individual care and the running of the home. Records seen included two care and support plans, three staff personal files and records relating to staff training and supervision and medication administration records.

Is the service safe?

Our findings

The home continued to provide safe care to people.

People told us they felt safe and comfortable at the home. One person said, "I feel safe and well looked after." A visitor told us they had no concerns about the care their relative received and always felt they were, "Leaving them in safe hands."

There were adequate numbers of staff to keep people safe and to meet their needs. People told us they never felt rushed and staff always had time to chat with them. One person told us, "There's no rushing about here. It's all very sedate like most of us." People who liked to spend time in their rooms all had call bells which enabled them to summon help when they required it. People said call bells were always answered promptly. During the inspection we did not hear call bells ringing for long periods of time which showed requests for assistance were responded to quickly.

People received care safely because risk assessments were carried out to make sure risks to their health and well-being were minimised. For example where people had difficulty with mobility, risk assessments were completed to make sure people had the equipment and support required to minimise their risks of falls.

Risks of abuse to people were minimised because the provider had a robust recruitment process. This ensured all new staff were thoroughly checked before they commenced employment to make sure they were safe to work with vulnerable people. Once staff started work they received information and training to make sure they knew how to recognise and report any suspicions of abuse. Staff we spoke with said they would not hesitate to report any concerns. All felt any issues raised would be dealt with to make sure people were safe. Where concerns had been brought to the registered manager's attention they had taken appropriate action to make sure people were protected.

People received their medicines safely from staff who had received specific training to carry out this task. People told us they had confidence in the staff who helped them with medicines. One person said, "They do my tablets and they are always the right ones."

Some people were prescribed medicines, such as pain relief, on an as required basis. We heard staff asking people if they required these medicines and respected people's decisions. Records seen showed clearly when 'as required' medicines had been administered to people.

Where people wished to administer their own medicines risk assessments were carried out to enable them to do this with minimum risk.

Is the service effective?

Our findings

The service was effective.

At the last inspection we found improvements were needed to make sure people had opportunities to make choices about food and drink at meal times. At this inspection we saw that a meeting had been held with people to discuss making more food options available. A decision was taken to have a separate alternative menu available that people could choose from each day if they did not want the item on the menu. We saw that the list of alternatives, such as bacon and eggs, salads and pasta bakes was now displayed with the main menu. People were complimentary about the food served at the home with one person saying, "Food is always nicely cooked and presented." Another person told us, "Food is very good."

People benefitted from a provider who made sure training was available to staff to make sure they had the skills and knowledge to effectively support people. People told us they thought staff were competent in their roles and had the skills needed. One person commented, "Staff always know what to do." Another person said "Staff are very good at their jobs and very helpful."

People were supported to see healthcare professionals according to their individual needs. On the day of the inspection a number of people received treatment from a visiting chiropodist. People told us staff arranged for them to see doctors and community nurses if they were unwell. One person told us, "There's no problem seeing a doctor or nurse if you need one." Where the staff had concerns about a person's health they made sure referrals were made to appropriate professionals. For example one person's care plan showed staff had raised concerns and arrangements had been made for them to see a community psychiatric nurse.

People were always asked for their consent before staff assisted them with any care or support. Care plans had been signed by people to show they had consented to the care being provided. Written consent was also obtained for specific areas of a person's care and treatment such as medication administration.

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. Everyone who lived at the home had the mental capacity to make day to day decisions about their care and support. This was evidenced in care plans by capacity assessments which related to different aspects of people's care. Staff told us if people were unable to make a decision they would consult with healthcare professionals and the person's families or friends to make sure any decisions made were in their best interests. This showed staff understood the principles of the MCA.

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. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The

provider had policies and procedures which gave guidance about this but no one living at the home at the time of the inspection required this level of protection.

Is the service caring?

Our findings

The home continued to provide a caring service to people.

People felt comfortable and relaxed because staff were kind and encouraged them to feel at home. During the inspection staff demonstrated an excellent knowledge of each individual and spoke warmly to people. There was friendly banter and laughter. One person said, "They have a good sense of humour. We often enjoy a laugh together."

People told us staff were always kind and respectful towards them. When staff offered support to people they were discreet, making sure people's dignity and privacy was respected. Everyone was well dressed and clean showing staff spent time supporting people with personal care. One person said, "Staff are definitely kind." Another person commented, "They will help you with anything."

People had been able to personalise their rooms with pictures, ornaments and small items of furniture. This all helped to give bedrooms an individual homely feel. One person said, "This is definitely my home now." Another person told us, "I am happy and very much at home."

People had formed strong relationships with staff and other people who lived at the home. One person said, "I get on really well with the staff." Another person told us, "The thing I really like about here is the family feeling. I feel part of things and that I belong." At lunch time we saw that people who sat together chatted happily.

People's friends and family were encouraged to remain part of people's lives once they moved into the home. Visitors told us they were always made welcome. Wireless internet was available throughout the home which enabled people to keep in touch with friends and family who were unable to visit. The nominated individual told us they had supported people to have skype calls with relatives who lived abroad to help them to stay in contact.

People were involved in all decisions about their care and everyone had a care plan that was personal to them. Care plans contained a brief outline of the person's preferred routine to make sure staff were able to support people in their chosen way. One person we spoke with told us how they liked to spend their time and their care plan was very reflective of the information they had given us.

Is the service responsive?

Our findings

The home continued to provide a responsive service to people.

People told us their individuality was respected and they were able to make choices about all aspects of their lives. One person told us about their daily routine and said, "They have to work around me." Another person said "You can more or less do what you like."

Everyone had a care plan that was personal to them. Care plans gave staff information about people's needs and how they wished to be supported. This helped to make sure people received personalised care. One member of staff told us, "Everyone is different so we work around what each person wants." Care plans were regularly reviewed and up dated to make sure they continued to reflect people's needs and preferences.

Staff responded to people's changing needs and sought advice and support to make sure their needs were met in the most appropriate way. The home was not able to offer nursing care and we heard how the registered manager contacted other professionals to make sure people's needs were re-assessed when they required additional support. Where people were assessed as requiring a higher level of care than the staff were able to provide, people were supported to move to more suitable environments.

In addition to meeting people's physical needs the staff worked hard to meet people's social needs. Throughout the day we saw that staff spent time chatting to people to provide on-going social stimulation. In addition to care staff there was an activity worker who supported people with organised activities. A number of people commented positively on the activities available. One person said, "There's always something to do." Another person told us "There are some good quizzes and games that help to keep your brain active." Several people told us how much they enjoyed the regular flower arranging sessions that were held at the home. One person commented, "I used to do flowers for our church, I so enjoy the flower arranging class."

The provider listened to people's views and put suggestions into practice where appropriate. For example a number of people said the door closures on doors made them heavy and difficult to open. In response to this, wireless door closures were fitted which made them easier for people to open and close. People were able to make suggestions about food and activities and where possible their suggestions were put in place. The provider and registered manager had also held an informal coffee morning for people and their relatives to emphasise that they were keen to listen to people's views.

The provider had a clear complaints procedure but found people were often reluctant to make a complaint. The provider told us in their Provider Information Return (PIR) that in order to make sure people felt able to share their views they were planning to rebrand 'complaints forms' to 'feedback forms.' They hoped this would encourage more people to share any concerns they had to promote on-going improvements within the home. People we spoke with said they would be very comfortable to make a complaint if they needed to. One person said, "I wouldn't hold back if I wasn't happy about something." Another person told us, "They always try to help if things aren't as you would like them."

Is the service well-led?

Our findings

The home continued to be well led.

There was a registered manager in post. 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.

The provider's nominated individual and registered manager worked together to promote high standards of care and support for people. They told us their ethos was to create a place where people could feel as comfortable and relaxed as they would in their own home. This ethos was put into practice and several people told us they felt very much at home at Beechwood House. One person said, "It's home from home really." Another person commented, "It's very relaxed, You're not tied to anything. It's the next best thing to being at home."

The registered manager was very visible in the home and had an excellent knowledge of people. Their office was located in a central position which made them easily accessible to people, staff and visitors. It also enabled them to informally monitor practice. The registered manager occasionally worked alongside care staff which again enabled them to monitor standards and identify where practice could be improved. For example; they had recently provided direct care to a person and felt that they, and staff, would benefit from the person having a different bed. They had promptly arranged this.

The provider and registered manager responded to changes in need to make sure people continued to receive a personalised service. For example; night staff had been responsible for some cleaning at the home. However as people and their preferences had changed they found a number of people liked to stay up late. Therefore an additional cleaner had been employed to make sure night staff were able to spend quality time with people.

The provider carried out various audits to identify shortfalls and plan on-going improvements. They had recently decorated all hallways to make sure they were light and airy. The provider told us they also had plans to refurbish the lounge areas to make sure they were comfortable and homely. This helped to make a very comfortable environment for people.

The provider audited all falls and accidents which occurred at the home to identify any patterns or trends which may need to be addressed. Where a person had a number of falls action was taken to try to minimise this. This could be changes to the layout of the person's room or a referral to other professionals.

The provider has signed up to the Department of Health's initiative 'The Social Care Commitment.' This is the adult social care sectors' promise to provide people who need care and support with high quality services. The home was also a member of the Somerset Registered Care Providers Association which provides guidance and support to care providers in Somerset.

The home had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.