

Tamaris Healthcare (England) Limited

Beech House Care Home

Inspection report

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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

Beech House Care Home is residential care home which was providing personal care for 22 people at the time of the inspection. The service can support up to 30 people. The service can provide care for people living with dementia.

Beech House Care Home accommodates people in one adapted building.

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

The management team reviewed the service provided. Following a recent audit, people's care records were being reviewed and re-written to make them more person-centred and to ensure they reflected people's full and current needs. Care was being monitored to ensure it was provided for people in a timely way. A refresher course in safe medicine management was being undertaken by staff to improve their practice.

We have recommended the provider continues to monitor people's care records and undertakes checks to make sure people receive timely care.

Minor issues with infection control found during the inspection were addressed.

There was a new manager in place who responded positively to people using the service. One person told us, "The manager does their best for us."

People were safeguarded from abuse by staff who understood the action they must take to report concerns. People's risk assessments were being reviewed. Accidents and incidents were monitored, and corrective action was taken to prevent re-occurrence. There were enough staff provided to meet people's needs. Recruitment was robust.

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.

A range of training was provided for staff to develop or maintain their skills. Staff were supported through supervision and appraisals were scheduled to take place.

People were supported by kind staff. People's privacy was protected, and their diversity was respected. Information was provided in a format that met people's needs.

People were encouraged to maintain their independence and choice. People's nutritional needs were assessed, monitored and reviewed. People's wellbeing was monitored by staff. Health care professionals were contacted for advice.

People were aware about how to make a complaint. Issues reported were investigated and discussed with the complainant. Activities took place in line with people's preferences, hobbies and interests. End of life care was provided at the service.

The manager and management team were available for people to speak to. The views of people living at the service, relatives, visitors and staff were sought. Feedback received was acted upon. Data security was maintained.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 14 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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 ●

Beech House Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was undertaken by one inspector.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. There was a manager in place who had submitted their application to register and this was in the process of being considered. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and from Healthwatch to gain their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with the manager, support manager, resident experience care specialist, chef, senior carer and a care assistant. 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 reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, checks and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The manager provided us with information about the on-going care record review and changes to the environment to enhance it for people living with dementia.

Is the service safe?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely; Learning lessons when things go wrong

- Medicine management at the service had recently been audited and some shortfalls had been found. Corrective action had been taken, all senior staff had commenced further training about safe medicine management, this included competency checks.
- The management team reviewed when people's medicines were ordered and received to make sure prescribed medicines were available for people.
- People had 'as and when required' medicine protocols in place to guide the staff.
- Medicines to manage people's behaviour that may challenge the service or others were not overused.
- The management team were open and transparent, they acted upon issues that were found to improve the service.

Preventing and controlling infection

- Minor infection control issues were found in two bathrooms and a toilet. These issues were discussed with the manager and were addressed.
- Staff undertook training about infection prevention and control. Health advice was displayed about coronavirus and the actions required to protect people's wellbeing. Staff undertook training about hand washing, soap and hand sanitiser was available throughout the service.
- Staff used gloves and aprons when necessary to prevent the spread of healthcare related infections.
- Documentation to monitor the cleaning undertaken had been recently introduced.

Assessing risk, safety monitoring and management

- Accidents and incidents were monitored to aid learning and prevent re-occurrence.
- Risks to people's wellbeing were known by staff. People's care records were under review regarding their identified risks.
- The provider undertook advised work following a Humberside Fire and Rescue Service visit.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from harm and abuse. The provider had safeguarding policies and processes in place. Safeguarding concerns were reported and investigated.
- Staff undertook safeguarding training. Those we spoke with told us they would report any concerns. One member of staff told us, "I would raise safeguarding issues."

Staffing and recruitment

- There were enough staff to meet people's needs.

- People were supported by staff who undertook health and safety training. One member of staff told us, "There is plenty of training provided for us."
- Checks were in place to ensure staff were recruited safely and were suitable to work in the care industry.
- Continuity of care was provided for people; agency staff were not currently used at the service.

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were met by staff. Care was provided in line with good practice guidance.
- An assessment of people's needs was carried out before people were admitted to the service, to determine if this was the right place for them.
- Information was shared about people's needs with their consent if they required support from another service.

Staff support: induction, training, skills and experience

- Staff were supported to fulfil their role. New staff undertook a period of induction to learn how to care and support people in line with the provider's policies and procedures.
- On-going training was provided for staff. National Vocational Qualifications and the Care Certificate was provided for staff to help develop their skills.
- Staff undertook regular supervision and yearly appraisals were scheduled to take place. This allowed staff to reflect on their work and identify any further training or development needs.

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

- People's nutritional needs were assessed and monitored. Special dietary needs were provided, and a balanced diet was promoted. One person told us, "The food is good. There is a good choice of food." Mealtimes were social occasions and people chose where they wished to eat.
- People were encouraged and supported by staff to eat and drink if necessary. Concerns about people's dietary intake were reported to health care professionals to maintain their wellbeing.

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

- The manager was improving the environment for people living with dementia. New signage was ordered, memory boxes to assist people to find their bedroom were being provided and items to encourage reminiscence had been bought.
- People's bedrooms were personalised and arranged to promote their independence.
- Gardens had level access and some areas of secure fencing to promote independence and provide private space.
- People's views about the environment were sought and feedback received was acted upon.

Supporting people to live healthier lives, access healthcare services and support

- People's health was monitored. Advice from health care professionals was sought to maintain people's wellbeing.
- Visits by a range of health care professionals were made to people living at the service. Staff escorted people to hospital appointments if family members were unable to undertake this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Best interest decisions were made in consultation with people's relatives and relevant health care professionals.
- Training about MCA and DoLS was provided for staff.
- DoLS applications were submitted to the local authority, and authorisations were kept under review.

Is the service caring?

Our findings

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

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

Respecting and promoting people's privacy, dignity and independence

- Peoples dignity was promoted through the providers policies and procedures and through staff dignity champions. When issues occurred, these were looked into and feedback was shared with staff to enhance their performance.
- Privacy was respected. Staff provided personal care to people in their bedrooms or bathrooms. People were addressed by their preferred name and dressed according to their wishes.
- People were encouraged to maintain their independence, support was provided by staff, as necessary.
- People's care records were stored securely to maintain confidentiality.

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

- People were treated with kindness by the staff. One person told us, "The staff are lovely and kind. They are easy to get on with."
- Staff understood people's care needs. People told us staff generally provided the help they needed to receive. One person said, "If you want anything the staff try and get it for you."
- Preferences for people's care were known by staff. Staff respected the diversity of people living at the service.
- The provider had an equality and diversity policy for staff to follow.

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

- People were encouraged to raise their views and make decisions about their care with support from staff.
- Advocates were available to help people raise their views.

Is the service responsive?

Our findings

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

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

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

- People's care needs were known by staff. Following a recent audit a full review of people's care records was being undertaken by staff and the management team to make records more person-centred and to ensure they reflected people's full and current needs.
- The management team had found there had been some issues delivering responsive care to people. For example, there was a delay in gaining one person's prescribed medicine and another person had not received timely care when they had requested the toilet. These issues had been investigated and corrective action was taken.

We recommend the provider continues to monitor people's care records and staff practice to ensure timely action is taken by staff to maintain people's wellbeing.

- A pre admission assessment was undertaken to gain information about people's needs and preferences for their care and support.
- 'At a glance' care summaries were being created for people living at the service.
- Staff recorded when people displayed behaviours that challenged others and the service. Advice was sought from care professionals if people remained anxious, so appropriate care could be provided.
- People made choices about their care and support. Their changing needs were discussed with relevant health care professionals to promote people's wellbeing.

Meeting people's communication needs

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

- People's communication needs were known by staff. This information was recorded in people's care records.
- Information was provided to people in a format that met their needs, for example large print.
- Staff listened to and acted upon what people said. They rephrased questions and gave people time to think and respond.

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's hobbies and interests were encouraged. Activities such as arts and crafts and quiz's took place.

Outings took place in summer and entertainers performed at the service. One person told us, "We had a trip to Cleethorpes last summer."

- People were encouraged to socialise with family and friends and go out in the community.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place which was displayed. People were reminded about this at residents' meetings. Complaints received were investigated and people were informed of the outcome.
- Staff supported and encouraged people to raise issues, if they wished.

End of life care and support

- End of life care was provided with the support of relevant health care professionals.
- People's end of life wishes was recorded where people wanted to share this information.
- Support was provided for people's relatives and friends during end of life care.

Is the service well-led?

Our findings

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

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

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

- There was a new manager in post who had applied to the Care Quality Commission (CQC) to become the registered manager. This application was accepted and validated on 12 March 2020. Induction was provided by the senior management team.
- Checks and audits were undertaken by the management team. Shortfalls found were acted upon. For example, people's care records were currently being reviewed and rewritten to make them more person-centred and to ensure they reflected people's full and current needs. Progress on this was being monitored.
- The provider had policies and procedures in place for staff to follow.
- Relevant information was submitted to CQC as required by law.

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; Continuous learning and improving care

- The management team were open and transparent. Apologies were provided to people when things went wrong. The provider and staff learnt from issues that occurred.
- Staff understood what was expected of them. Where staff performance issues occurred, corrective action was taken.
- Staff contacted the manager or senior staff for help and support after office hours. Advice gained was acted upon to maintain people's care and support.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Person-centred care and support was provided.
- A positive culture was being promoted at the service. A review of each department and staff practice had taken place to enhance the service provided.
- Staff worked positively with other health and social care professionals to meet people's needs.
- There were links with the local community, which helped enhance people's wellbeing.

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

- Staff meetings were held to allow staff to raise their views.
- People had the opportunity to provide feedback to the management team on a one to one basis or

through an iPad at reception. Resident and relatives' meetings were also held. Feedback received was acted on.

- The diversity of people using the service and staff was celebrated and protected by all parties.