

Beechwood House Limited

Beechwood House Care Home

Inspection report

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Yeovil
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was unannounced and took place on 9 June 2015.

Beechwood House is registered to provide accommodation and personal care to up to 28 people. It specialises in the care of older people. At the time of this inspection there were 24 people living at the home.

The last inspection of the home was carried out in September 2013. No concerns were identified with the care being provided to people at that inspection.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 open and approachable and had a good knowledge of people who lived at the home. Everyone said they would be comfortable to make a complaint or raise any concerns about their care.

There was a menu which provided a variety of home cooked meals. There were mixed comments about the food in the home and limited opportunities for people to make choices about their main meal of the day.

People were supported by kind caring staff who had the skills and knowledge to meet their needs. There was always sufficient staff available to respond to people's requests for assistance. One person told us "It's much better than I ever thought it would be. You can do what you want and there's always someone to help when you need it."

People were able to make choices about how they spent their time and were encouraged to maintain their

independence. People's privacy and dignity were respected and people were able to choose whether to socialise or spend time in the privacy of their personal rooms.

There was a variety of organised activities which catered for a range of interests. People were informed about activities in advance to enable them to make choices about how they spent their time. One person said "You can pick and choose what you go to. They try to make sure there's something for everyone."

People received effective care and support which was adjusted to meet their changing needs. People had access to appropriate healthcare professionals to make sure they received effective treatment when required.

There were risk assessments in place which enabled people who wished to look after and administer their own medicines to do so safely. Other people received their prescribed medicines from staff who were assessed as competent to carry out this task.

There were systems to monitor the quality of the service and seek people's views. People were able to give feedback in person, through comments and questionnaires and at resident's meetings.

Summary of findings

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 safe.

There were sufficient staff to support the people who lived at the home.

Risk assessments were carried out to enable people to take part in activities with minimum risks to themselves or others.

Risks of abuse to people were minimised because the provider operated a robust recruitment procedure.

Good



Is the service effective?

The service was not fully effective. Improvements were needed to make sure people had opportunities to make choices about food and drink at meal times.

People had access to a range of healthcare professionals according to their individual needs.

People were supported by well trained and competent staff.

Requires improvement



Is the service caring?

The service was caring.

People were supported by a kind and caring staff team.

People's privacy and dignity was respected.

There were ways for people to share their views about the care and support they received.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their needs and wishes.

People were able to take part in a range of activities according to their individual interests.

People had opportunities to share their views or concerns with the registered manager or provider.

Good



Is the service well-led?

The service was well led.

People told us the management of the home was very open and approachable.

There were effective systems to monitor quality and ensure people's safety.

Good



Summary of findings

People benefitted from a staff team who were well supported and kept up to date with current good practice.

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 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.

This inspection took place on 9 June 2015 and was unannounced. It was carried out by two adult social care inspectors.

The provider completed a Provider Information Return (PIR) in August 2014. 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 November 2013 we did not identify any concerns with the care provided to people.

During the inspection we spoke with 16 people who lived at the home and four visitors. We also spoke with six members of staff which included care staff and ancillary staff. The registered manager and provider were available throughout the day. We observed care practices in communal areas and saw lunch being served in both dining rooms.

We looked at a number of records relating to individual care and the running of the home. These included four care plans, medication records, three staff personal files and health and safety records.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. Several people commented that moving to the home had increased their sense of safety and security. One person said “I feel safe knowing there are other people about.” Another person told us they had fallen several times before moving to Beechwood House and felt much safer since they had moved in.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. People told us they received care and support when they needed it and did not have to wait for long if they requested assistance. People who spent time in their rooms had access to call bells and these were answered promptly when activated. One person said “You never wait long if you need someone.”

The registered manager told us they adjusted staffing levels to meet the needs of people. For example if someone was unwell and required additional support then extra staff would be provided. One member of staff said “They get extra staff in if we need it for something specific such as someone ill in bed.”

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and checking that prospective staff were safe to work with vulnerable adults. Staff files showed new staff did not commence work in the home until the registered manager had received all appropriate documentation which included a disclosure from the Disclosure and Barring Service (DBS.) The DBS checks people’s criminal history and their suitability to work with vulnerable people.

People and staff had information to help them to recognise and report any suspicions of abuse. There were posters and leaflets giving contact details of appropriate agencies to contact if anyone had any concerns or suspected someone was being abused.

Staff told us, and records seen confirmed that all care staff received training in recognising and reporting abuse. Staff spoken with had an understanding of what may constitute abuse and how to report it. All were confident that any concerns reported to the registered manager or provider

would be fully investigated and action would be taken to make sure people were safe. One member of staff said “I am totally confident that something would be done if anything was reported.” Where allegations or concerns had been brought to the provider’s attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Care plans contained risks assessments which outlined measures to enable people to take part in activities with minimum risk to themselves and others. One person told us they were no longer able to go out alone. They said the registered manager had explained to them about the risk of falls and this was documented in their care plan. They told us “I see it as a restriction but I do understand why and I still get to go out, just not on my own.” Another person went out each day and staff told us they carried identification with them to minimise the risks if they became lost or unwell.

To make sure people retained their independence where possible some people administered their own medicines. Risk assessments had been completed to make sure they were safely able to do so. There were systems in place to check people who self-administered their medicines did so correctly according to their prescriptions. One person said “I do my own tablets. It’s all in my care plan.” Other people’s medicines were administered by staff who had their competency assessed by the registered manager to make sure their practice was safe.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration or additional security. The home used a blister pack system with printed medication administration records. All medication administration records had photographs of each person to minimise the risks of errors.

We saw medication administration records and noted medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

Is the service effective?

Our findings

Improvements were needed to make sure everyone was offered choices about the food and drink they had at meal times. Menus were displayed in the home which showed people were provided with a variety of home cooked food. There was only one menu choice at lunchtime but a choice of two meals was available at tea time. Comments about the food varied. One person said “Food is very good especially the teas.” Another person said “Sometimes the food is not so good and there’s no choice at lunchtime.” One person told us that they did not like fish. On the day of the inspection the main meal of the day was fish pie and we saw this person was not offered an alternative. After lunch the person told us “It was ok. I just had a little. I don’t like to make a fuss.”

All meals were served plated from the main kitchen which meant people had little control over their portion sizes or the choice of vegetables. There were two dining rooms where people could eat their meals and a small number of people ate in their rooms. In the large dining room people were offered wine with their lunch but in the smaller of the two no wine was offered. We discussed the dining arrangements with the registered manager who informed us the small dining room was used to accommodate people who had mobility or eating difficulties. We were told the small dining room enabled people to eat in a quieter environment and was closer to the main entrance if people needed to be assisted in an emergency situation. On the day of the inspection no one required support or prompting to eat their meal. We shared our observations and people’s comments with the registered manager and provider who told us they would discuss food and food choices with people at the next residents meeting.

People received effective care and support from staff who had the skills and knowledge to meet their needs. People felt staff were competent in their roles and supported them appropriately. One person said “The staff are wonderful. I couldn’t be better looked after.” Another person said “Staff are always one step ahead of you and anticipate your needs. They know their stuff.”

The home arranged for people to see health care professionals according to their individual needs. One person told us they had received visits from a community

psychiatric nurse and another said they were seen regularly by a district nurse. One person commented “They always call a doctor if you need one. You’re in very safe hands here.”

All new staff underwent an induction programme which gave them the basic skills to support people safely and effectively. Once staff had completed their induction programme they were able to undertake other training courses appropriate to the needs of the people who lived at the home. Staff also had opportunities to gain nationally recognised qualifications in care which ensured they had up to date skills and knowledge. Staff said the training was appropriate to their job and helped them to better understand the needs of people. One member of staff said they had recently completed a course about caring for people living with dementia, which they said was very interesting and useful. Another member of staff told us “The training opened my mind and I feel better equipped to communicate with people who have dementia.”

Most people who lived in the home were able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks. One person said “They always talk to you about things.” Another person said “They offer help but it’s my choice.” Care plans showed people had been asked for consent about specific aspects of their care and there were signatures to show their consent was given.

Staff had received training about the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff told us they spoke with family members and other professionals such as doctors if someone was unable to make a decision for themselves. Care plans contained assessments of people’s mental capacity to make decisions about a variety of issues.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and

Is the service effective?

there is no other way to look after the person safely. No one who lived at the home was being cared for under these safeguards but the provider had information should anyone require this level of support.

Is the service caring?

Our findings

People told us the staff who supported them were always kind and caring towards them. Comments included; “They are really good to me,” “Excellent staff. I get on well with everyone and we have a bit of a laugh” and “The staff are wonderful. I couldn’t be better looked after.”

There was a stable staff team which helped people to build relationships with the staff who supported them. Interactions between staff and people were kind and caring. Staff assisted people with their mobility at their pace and no one was rushed. We heard a member of staff who was helping someone to the dining room singing with them. Both were smiling and seemed to be enjoying each other’s company. One person told us “Staff are always happy and pleasant which makes a nice atmosphere.”

Staff had a good knowledge of the people who lived at the home and when they discussed people with us they did so in an affectionate and compassionate manner. At the handover meeting between staff working in the morning and those beginning an afternoon shift, discussions were respectful and caring.

The home had received numerous thank you cards from people and their relatives. One card thanked staff for their “Kindness and love” and another said their relative had been cared for with “Kindness and dignity.”

One person told us how staff assisted them to stay as independent as possible. They said “My memory is poor so they have to remind me to do things. They are very sweet about it and it means I keep doing things for myself.” Another person said “I like to do things for myself and the staff respect that even though sometimes things take me forever.”

People’s privacy and dignity was respected. Each person had a bedroom with en-suite facilities which enabled personal care to be provided in private. There were spacious assisted bathing facilities to enable people to be supported with bathing. There was also a level access shower for people who preferred to shower. One person said “They are good when they help you with the bath. Not something I ever thought I would need help with but it’s all very polite and dignified.”

People were able to spend time in the privacy of their rooms or socialise with people in the communal areas. One person told us they preferred their own company and only went to the communal areas to eat meals. They said “They respect my choice.” Staff always knocked on bedroom doors and waited to be invited in before entering.

There were ways for people to express their views about their care. People told us they had been consulted about their care plan and felt involved in decisions about the care and support they received. One person said “I get the care I want, not what they want.” Care plans had been signed by people to show they had been discussed and agreed with the person or their representative. Visiting relatives said they were kept informed about any changes and had opportunities to contribute to care plans where appropriate. One visitor told us “They are always happy to listen to your views and they answer all the questions you ask.”

People’s wishes about the care they would like to receive at the end of their lives was recorded to make sure people were cared for in a way that respected their wishes and beliefs. Care plans contained information about where people would like to be cared for and the people they would like to be contacted if they became seriously unwell.

Is the service responsive?

Our findings

People were able to make choices about all aspects of their day to day lives. People told us they chose what time they got up, when they went to bed and how they spent their day. One person said “You can please yourself what you do.” Another person told us “It’s much better than I ever thought it would be. You can do what you want and there’s always someone to help when you need it.”

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Care records contained life histories for each person to make sure staff knew about their lifestyle choices and what was important to them. Staff had a very good knowledge of each person and were able to tell us about people’s preferences. One person said “The staff quickly get to know you and the things you like.” Another person said “When I moved in they went through all my personal details and wants so they could tailor things to me.” One member of staff commented “Everyone is very different but we find some people have shared hobbies or lifestyles so we always try to make sure people are able to spend time with other people who might share their interests.”

People received care that was responsive to their needs and personalised to their wishes and preferences. The staff updated care plans and made changes to care in accordance with people’s changing needs. This ensured people received care in line with their up to date needs. Staff told us they had time to read care plans and were also updated on any changes at handover meetings. One member of staff said “If people want things done differently then they can tell us and we put it in the care plan so everyone knows.”

One person’s health had declined and the care plan showed they were being cared for in bed and their food and fluid was being recorded to enable staff to monitor their well-being. We met this person who was warm and comfortable in bed. Records showed staff were assisting them to change position regularly to help maintain their comfort. Their food and drink intake was also being accurately recorded.

The registered manager informed us about one person who had become resistive to care in the mornings. This person’s care had been adjusted to ensure they did not get up until lunch time. This person told us “I like to stay in bed, always have. It’s all much more relaxed.”

People were encouraged to maintain their independence where possible. One person had a kettle in their room which enabled them to make drinks whenever they wished. Another person continued to go for short walks each day as they had done before moving to the home. One person said they liked to do as much for themselves as possible and they felt staff respected their decisions. They said “It’s all very homely. I like to dust my own room and keep busy.”

People were able to have visitors at any time to enable them to maintain social contacts with people outside the home. Visitors said they could visit at any time and always felt welcome. Many people told us they continued to go out with friends and family.

People were able to take part in a range of activities according to their interests. Each person received a monthly programme of the activities arranged. This enabled them to plan their time around the sessions they enjoyed. One person said they very much enjoyed flower arranging and there was a fortnightly session which they always attended. Another person said “You can pick and choose what you go to. They try to make sure there’s something for everyone.” The minutes of one residents meeting showed people had asked for activities at the weekend. In response to this the staff had arranged film afternoons on Saturday and Sunday. One person said “I like the films. It’s always something enjoyable.”

There were meetings for people who lived at the home. These were an opportunity for the registered manager and provider to seek people’s views and address any concerns. One person said “We have meetings and you can talk freely.” There was also a comments book in reception which enabled people to leave suggestions and comments. We noted that where people had asked questions or sought information using the book these had been responded to.

People told us they would feel comfortable to speak with the registered manager if they had any concerns or

Is the service responsive?

complaints. One person said “The boss is very easy to talk to. I would be able to make a complaint if I needed to.” Another person said “If I was unhappy I would speak out. Everyone is very helpful.”

There was a copy of the complaints procedure displayed in the main entrance to make sure everyone knew how to make a complaint. There had been no recent complaints but we noted that past complaints had been investigated and responded to in line with the procedure.

Is the service well-led?

Our findings

The registered manager and provider told us the aim of Beechwood House was to create a caring environment where people felt at home. Feedback from people showed this aim was being achieved. One person said “It such a nice place to live. I’ve never wished I wasn’t here. I still do what I like.” Another person told us “I couldn’t be better looked after. I feel very comfortable here.”

Staff shared the philosophy and told us they wanted people to think of Beechwood House as their home. One member of staff said “This is their home and we want people to have choices about their lives.” Staff told us there was good teamwork and they were happy in their jobs. More than one person commented that staff always seemed happy. One person said “The staff make it a nice place to live.”

The registered manager was described as very visible in the home and extremely approachable. The main office was located by the entrance which meant they were easily available to people who lived at the home and visitors. They demonstrated an excellent knowledge of people and their care needs. During the inspection the registered manager spent time in the main areas of the home talking with people, visitors and staff. Everyone was very comfortable and relaxed with them. One person told us “She’s very helpful and caring I see her every day.” Another person said “The bosses are fine. Always about and easy to talk to.”

As well as day to day discussions with staff and the registered manager, people had opportunities to give feedback using satisfaction surveys. The last survey was carried out in August 2014 and showed a high level of satisfaction with the quality of the care people received.

The registered manager had managed the home for over 14 years. They held a nationally recognised qualification in managing health and social care. They kept their skills and practice up to date by on-going training and reading which ensured they were aware of current best practice guidelines and legislation. In addition to the registered manager there was a care supervisor and a small team of

senior carers who co-ordinated and supported less experienced care staff. To make sure people benefitted from good leadership all senior carers were undertaking leadership training.

People were cared for by staff who were well supported and kept up to date with current developments. Each member of staff had an annual appraisal where they were able to discuss their performance and highlight any training needs. There were also meetings for staff where a variety of issues could be discussed. The minutes of the last staff meeting showed discussions included person centred care and the new Care Quality Commission inspection methods. There was also a handover meeting when staff changed to make sure all staff were kept up to date with people’s care needs.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks to monitor safety and quality of care. Health and safety checks showed there were regular checks of the building and equipment to make sure it was safe for people, staff and visitors. A maintenance book showed all repairs were carried out promptly to make sure risks to people were minimised.

All accidents and incidents which occurred in the home were recorded and analysed. Where a person had a number of accidents or incidents action was taken to minimise risks. For example one person had been offered a different room which meant they were closer to the main communal areas of the home and the staff office. This meant they could be more closely supervised and received more social interaction when in their room.

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