Sanctuary Care Property (1) Limited

Beechwood Residential Care Home

Inspection report

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02 November 2018

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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

This inspection was undertaken on 31 October and 02 November 2018 and was unannounced which means the provider did not know we were coming. At our last inspection in February 2016 we rated the service as Good in each area and Good overall. Following this inspection, the rating of Good overall remains. We have however changed the rating of the safe question to Requires Improvement.

Beechwood 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.

Beechwood accommodates up 38 people in one purpose build building across four separate units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia. There were 28 people living at the home at the time of the inspection. This was because one unit was closed for refurbishment.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported to have their medicines and checks were undertaken to ensure these were administered as prescribed. Some creams left unsecured were removed once we brought this to the attention of staff.

Infection control procedures were in place although there were incidents when these were not always met which could potentially place people at risk.

Due to recent staff shortages the permanent staff were supported by agency staff. The provider had held recruitment drives to cover the vacancies. They were determined to recruit the right staff to ensure they could care and meet the needs of people who live at the home. Checks were made on the suitability of staff.

People were cared for by the staff who had knowledge of how to keep people safe and what to do if they believed people to be at risk. People's wishes were taken into account to ensure people's preferred life styles were met.

People's needs were assessed before they moved into the home and these were reviewed as to ensure they could be met. Healthcare professionals were involved in people's care and support so decisions could be made about their needs. Staff ensured people had enough to eat and encouraged people to drink. People were complimentary about the food provided. Where concerns were identified these were brought to the attention of healthcare professionals.

Staff were supported by their managers and received the training they needed to provide the care and support people required to keep them safe and maintain their wellbeing.

People were supported to have maximum choice about their lives and were supported in the least restrictive way possible. Staff spent time with people talking about important things in their life and had developed a caring relationship. People were encouraged to make decisions about their day to day life. People's privacy and dignity was respected.

People were encouraged to take part in fun and interesting things while at the home. People were confident their views would be acted upon.

The provider was working to make improvements in the home in areas such as staffing as well as in refurbishment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's medication was not always stored correctly.

There were not always effective infection control measures in place.

Appropriate checks were carried out for newly appointed staff.

People were supported by staff who were aware of safeguarding procedures and how to recognise risks.

Is the service effective?

Good

The service remains effective

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service remains well led.

Beechwood Residential 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 comprehensive inspection took place on 31 October and 02 November 2018 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed information available about this service. The previous registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We requested information about the home from Healthwatch and the local authority. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. The local authority has responsibility for funding people who use the service and monitoring its safety and quality.

During the inspection we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people who lived at the home. We also spoke with five relatives of people who lived at the home.

Although the registered manager was on annual leave at the time of our inspection they came into work and were present for the majority of the inspection. We spoke with the deputy manager, the regional manager and a quality support manager. In addition, we spoke eight members of staff including lead care staff, care staff, the activities coordinator, the chef and maintenance staff. We sought the views of three visiting healthcare professionals.

We viewed the care records of four people, three staff recruitment files and checked how people's medicines were managed. We looked at information which showed us how the registered manager and the provider monitored the quality of the service provided and how they were planning to make improvements. We also looked at accident records as well as complaints and compliments received.

Requires Improvement

Is the service safe?

Our findings

When we inspected the service in February 2016 this key question was rated as Good. At this inspection we found there were failures in some practices to ensure the safety of people who lived at the home. The rating has changed to Requires Improvement.

Prescribed medicines were stored securely in lockable trolleys and cupboards to ensure people were safe and not at risk of accessing items which could be potentially hazardous to them. We did however see a plastic container holding one person's prescribed creams left in a bathroom. We saw a staff member access this communal area. They told us they did not notice these items and therefore did not remove them. A member of staff told us the items were used by a previous shift and therefore it was believed likely they were unattended for over two hours. During this time people who lived with dementia and were independently mobile could potentially have come across these items which could have been a risk to their wellbeing.

Some medicines required additional safe storage and records were maintained to ensure there safe keeping and administration. We viewed the records of other medicines and checked the balances held on a sample number of boxed medicines and found these to be correct. The application of creams was recorded. A stock of over the counter medicines (items which can be obtained with a prescription) were held if needed by people for short term use or before they could be seen by a doctor. These were well maintained with accurate records kept.

People told us they believed the home to be clean and felt staff practises prevented infections spreading. For example, the use of personal protective equipment such as gloves and aprons. Cleaning schedules were in place for domestic staff to work to. We did however see one occasion which gave us cause for concern and this was brought to the attention of the registered manager. We saw a staff member who was wearing gloves carry a used continence pad into a toilet area. This item was not bagged. The member of staff failed to wash their hands before then moving cutlery on a table and assisting a person with a drink. These practices exposed people to potential risks of cross infection.

We were told people who needed equipment to assist their mobility, such as a hoist, had their own slings to prevent cross infection. These were however stored in bathrooms over hoists and staff were not always consistent in their response when we asked about the allocation of slings. A recent quality audit had highlighted the practice of leaving slings in these areas required improvement. This practice had however continued to take place and continued therefore to be a cross infection risk.

People who lived as the home as well as visitors and staff members told us their main concern at the home was the need to use agency members of staff due to staff shortages. One relative told us of, "Hard times" experienced due to staffing difficulties and the high use of agency staff. The regional manager as well as the registered manager acknowledged they had experienced staffing difficulties over recent months because of staff leaving. As a result, they had needed to rely on agency staff. One relative spoke about agency staff saying although friendly they, "Don't know the individual". They were however confident the situation was improving.

Staff confirmed as far as possible they were allocated to a particular unit. This was to ensure consistency in the care provided for people. The provider had a dependency tool which was used to ensure sufficient staff were on duty to meet people's needs. Staff confirmed there would usually be two members of staff on one unit and a single member of staff on the other units. This was an increase in staff and showed management had taken into account an increase in people's care needs.

The provider continued to ensure safe recruitment took place for new members of staff. Staff we spoke with confirmed checks including one with the Disclosure and Baring Service (DBS) had taken place before they started working for the provider. The DBS is a national agency who keep records of criminal convictions. We saw evidence of these checks having taken place on staff files.

Systems were in place to ensure equipment was safe for people to use. For example, the regular servicing and maintaining of items such as hoists. We saw wheelchairs had footrests fitted and staff used them safely. Water temperatures were recorded. It was not however always evident what action had taken place when water was found to be too hot to prevent people from the risk of scalding. The management acknowledged our concerns and undertook to ensure the records reflected the action taken to ensure people were safe.

People told us they felt safe living at the home. One person told us, "I feel safe here. I wouldn't have felt safe living at home." Another person told us they felt safe because staff checked on them throughout the night.

Staff demonstrated an understanding of the different types of abuse people could be subjected to. In addition, staff were aware of their responsibility to report to a manager in the event of them having any concerns. Staff were confident the registered manager and other managers within the organisation would take the necessary action in the event of any raised concerns. Guidance for visitors and others on safeguarding was available in the reception area. One relative told us they felt their family member was safe and felt comfortable on leaving the home with them remaining in the care of the staff team.

Staff were seen to ensure people were safe. For example, we saw a member of staff encourage a person to sit back in their chair to prevent the risk of them falling forward from the sitting position. In addition, we saw staff used equipment such as special cushions to prevent people getting sore skin. When these cushions were in place we saw they were used correctly to ensure the maximum benefit for people who were assessed as requiring them. Furthermore, people who needed equipment to safely assist their mobility such as walking frames had these close at hand and were encouraged to use these to prevent them from falling.

Risk assessments were in place covering risks such as choking. When risks were identified measures were in place to manage or reduce these risks such as the involvement of specialist professionals. Staff were aware of the measures introduced to meet people's needs for example, the use of a thickener in fluids and were aware of the consistency needed for people to safely swallow drinks.

Accidents were recorded and analysed at the end of each month to highlight any trends and to ensure risk assessments were revised and updated to reflect people's need. Further documents showed dates when accidents had taken place as a means of establishing patterns in accidents. The registered manager had concluded there were no apparent trends. Equipment to alert staff when people had mobilised was used to reduce accidents.

The registered manager told us they reflected when things had gone wrong to prevent a similar reoccurrence. For example, they had undertaken staff supervisions as a means of leaning lessons.

Good

Is the service effective?

Our findings

When we inspected the service in February 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People's needs were assessed before they moved into the home to ensure they could be met safely. Information about people's needs were incorporated into a care plan and risk assessments were drawn up so staff had the details they needed to provide care and support. The registered manager told us about 'resident of the day'. As part of this care plans were reviewed with the individual to ensure they were accurate and up to date.

The registered manager told us they believed they had worked, "Hard on training" since taking on their current role. We saw training records showed most staff members had undertaken the training required by the provider and further training was scheduled to take place. One member of staff described the training they had received as, "Really good". The registered manager was aware of staff who needed to undertake some aspects of training and had plans on how this was to be achieved.

A newly appointed member of staff described their training as helpful and described their induction during which they had shadowed more experienced members of staff for a period of four weeks. The same member of staff described the on-going support they received as, "Amazing" adding "Always someone available to ask if unsure". Another member of staff told us the lead care staff helped them if they were unsure. Staff confirmed they were completing the care certificate. This is a set of standards health and social care workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training.

Staff showed us cards they carried with them which covered areas such as complaints, duty of candour and the Mental Capacity Act which provided staff with guidance in these areas. Further information on Mental Capacity was displayed for staff. This provided details such as what it is and why in place.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We were told any conditions in relation to people's liberty would be recorded within the care documents to

ensure all staff were aware of these.

Beechwood is a unitised home. There were four separate units all of which had their own identity. They contained a communal living space including sitting area, dining area and a kitchenette as well as toilets and bathing facilities and people's individual bedrooms. Toilet doors were painted yellow to assist people find these facilities independently. Some people had memory boxes outside their bedroom in which they could display small mementos to assist people in finding their room. There was signage in place around the home environment to help guide people to areas they may wish to locate.

At the time of the inspection one unit was closed therefore people had temporally moved into other units. This was to allow a deep clean and redecoration to be carried out. We saw some areas of the home environment needed re decoration as paintwork was damaged, wallpaper torn and plaster fallen away leaving holes in some walls. Preparation to decorate these areas had commenced as pictures in corridor areas had been removed leaving holes in the walls which did not aid the current appearance. One relatives spoke of their concern about the removal of pictures and other items some time ago and the lack of progress in the redecoration programme describing the lounge as, "Bland". The registered manager was aware of the need to continue and complete the refurbishment.

One person told us they could spend time in bed in the event of them feeling unwell. An advanced nurse practitioner visited the home on a weekly basis and then consulted with a doctor regarding people they needed to see. The advanced nurse practitioner told us staff were prompt in calling for professional healthcare advice. The doctor who regularly visited the home was described by the registered manager as, "Very responsive." Annual reviews of people were undertaken during their birthday month if not seen by a doctor in the previous three months. Relatives confirmed other healthcare professionals such as a chiropodist were involved in their family member's care. One relative told us staff, "Will get the doctor if needed."

People told us they liked the food provided for them and confirmed they had a choice of menu. One person told us, "The food is very good" and told us they always had, "Plenty to eat". Another person described the food as, "Excellent" and added they needed to be careful not to put on weight. A further person told us they were, "More than satisfied" with the food due to the variety available. We saw menus were on tables and the chef spoke with each person to ask what they wanted for their mid-day meal. One person told us they were always offered an alternative if they did not like what was on the menu and liked having biscuits and cake in the afternoon. We saw staff showing people a visual choice of the meals available to them such as either a meat or vegetarian choice.

Staff were seen offering support and encouragement to people to ensure they maintained a good diet. We saw one member of staff giving verbal prompts to one person so they continued with their meal without the need for a member of staff to be sat alongside them. Another member of staff was heard to say, "I would like you to have some of your lunch." Some people required special diets. The chef could tell us about people's dietary needs. Where people needed their meal to be prepared separately, such as a soft diet, we saw these were attractive to encourage people to eat them.

Drinks were readily available throughout the day for people to prevent dehydration. We saw staff offered people a choice of drinks. A visiting professional told us they had witnessed the provision of ice lollies during the recent warm weather as an additional means of preventing dehydration.

Good

Is the service caring?

Our findings

When we inspected the service in February 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People we spoke with were positive and complimentary about the staff who supported them. One person said, "I find it very good here" and described the staff as, "Very good" and "Kind and caring." Another person described the staff as, "Super" and, "Wonderful." A further person told us they liked living at the home because staff, "Look after you well."

Relatives were also complimentary regarding the care their family member received. One relative told us, "Can't fault it." Another relative told us all the staff are, "Very caring" and their family member was, "Well looked after" describing the care as, "Marvellous."

We saw good banter between people who lived at the home and members of staff. It was evident there was a mutual bond between people who enjoyed each other's company. Staff were heard referring to people by their preferred name as highlighted in people's care plan. Staff had conversations with people about things which were important to them. For example, about their family or pets they had in the past. One relative commented on their family members appearance and how this would be what the individual would want. For example, they told us their family member would not want their nails painted as in the past they would not have done this.

Staff we spoke with told us they would be happy for a family member of theirs to live at Beechwood because of the standard of care provided. One member of staff told us because they believed they had provided quality care each day they went home with a smile on their face.

Staff were seen to consult with people and offered them a choice before care and support was provided. For example, asking where people wanted to sit, what they wanted to drink and whether they wanted to be involved in events and fun things to do within the home. Staff gave people a genuine choice with alternatives and allowed people time to enable them to make an informed decision. In addition, staff sought permission from people to carry out a task. For example, we heard a member of staff ask permission to clean a person's glasses before they proceeded to do so. We saw one person give a 'thumbs up' as a gesture when offered a choice and smiled to the member of staff concerned.

We saw thank you cards on display from people who had received a short stay at the home or from people's relatives. Comments on these included, 'Shown only love and affection', 'Very special people' and 'Always made him laugh'.

Staff were seen to have respect for people's privacy and dignity while providing care and support. For example, when people needed assistance with eating and drinking guidance was given discreetly and without drawing attention to what staff were doing. People told us staff knocked their bedroom door before entering and we saw this happened during our inspection. We saw a recent written compliment regarding

the care and dignity people received. One relative told us they had never seen any undignified practice and told us they would report it if they did.

Relatives we spoke with told us they were made to feel welcome by staff when visiting. Facilities were available for visitors to make a drink for themselves as well as their family member.

Good

Is the service responsive?

Our findings

When we inspected the service in February 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People felt involved in their own care and decision making. One person told us they could go to bed and get up when they wanted. The same person told us they were helped when they needed support and had a personal care need met as required. Relatives told us they had been involved in their family member's care plan.

People's care needs were assessed and recorded upon electric care plans. Staff could access information and complete records regarding people's care using hand held devises. Staff told us they were confident they knew how to care for people due to speaking with them as well as their family members. In addition, staff could read care plans and view risk assessments.

We saw staff responded in a timely way when people required support and assistance. For example, the call bell system was answered promptly when people activated it. We heard one member of staff say to a person they would not be long when they asked for help. We saw the member of staff soon returned to ensure they responded to the person and could meet their request.

People could choose what they wanted to do during the day. We were told about some days out people had gone on for example a trip to Gloucester canal and a local steam railway. Staff we spoke with described a range of other fun things people had recently done such as going out for lunch and having entertainers visit.

We heard the activities coordinator speak individually with people about events scheduled to take place. For example, people were invited to join in with some light exercises as well as a game of bingo. We saw a display in the reception area highlighting the scheduled events. This was not always kept to as on occasions it was amended to suit what people wanted to do. Staff were seen encouraging people to be involved if they wanted to in daily living tasks such as folding napkins. We saw people who lived at the home attended a lunch club to which people from the local community were invited to have dinner as well as a social drink. We saw staff members sat with people having a meal as part of the lunch club to make the event more social and interactive.

One person indicated they would speak with the registered manager in the event of them having any concerns or a complaint. The person was confident the registered manager would do something about their concern. They added they had not needed to do this and told us, "I have nothing to complain about."

Relatives told us they were confident in the management arrangements to sort complaints they may have. Although delays or uncertainty had occurred in the past such as some misinformation or because of some insects in the home people believed things had improved and were satisfied with the final outcome.

Information about how to make a complaint was displayed in different locations around the home

environment to ensure this was assessable to people. We saw a large print booklet for people to read regarding the provider's complaints procedure. The booklet described different stages in the providers procedure and was written in plain English to ensure people were equipped with the information needed. At the time of our inspection English was the only language spoken by people who lived at the home.

At the time of our inspection no one was receiving end of life care. End of life care planning was however in place to prevent hospital admission where possible. A visiting healthcare professional described the care provided at the end of a person's life as, "Excellent" and confirmed any necessary medicines for example for pain relief would be obtained as a precautionary measure. We saw a thank you card from a relative of a person who had died at the home containing the comment, "Excellent care you gave compassion especially at the end."

Good

Is the service well-led?

Our findings

When we inspected the service in February 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

There was a registered manager in post at the time of the inspection, who had been recently appointed in to the post having worked for the provider both at Beechwood and other locations. The registered manager was on annual leave at the time of our inspection however they chose to come into work. A registered manager is a person who has registered with the Care Quality Commission to manage services. 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 Regulation about how the service is run.

The registered manager had a deputy manager who was also recently appointed into their post and a team of lead care staff members. Staff confirmed there was always a lead care staff member on duty whom they could speak to.

Everyone we spoke with was complimentary about the registered manager as well as the deputy manager. One member of staff told us they found the registered manager to connect well with people and was good at ensuring people received individualised care. The registered manager and the deputy manager were both equally positive about each other when we spoke with them separately with one describing the other as, "Brilliant." One relative described the registered manager as, "Approachable." Staff told us they enjoyed working at the home due to the support they received.

The registered manager was complimentary about the support they had received from the regional manager as well as the provider's quality team in assisting them drive improvements in the home. The regional manager was confident improvements had been made over recent months describing the atmosphere as, "Calm and confident."

At the time of our inspection the regional manager was concluding their investigation regarding an event which had happened involving an injury to one person. Following our inspection, but prior to our draft report, the regional manager told us the outcome of their investigation was inconclusive. Measures were however in place to prevent a similar occurrence in the future.

Most people believed the registered provider had the willingness and desire to make improvements for the benefit of people who lived at the home. One relative told us, "Things are starting to look up." The registered manager was aware improvements were needed within the home, not least in ensuring the right staff were appointed. They were also aware of the need to ensure accurate records were always maintained as they were not able to evidence everything which had happened in the past such as complaints. The registered manager told us, "We are getting there" and was confident with the right staff team improvements would be made and maintained. The registered manager had visions for the future such as having a stable staff team and additional things for people to do within the home and in the wider community.

A daily heads of departments meeting took place involving management, lead care, catering, housekeeping, maintenance and reception staff. This was to ensure all staff were aware of important events and any changes in needs which effected how the staff team worked together. In addition, there were handovers involving the lead care staff members during which the needs of people were discussed and any changes or concerns were shared to ensure people's needs were effectively met. Once information was handed over this was recorded as part of the electronic care plan system. The registered manager believed handovers were now more informative and worked well.

The regional manager had prepared reports following their visits to the home. These visits had included discussions on staffing matters and how recruitment was going. Improvements in the environment were recorded as required and we saw work on the refurbishment had commenced. Other work required such as the replacement of cord pulls in bathrooms to plastic to improve infection control was also on going.

Health and safety audits were undertaken. Some areas requiring improvement in relation to fire safety had been identified. The final items of work needed were being undertaken during the time of our inspection.

We were told a customer satisfaction survey was undertaken during the summer months. The results from the survey were not available at the time of the inspection. They were however sent to us before we wrote our report. We saw these showed a high satisfaction rated in all areas from people who lived at the home as well as relatives.

Meetings for lead care staff had taken place with action points to improve the care provision. For example, highlighting the need to ensure electronic care plans were completed at the point of care delivery. Staff told us during staff meetings everything was covered including staffing and training.

Healthcare professionals we spoke with believed they had a good working relationship with staff at the home. A district nurse told us they visited regularly and had developed a partnership with the staff team to deliver a service to meet people's needs.

The provider had ensured people and their visitors were aware of the previous Care Quality Commission rating of Beechwood. The rating was displayed within the reception area as well as on the provider's web site.