

# Sherburn House Charity

# Beddell House

## Inspection report

Sherburn House  
Durham  
DH1 2SE

Tel: 01913720421

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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

### About the service

Beddell House is a residential care home providing personal care to up to 60 older people and people living with a dementia. People are supported in one adapted building. At the time of our inspection there were 55 people using the service.

### People's experience of using this service and what we found

People were happy at the service and said they received kind and effective support. Relatives praised staff for treating people with dignity and compassion.

Medicines were managed safely. Risks to people were assessed and managed. Staffing levels were monitored, and new staff were safely recruited. People were safeguarded from abuse. Effective infection prevention and control (IPC) systems were in place.

Staff were supported with regular training, supervision and appraisal. The premises had been effectively adapted for people's use. People received effective support with eating and drinking. 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 received personalised support based on their assessed needs and choices. A range of activities were made available to help people with social engagement. The provider had an effective complaints process in place.

A wide range of audits was carried out to monitor and improve standards at the service. Feedback was sought and acted on. Staff worked in effective partnership with external professionals to help people achieve their outcomes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 13 October 2021 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 1 August 2018.

### Why we inspected

We inspected this service to give it a rating.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

## 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.

Details are in our safe findings below.

Good ●

### 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 responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Beddell House

## 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 Health and Social Care Act 2008.

#### Inspection team

An inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Beddell House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beddell House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people and 5 relatives about their experience of the care provided. We reviewed a range of records. This included 3 people's care records and 4 medicine administration records, with accompanying documentation. We spoke with 9 members of staff, including the registered manager, nominated individual, care, kitchen and domestic staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were managed safely and people said they received these when needed. One person told us, "(Medicines are) always on time and always correct."
- Medicine administration records were effectively used to monitor medicine management.
- When we inspected the service was in the process of changing their pharmacy. Some records had still not been updated to reflect this change, for example records to monitor creams. This had been identified by the registered manager's audits and action was planned.
- Medicines were securely stored. However, temperatures were not always monitored in line with the provider's medicines policy to ensure they were stored safely. We discussed this with the registered manager, who said action would be taken immediately.

### Assessing risk, safety monitoring and management

- People felt safe at the service. Comments from people included, "I am very safe and the staff are lovely" and, "I am safe and I am much better now that I am living here."
- Risks to people were assessed and plans put in place to reduce the chances of them occurring. Risk assessments were regularly reviewed to ensure they were effective at keeping people safe.
- The premises and equipment were monitored to ensure they were safe to use. Required test and servicing certificates were in place.
- Systems were in place to support people in emergency situations. Contingency plans were in place to ensure people were safe in situations that disrupted the service.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safeguarded from abuse. Staff received safeguarding training and were aware of their safeguarding responsibilities. One member of staff told us, "I would report any concerns to the manager straight away."
- Accidents and incidents were monitored to see if lessons could be learnt to keep people safe. This included monthly reviews to see why accidents and incidents were occurring and how they might be reduced.

### Staffing and recruitment

- People said staff were visible around the service and quickly responded to requests for support. One person told us, "There are always plenty of staff about, they are there when you need them."
- Staffing levels were monitored to ensure enough staff were deployed to support people safely. One member of staff said, "We have enough staff, we have plenty in days and nights."
- Staff were safely recruited. The provider's pre-employment checks included obtaining references and reviewing employment histories.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- Staff supported safe visiting to the service. Visitors were encouraged to follow IPC best practice, and no restrictions on visiting were in place.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People spoke positively about eating and drinking at the service. Comments from people included, "The food is lovely. I will never sleep in the morning, the breakfasts are lovely" and, "You can have what you want."
- People received effective support with eating and drinking, including accessing any required specialist diets. For some people, who needed monitoring, details of the food they had eaten had not been fully recorded. We spoke with the registered manager about this, who said action would be taken immediately.

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

- People's support needs and choices were assessed before they moved into the service to ensure appropriate support was available. These were kept under ongoing review to ensure people received effective support. One person told us, "I couldn't complain about the staff at all, they are wonderful and look after me. I have got better."

Staff support: induction, training, skills and experience

- Staff received an induction before starting in their roles. This included learning about the service, policies and procedures and working alongside more experienced colleagues. Staff spoke positively about the induction process.
- Staff received regular training. This equipped them with the skills and experience needed to provide effective support. One member of staff told us, "The training is excellent."
- Supervisions, appraisals and other meetings were held to support staff in their roles. Records showed that staff were able to raise any issues they had. One member of staff said, "They're brilliant, you can air your views and it is all considered by the manager."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access external professionals to monitor and improve their health and wellbeing. A relative we spoke with said, "The matron comes in, the chiropodist comes in, and GP. The home tells people to come if needed."
- Staff worked effectively with external professionals to ensure people received the support they needed. Referrals to external professionals were made in a timely manner, and guidance from them was added into people's care plans.

Adapting service, design, decoration to meet people's needs

- The service was adapted to meet people's needs. Communal areas contained signage to allow people to

navigate around the building, and a range of communal spaces for people to enjoy.

- People customised their rooms to meet their own tastes and preferences. One person told us, "My bedroom looks out over beautiful scenery and everyone says what a beautiful room I have."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were asked to consent to their care. Where they could not do so, consent had been obtained from appropriate representatives and best interests decisions made.
- DoLS were appropriately applied for and monitored.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People said staff were caring and kind. Comments included, "I can honestly say that it is a lovely place. This is a lovely, lovely place to be. I wouldn't want to be anywhere else. The staff are lovely, and the staff are very kind. They are very kind when giving support, I can't fault them" and, "I am very happy, I don't want to move!"
- Relatives spoke positively about how staff supported people. One relative told us, "I think they are wonderful and very kind. The staff are able to tell me how [named person] is and they know her. It really impresses me that they all seem to know [named person], they are all in her world so to speak."
- During the inspection we saw staff delivering caring support and enjoying spending time with people at the service.

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

- People were supported to express their views and make decisions for themselves. This included through regular meetings and informally through daily discussions.
- Systems were in place to support people to access advocacy services where needed. Advocates help to ensure people's voices are heard.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect, and had friendly but professional relationships with them. One relative we spoke with said, "They do her hair nicely, they will say how great she is, the manager said that she is a model resident. If she wants to join an activity, if she doesn't want to then that is fine and they respect that."
- People were valued as individuals by staff who knew them well. One person said, "I get on very well with the staff, and I treat them as individuals and they treat me the same."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 received responsive support based on their choices and needs. One person told us, "The staff do whatever we want them to, you only have to ask and they do it."
- Care plans were regularly reviewed to ensure they reflected people's ongoing decisions and needs. People and relatives said they were involved in these reviews if they wanted to be.
- Staff were knowledgeable about people's support needs. Effective systems were in place to update staff on any changes to these. One member of staff told us, "You get a handover on the morning when you go in, you discuss anything that has happened before you start work."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Systems were in place to provide information to people in the most accessible format possible. Staff were effective at communicating with people and helping them make their voices heard.

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

- People spoke positively about the activities they took part in at the service, which helped them form meaningful and happy relationships. One person told us, "I don't miss being on my own. I now have new memories and I am not on my own. I love the company."
- People were encouraged to give feedback on activities to ensure they responded to their tastes and preferences. Records showed that suggestions of activities were acted on. A relative we spoke with said, "There seems to be the opportunity to do things and there is a lot to do in December."

Improving care quality in response to complaints or concerns

- Systems were in place to investigate and respond to complaints. People and relatives said they would be confident to raise any complaints they had. One person told us, "I could speak to anyone here, anyone would help me." A relative said, "We have raised small issues and they are sorted out. We are listened to."

End of life care and support

- Nobody was receiving end of life care when we inspected, but policies and procedures were in place to

provide this in ways which reflected people's final wishes.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; 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

- People and relatives spoke positively about the service and the outcomes it helped people achieve. A relative told us, "I would describe it as comfortable, easy, secure, friendly, very positive and very congenial. If I had to end my life there I would be happy to go there."
- Staff praised the culture and values of the service. One member of staff told us, "It is the best place I have ever worked."
- The provider and registered manager were open and transparent in their communication with people, including when things went wrong. One person told us, "[The registered manager] is lovely. We see her every day and I know that she would sort anything out."

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

- The registered manager and provider carried out a range of audits to monitor and improve standards at the service. Records showed that action was taken when issues were identified. A relative we spoke with said, "I cannot grumble at the management because everything I ask them [the registered manager] does."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were regularly asked for feedback on the services and suggestions on how it could be improved. One relative told us, "We filled in a form a couple of weeks ago."
- Feedback was sought from staff and was acted on. Records confirmed that staff meetings took place regularly, and were opportunities for staff to discuss any support needs they had.

Continuous learning and improving care; Working in partnership with others

- Staff worked in effective partnership with a wide range of external professionals to ensure people received the support they wanted.
- Systems were in place to seek advice and learn from external professional to improve people's care. People and relatives gave us examples of how staff had helped them manage specific healthcare issues.