

Beechwood Place Care Ltd

Beechwood Place Nursing 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

Beechwood Place is a care home providing personal and nursing care to 35 older people living with a range of health care needs. Some people required support with memory loss and dementia, whilst others were reliant on care staff to assist them with their personal care and health needs. At the time of our inspection there were 34 people living at the service.

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

Systems were in place to ensure people were protected from abuse, any concerns were investigated. Risks linked to people's care were monitored. Environmental risks were considered. Staff recruitment was robust and people received care from staff who knew them well and had relevant experience. People were supported appropriately with their medicines.

People's care was based on an assessment of their needs and their choices. Staff had access to a range of training and support. People were supported to regularly access health care service to maintain their wellbeing. People were supported to have maximum choice and control of their lives and care 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 were supported by staff who had a good understanding of their individual needs and preferences. People were encouraged to make day to day decisions and given meaningful opportunity to participate in care decisions. People's privacy and dignity were respected and upheld.

People's care plans were person centred and contained detail about how they should be supported, and we witnessed staff following this guidance. Staff understood people's communication needs. People were supported to engage in a range of individual and group activities. There had been no recent formal complaints recorded. Information on people's end of life choices were recorded.

Staff felt supported and said management were always available. Appropriate checks and quality audits were undertaken. People's views were sought to help improve the service.

Rating at last inspection and update

The last rating for this service was Good (published 16 June 2017)

Why we inspected

This was a planned inspection based on the rating of the service at the last inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe 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 ●

Beechwood Place Nursing 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 team consisted of one inspector.

Service and service type

Beechwood Place 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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

Before the inspection we reviewed the information we held about the service and the service provider, including the previous inspection report. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at

notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection

We looked around the service. We spoke with five people and one relative to understand their views and experiences of the service and we observed how staff supported people. We spoke with the nominated individual, regional manager, registered manager, three care staff and two other members of staff.

We reviewed the care records of five people who were using the service at the time of the inspection and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service.

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

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibilities to safeguard people from abuse. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority.
- People told us they felt safe. Comments included, "I feel very safe here," and "Everything is wonderful, yes I feel very safe." Visitors said, "I have every confidence in the safety of people here." A staff member said, "We have safeguarding training and regular updates. We also discuss any local changes or issues at team meetings."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The Provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Staffing and recruitment

- Staff had been safely recruited. Checks with the Disclosure and Barring Service (DBS) were undertaken. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- People were supported by a small staff team who knew them and their support needs.
- The registered manager had contingency plans in place to cover shifts should there be absences at short notice or the need for additional staff when people's needs changed.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and recorded. Risk assessments included risks associated with falling, choking, diabetes and pressure sores. Risk assessments contained guidance for minimising risks to people. Staff we spoke with were aware of how to keep people safe from these risks.
- There were procedures in place for dealing with emergencies. Personal emergency evacuation plans (PEEPs) were in place for people. These contained information for supporting people in the event of a fire or other emergencies.
- The home had a fire risk assessment. Fire drills, emergency lighting checks and regular fire alarm tests had been carried out.

- Records showed a range of maintenance and safety inspections had been carried out. These included inspections of the fire alarm system, gas boiler, portable electrical appliances and electrical installations.
- Hot water was temperature-controlled and radiators were guarded to reduce the risk of scalds and burns. Windows were fitted with safety latches to prevent them opening too wide so they could be used safely.

Using medicines safely

- People were helped to safely use medicines in line with national guidelines. There were suitable systems for ordering, storing, administering and disposing of medicines.
- Medicines were stored correctly in a clean and secure treatment room that was temperature-controlled. Medicines that required cool storage were kept in special refrigerators.
- Nurses and care staff who administered medicines had received training. We saw medicines being administered in the correct way so each person received the right medicine at the right time. A person said, "I get my tablets without fail."
- There were additional guidelines for administering variable-dose medicines. These medicines can be used on a discretionary basis when necessary (PRN). An example of this was medicines used to provide pain relief.
- We did find some minor discrepancies which, whilst presenting only a minor risk to people, the provider committed to addressing immediately through individual supervision and team meetings. The registered manager also told us they would be increasing the frequency of medication audits. The issues included instances of inconsistent recording of fridge temperatures and the number of PRN tablets given.

Preventing and controlling infection

- The service was clean. Domestic staff completed a daily cleaning schedule. People and visitors were complimentary about the cleanliness. Comments included, "It's always very clean and tidy," and "Staff are always busy keeping the place clean."
- Staff used personal protective equipment (PPE) when assisting people with personal care. PPE such as hand wash, gloves and aprons were available in all bathrooms (with visual reminders about washing hands) and at the entrance of the building, to help protect people from risks relating to cross infection.

Learning lessons when things go wrong

- The manager confirmed all incidents and accidents were recorded onto an electronic recording system. This meant all incidents could be reviewed per person as well as per incident. These were reviewed by the management in the home who signed off any actions taken.

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 as Good. At this inspection this key question has 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

- People received effective care and support from staff they knew and who knew how they liked things done. Staff demonstrated thorough knowledge of people's needs.
- People had their care and support needs assessed before they were admitted to the service. Information had been sought from the person, their relatives and, where appropriate, any professionals involved in their care. Information from the assessment had informed the plan of care. This ensured staff were able to meet people's needs.
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process.
- Care plans were kept under review and amended when changes occurred or if new information came to light.

Staff support: induction, training, skills and experience

- On-going training was completed by staff in a variety of subjects. One staff member said, "Training is always available and can be face to face and on-line."
- Our observations during the inspection confirmed staff had received training. For example, people were moved safely with lifting equipment and staff assisted people with their food and drink in a discreet and professional manner.
- New staff completed an induction aligned with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff spoke positively about their induction experience. One staff member said, "The induction covered all areas and I found it very useful and thorough."
- Staff received regular supervision with the registered manager. Staff said they were well supported in their roles. One staff member said, "I feel fully invested in. The manager has supported me to access nursing training."

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

- People were helped to eat and drink enough. One person said, "The food is always very good and there's always a choice." A relative said, "I think the meals are very good." Kitchen staff prepared a range of meals that gave people the opportunity to have a balanced diet. People had been consulted about the meals they wanted to have.
- People were free to dine in the privacy of their bedrooms if they chose to. People who required help to eat and drink were discreetly assisted by care staff.

- People's weights were regularly monitored so significant changes could be noted and referred to healthcare professionals for advice if required. Nurses and care staff also recorded how much some people ate and drank so they could determine sufficient nutrition and hydration was being taken.
- When required, speech and language therapists had been contacted when people were at risk of choking. Nursing and care staff followed advice they had been given including blending food and thickening drinks so they were easier for people to swallow.

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

- People told us they were able to access healthcare support when needed. One person said, "I know the doctor comes in and I can see them if I want to, the staff arrange it."
- The service worked with a wide range of professionals such as general practitioners, dietitians and speech and language therapists to ensure people lived comfortably at the service and their medical needs were met.
- Where staff had concerns about somebody's welfare the service had good links with professionals to ensure any changing needs were reassessed.
- Care plans incorporated advice from professionals when received.

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

- Beechwood Place is a three storey building, with bedrooms on all floors. There were large communal lounges and separate dining areas.
- Appropriate signage was displayed to support people living with dementia to recognise and access toilets and other key areas. The environment was homely with an accessible layout on the ground floor that met people's needs.
- People's bedrooms were personalised and individually decorated to their preferences. People and relatives said they could bring in their own possessions, such as pictures, photos or small bits of furniture.
- All floors were accessible, by stairs or a lift which ensured that people who were unable to walk independently had full use of the communal areas and gardens.
- The garden area was well kept, safe and suitable for people who used walking aids or wheelchairs. There were areas to sit and enjoy the pleasant garden.
- Notice boards in the communal areas and corridors contained information about the service, activities, staff names and roles, religious services and complaint procedures.

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.

- Staff maximised people's decision-making capacity by seeking reassurance people had understood

questions asked of them. We saw staff sought people's agreement before helping them.

- The registered manager understood when an application to deprive someone of their liberty should be made and appropriate applications had been made. There were arrangements to ensure that any conditions placed on authorisations were implemented. These measures helped to ensure that people only received care that respected their legal rights.
- Staff had received appropriate training in the MCA and were clear on how it should be reflected in their day-to-day work. All staff we spoke with had a good working knowledge on DoLS and mental capacity.

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 has remained the same. 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

- Feedback from people and visitors consistently described staff as kind, caring and patient. One person said, "The staff are wonderful." A visitor said, "It's a nice place, staff and the manager are friendly."
- The service had received compliments and thank you cards from families. They contained comments such as; "Thank you so much for the love and care you showed," and, "Wonderful, welcoming and patient staff." Staff told us this boosted staff morale as it demonstrated they were valued.
- Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. We saw there was a strong rapport with staff which was evident when they were talking and laughing with people.
- Staff understood people's diverse needs and how best to support them. People's religious needs were considered during assessments and detailed in care plans.

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

- People told us they were involved in their care and their views as a whole were sought and listened to. One person said, "We definitely look at my care together. I get the care I want, how I want it."
- People's views were reflected in their care records. Where people needed support with decision making, family members, or other representatives were involved.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care they could manage for themselves and which they needed help with.
- Staff supported people to keep in touch with their family. Visitors told us they were always made welcome. One visitor said, "I can come at any time and am always welcomed and offered a drink."

Respecting and promoting people's privacy, dignity and independence

- Staff chatted with people who enjoyed their company. Staff said that it was a happy place to work and all the staff were caring and were able to meet the needs of people.
- We saw staff making sure people's privacy and dignity needs were understood and always respected. For example, we saw staff knocked on people's doors and asked for permission to go in.
- Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. Staff received training on equality and diversity.
- Care files and confidential information was stored securely and only accessible by authorised staff when needed.

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 has 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 received personalised care that was responsive to their individual needs.
- People's needs and care plans were regularly assessed and monitored. Care plans were adjusted to meet people's changing needs if necessary.
- Staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's current needs, backgrounds, likes, dislikes and people who were important to them without referring to the care plan documentation.
- Daily records were consistently completed for people with any changes to their routines being recorded. These provided evidence that staff had supported people in line with their care plans and enabled staff coming on duty to get an overview of any changes in people's needs and their general well-being. Staff completed a handover at the start of each shift.

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.

- The provider was working within the AIS. People's communication needs had been assessed and people had a communication support plan which detailed what support they required to communicate effectively. Staff had a good understanding of people's differing communication needs, this included specific information on any aids they might use, such as glasses and hearing aids.
- Notice boards contained information about up and coming events. There was some pictorial signage around the home to help orientate people. For example, to locate bathrooms.

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 were supported to maintain relationships that were important to them. Visitors were made welcome at the service at any time. One visitor told us, "It's very homely here, I am always made to feel welcome."
- Care plans recorded information about people's interests and hobbies. People confirmed they were happy with the activities on offer. Activities were displayed on notice boards and undertaken by staff.
- The activity programme was varied and included quizzes, exercise classes, art and crafts and pet therapy. Staff also did one to one activities for people in their rooms, such as nail painting. We saw off duty staff had arranged to bring in their babies and toddlers. People watched them play, the enjoyment evident in their

smile.

- The support people required from staff to engage and interact with them to reduce the risk of social isolation was discussed and highlighted in care plans. One person said, "I really enjoy the knitting and nattering sessions." One staff member said, "It's important we make time just to chat, that is something enjoyed by everybody."

Improving care quality in response to complaints or concerns

- The complaints procedure reassured people about their right to make a complaint. A relative said, "There's nothing to complain about but I am confident action would be taken if something wasn't right."
- There was a procedure for the registered manager to follow when managing complaints. The regional manager told us no complaint would be considered as closed until the complainant was satisfied with the outcome.
- The registered manager confirmed that no formal complaints had been received in the last year.

End of life care and support

- Staff had completed end of life care awareness training and there was a provider policy and procedure containing relevant information about end of life care. The service had suitable arrangements for providing end of life care.
- The service had explored the end of life preferences with people and their representatives. These were documented in people's care records and contained information and guidance in respect of peoples' religious wishes and their resuscitation status. Do Not Attempt Resuscitation forms (DNAR) had been discussed with the person if possible, family, GP and had been reviewed regularly.

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 has remained the same. 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

- The registered manager promoted person-centred care within the staff team, to ensure an open, inclusive culture and put people at the heart of the service. The atmosphere in the service was warm, friendly and welcoming. It was clear from our observations and discussions that there was an open and supportive culture towards people and staff.
- Staff and people spoke highly of the registered manager. Staff told us they could speak to them at any time. One staff member told us, "The management team and owner are always available if we need them, that's reassuring."
- Staff were visible within the service and knew each person well. Staff told us morale was good as they had a strong team who worked hard for each other.

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

- The registered manager understood their duties in relation to the duty of candour. They had an open and honest approach and told us if things went wrong they would liaise with appropriate health professionals, relatives and other agencies to improve standards of care.
- Any incidents or concerns had been shared with the appropriate local authority and/or CQC.

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

- Appropriate quality assurance systems were in place. Various members of the management team conducted several audits to ensure quality of care and health and safety standards remained high. Whilst these were regularly undertaken they had not always identified areas for improvement such as the medicines issues we raised. The management team committed to increasing the frequency of medicines audits.
- There was a clear staffing structure in place, the registered manager and senior staff operated a system whereby neither was on holiday at the same time to ensure staff always had access to managerial support.
- It is a legal requirement that the overall rating from our last inspection is displayed. We saw the rating displayed within the home and on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- People had been invited to comment on their experience of living in the service. There were regular residents' meetings at which people had been supported to suggest improvements to the service. People had also been invited to give feedback on an individual basis. Suggested improvements had been implemented including changes to the menu.
- Links had been made in the local community. People attended local events and accessed amenities in the surrounding areas.
- The registered manager worked to involve people in all areas of their care and support. Relatives told us they spoke with staff and management when they visited the service and their views were sought. Staff supported people to be involved in decisions about their care and express their views.