

Black Swan International Limited

The Beeches

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

The Beeches provides residential care for up to 44 people, some of whom may be living with dementia. At the time of this inspection there were 32 people living in the home. Accommodation is provided in a period building including a number of communal areas and a large woodland garden area.

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

People received exceptionally personalised care and support which they were in control of. Staff and management were fully committed to providing an exceptional level of person-centred care. Staff had an excellent understanding of people's support needs and personal preferences, activities were planned very closely with people to establish their individual interests. People were at the forefront of their care and support. The service was passionate about providing compassionate and respectful end of life care to people.

The service was extremely well managed at both provider and service level. We received lots of positive feedback about the service and their motivation to provide an exceptional service. People, their relatives and staff were involved in the way it was run and given plentiful opportunities to feedback their opinions.

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 were happy living at The Beeches and with the care they received. People felt safe and well-treated by staff. Staff were kind, considerate and treated people with respect and dignity.

Risk assessments were in place, providing guidance for staff in how to reduce risks and keep people safe from harm. People's medicines were administered as prescribed. Accidents, incidents and near misses were used as an opportunity to learn and make necessary improvements.

People were provided with a nutritious and varied diet and a choice of food to meet their preferences. Staff supported people to maintain their health and they sought timely advice from health professionals, when needed. A package of induction and training was provided to staff in developing the skills they needed to safely and effectively deliver care and support to people.

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

Rating at last inspection

The last rating for this service was Outstanding (published 22 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

The Beeches

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

This inspection was undertaken by one inspector.

Service and service type

The Beeches 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.

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. 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 used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and ten relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager, care staff,

the maître d, activities co-ordinator, the assistant cook, regional manager and the operations director.

We reviewed a range of records. This included two people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also received feedback from three healthcare professionals who regularly visit 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 remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's safety and well-being were recorded in their care plans along with any mitigating action for staff to undertake. For example, risks in relation to falls and nutrition.
- Staff were aware of the risks associated with people's care and knew how to support them safely.
- The premises and equipment were safely managed and maintained to a high standard.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe and comfortable living at the home. One person commented, "I feel very safe living here. It's all the attention I get that makes me feel safe here. The staff always say will you please ring [buzzer] if you need us as they know I won't. I've no fear being here."
- Relatives were also positive about their family members safety with one relative commenting, "I turn up here at different times of the day and don't tell staff I'm coming. There are never any worries or concerns. [Family member] is safe."
- Staff had completed safeguarding adults training. They knew how to report concerns about people's safety should they have had any.
- People benefited from staff that understood and were confident about using whistleblowing procedures. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.
- The registered manager understood their responsibilities to protect people from harm and abuse and knew what to report to CQC and the local authority safeguarding team.

Staffing and recruitment

- There were sufficient staff to meet people's needs and keep them safe. One person told us, "I often think staff are rushed off their feet and maybe there aren't enough of them, but I only have to ask and they're here. I've never had to wait longer than five minutes, I only have to ask and they're very good they're here. They are brilliant." Another person told us, "There are enough staff. I'm an early riser and they happily help with my shower They come quickly if buzz for them."
- Prior to commencing work, prospective staff had a Disclosure and Barring Service (DBS) check undertaken. The DBS helps to prevent unsuitable people from working with vulnerable people. The DBS check shows if potential new staff members had a criminal record or had been barred from working with adults.

Using medicines safely

- People received their medicines safely and as prescribed.

- There were suitable systems in place to ensure the safe storage of medicines, the ordering of repeat prescriptions and disposal of unwanted medicines.
- Medicines were administered safely by staff who had received training in line with best practice guidance. There were regular medicines audits to ensure any errors were quickly identified.

Preventing and controlling infection

- Staff received training in the prevention of infection and had access to personal protective equipment such as disposable gloves, aprons and hand sanitising gel.
- Staff were aware of their responsibility for good infection control standards. We saw staff frequently hand washing and using personal protective equipment when supporting people.

Learning lessons when things go wrong

- The registered manager had oversight of all accidents, incidents or near-misses. They reviewed all reports to ensure staff had taken appropriate actions at the time. This helped to ensure lessons could be learnt, and further incidences prevented.

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 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

- Peoples needs were assessed at the point they moved into the service. This information was used to create individual plans of care.
- Care plans reflected people's individual needs, preferences and personal choices with clear guidance for staff to follow. Staff we spoke with were knowledgeable about people's day-to-day support needs.
- The registered manager and staff team sought out best practice guidance and used this to ensure standards of care at the service were appropriate.

Staff support: induction, training, skills and experience

- Staff were knowledgeable about people living at the service and had the skills necessary to meet their needs.
- Relatives were complimentary about the abilities and knowledge of the staff to deliver effective care. One relative told us, "With vascular dementia people will forget. The staff know exactly how to talk to people and approach them. They must be exceptionally well trained."
- Staff told us they had the skills and knowledge to meet people's needs effectively and that further development opportunities were available to them to expand their knowledge and qualifications.
- Staff had received appropriate training and had the skills they required to meet people's needs.
- Staff were supported through one to one supervision, an annual appraisal, daily handovers and team meetings.

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

- The dining experience was relaxed and well organised. People had a choice of drinks and their meals and food was very well presented. People told us they enjoyed the food available with one person commenting, "[Chef] knows if you have any special requests and will make little diabetic cakes. Just the sugar is left out, but it looks the same as everyone else's. [Chef] will always ask if there are any little treats we'd like."
- Staff encouraged people to eat and drink throughout the day to ensure their nutritional and hydration needs were met. Plates of fresh fruit as well as crisps and biscuits were available all day and night.
- People that were nutritionally at risk were monitored through frequent recording of weight charts. In addition, food and fluid charts were kept when necessary to monitor/track people's intake.
- Where staff needed to support people with their meals this was carried out in a way which ensured the person used their skills as much as possible to maintain independence.

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

- The building had been adapted and equipment was available to meet people's needs, including those with reduced mobility.
- Additional equipment was available and utilised where needed. For example, bathrooms and toilets had aids fitted to assist people with using the facilities. There were specialist beds, mattresses and lifting equipment which enabled staff to support people with their mobility and to be comfortable.
- People's bedrooms were personalised, often with their own furniture and possessions. People we spoke with said they were settled, and their environment felt like home.
- There were a variety of communal areas, both internal and external, available for people to relax in and enjoy. These included a large lounge with quiet area protected by a screen as well as a large conservatory, activities room, private dining room and woodland garden.

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

- People were supported with their health care needs.
- People continued to have access to a range of community healthcare professionals when required. Advice given by health professionals was followed, documented and communicated for staff to follow.
- People's oral health care needs were considered as part of their care and plans were put in place to meet these care needs.

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.

- Where possible, people were fully involved in decisions about their care and their capacity to do so was respected.
- Not all the people living at The Beeches had the mental capacity to support them making decisions about their care and support needs. Where people lacked capacity, best interest meetings were held. These were decision specific and involved the relevant people.
- Where restrictions were to be placed upon people in order to keep them safe, an application was made to the local authority DoLS team.

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 Outstanding. At this inspection this key question has changed to Good. The service did not meet the specific characteristics for a rating of outstanding in this key question anymore. However, people were still well 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; Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with told us the care people received at The Beeches was very good. One person said, "Staff are lovely. They couldn't be more helpful and caring if they tried." Another person told us, "Everyone [staff] is so caring and helpful. If I want something I just have to ask, and they will get it for me."
- Relatives spoke of the positive and caring relationships that had developed between their family member and staff. One relative told us, "Staff are excellent. [Family member] is always well cared for with so much care and attention. Staff clearly all love my [family member]. Quite a few will just sit there and chat with [family member]." Another relative commented, "The care is brilliant, I can't praise the staff enough." A third relative said, "Staff are really careful in their approach. It's a real comfort knowing people's care is in such good hands."
- We observed a warm and caring approach by staff with kind interactions. For example, when observing people being supported mobility or personal care, staff were observed to discretely promote people's privacy and dignity.
- Staff spent time chatting with people and supporting them in a calm, unhurried way at the person's pace.
- People told us that their families could visit when they wanted them to, and that staff made them feel welcome.
- Staff respected people's privacy and dignity. Through the inspection we observed staff knocking on doors prior to entering people's rooms and talking discretely to people when offering support with personal care.

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

- People continued to be encouraged to make their own day to day decisions about their care such as deciding what they wanted to do or what time they wanted to get up or go to bed.
- People and families were involved in making decisions regarding care. One relative told us, "They ask [family member] what is their choice. The staff always keep me up to date too, they phone or speak to me when I'm visiting."
- Meetings were held where people could contribute their ideas, thoughts and any feedback to the registered manager and staff. One person told us, "We have meetings. They [staff] always say you can speak about anything you like. Always say you can ask questions which I do."

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 Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Without exception people told us that staff were outstandingly responsive to their needs and preferences and that their care was inclusive and driven by them. One person said, "This here is my home, it feels like it's my home. It makes me feel warm and safe. I love it here." A second person told us, "You can have a bath when you want one, night or day. I have mine in the jacuzzi bath here. I have the bubbles going and ooh it's lovely. It helps my circulation."
- Relatives were highly complementary about the responsiveness of all the staff.
- Several relatives credited their family member's good health and longevity to the exceptional responsive care they received at The Beeches. One relative said, "[Family member] is coming out of themselves here. They are happy, settled and smiling as well as becoming more mobile due to staff encouragement. It all adds up to a great quality of life and is outstanding in my opinion." Another relative commented. "When we moved [family member] here ten days ago their breathing and walking was dreadful. They had carers twice a day but were still not eating or getting out of bed. Now [family member] has got their sense of humour back and is walking about again all in just in ten days. It's like [person] has gone back a year health wise in just ten days. They've even started knitting again."
- Care records contained key information about people's backgrounds and histories, their family and where they had lived, so that staff could engage them in meaningful and enjoyable conversations.
- People's likes, dislikes and what was important to the person were recorded in highly detailed and person centred care plans. These were fundamental to keeping staff updated and to promote people's emotional and physical care needs, as well as their choices and preferences. Staff were very knowledgeable about people's preferences and could explain how they supported people in line with this information.
- Relatives described exceptionally responsive support for people from day one of moving in to the service. One relative commented, "The change for [family member] when moving out of their home was traumatic but the staff here were amazing. [Family member] was very distressed but staff were great. When they went and got dinner, they came back with it for the whole family too and provided care to us too."
- People and relatives were involved in their care planning and reviews to help ensure care and support continued to meet people's individual needs well. One relative told us of the responsiveness of the staff when the review meeting was taken to the relatives home so as to avoid extreme distress to their family member. They said, "[Family member] gets distressed and angry if we're at the home but not giving 100% focus to them so when it came to the care plan review staff came to my house to do it, they took it out of home to our house and we sat in the garden to do it."
- The provider funded a therapist to carry out reflexology and light touch massage for people who were living with Parkinson's as based on the feedback they received, people found this beneficial for their

mobility.

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

- There was a very strong emphasis on the provision of individualised activities that were meaningful to the people living in the service.
- A relative told us, "[Family member] is more alert and stimulated since moving here. There are often carers in the lounge doing things with people. I don't think I've ever been in the lounge and not seen staff engaging with people."
- Activities and events were planned according to people's requests, interests and things they enjoyed, with a view to promoting positive and memorable experiences and an exceptional quality of life.
- A varied range of clubs were on offer throughout the week which were based on people's preferences.
- One of the clubs named the 'Love to Remember Club' was run once a week as a memory support group which helped people recall memories and stimulated interesting conversations. Activities were held aimed at maximising brain use this also included talking about and reminiscing on the past. One person told us, "I love going to the reminisce club on a Tuesday afternoon. It's great to remember the past. Last week we discussed medicine remedies from the past and what they used to do like syrup of figs, castor oils and malt extract. It's a great club because one discussion prompts another and we really get chatting."
- Within the 'Love to Remember Club' there was also the option for people to have one to one time with a member of staff if the discussion provoked any worries or if they were feeling upset about something and wished to discuss it."
- The service went the extra mile to recognise and meet people's wishes as far as possible and people were encouraged to pursue their interests and hobbies and try new things in a wide variety of inspiring and innovative ways. IT equipment had been purchased along with an accessible large print keyboard. In addition, a 'Silver Surfers IT club had been set up for people to increase their knowledge and set up personal email accounts.
- A 'Knit and Natter' club had been created based on feedback from people. During the morning of our inspection visit this club took place in the activities room. It was well attended and involved a lot of chatter and laughter. One person told us, "I hadn't knitted for a long time, before moving here as I had no one to give me a push to try again. When I got here the staff said why don't you come along, have a cup of tea and see how you get on. They put the knitting needles and a ball of wool in front of me and I tried and did it. I now am quite proud of myself. Without their help and enthusiasm, I wouldn't have even tried."

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 assessed and recorded as part of their initial assessment and detailed on going care planning process.
- Where people needed support with communication, this was recorded in their care plan, so staff knew how to communicate effectively with them.
- Important information such as people's care plans and the service user guide could be provided in alternative formats to ensure each person's understanding.

Improving care quality in response to complaints or concerns

- A formal complaints process was in place and people and their relatives told us they knew who they could

speak to if they were unhappy about anything. The approach to complaints was transparent and there was a designated complaints file. This included a log for detailing any complaints received, along with action taken and outcomes.

- A relative described a challenging time when their family member was unwell and admitted to hospital. They had found when on occasion when they wished to make contact with staff at The Beeches they couldn't because the telephone line was busy. The relative told us how when they raised this with the provider, they responded by purchasing a mobile telephone which was kept for relative's emergency use only so they could keep lines of communication open at all times.

- We saw any complaints raised had been responded to in an open and transparent way and in a timely manner. Learning, where appropriate, had been undertaken to reduce the likelihood of a reoccurrence.

End of life care and support

- Feedback we received from relatives who had experienced the loss of someone who had passed away at the home was also very positive. One relative said, "I don't think in my heart they could have done any better. [Family member] couldn't have been in better place. I don't think they would have lived as long as they did without the care they gave."

- The registered manager, provider and staff team were committed to support people at the end of their lives. 'Preferred priorities for care' plans were in place and records demonstrated that discussions had taken place with people and their relatives about their end of life wishes, and these were clearly recorded.

- There were multiple thank you cards and emails from relatives and friends expressing their gratitude and heartfelt thanks to the staff for the sensitive and kind care shown to them and their family member during their final days.

- The service had an 'end of life champion' who promoted excellent standards and practice within the home. The registered manager and champion had completed a training course with the local authority titled Six steps to end of life care for people with dementia. This learning was then cascaded to the rest of the staff team. In addition, many staff had completed an educational resource designed specifically for care home staff, supporting them to deliver excellent care for people at the end of life.

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 Outstanding. At this inspection this key question has remained Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and the culture they created, promoted an exceptional person-centred service which was open, inclusive and empowering and supported the registered manager to deliver the outstanding responsive care.
- The provider had a clear vision across the care services they ran to provide people with a personalised care that puts people's needs and feelings first. This clearly underpinned the practice at The Beeches.
- Relatives of people who used the service were extremely complimentary about the provider organisation and the standards of care delivered. They told us that even if they had cause to discuss a concern, they would still class the overall service as outstanding. One relative commented, "We came to look round and the most striking thing above other care homes we went to was the atmosphere here. It just hits you, it's warm, welcoming and calm." Another relative said, "I couldn't wish for a better place for [family member]. Their care is personalised. The team at The Beeches go out of their way to accommodate people's preferences." A third relative told us, "To me it's outstanding, good is not enough for them. I honestly don't think they could do any more than they do."
- It was evident that the achievements of the service were not down to one individual but had been achieved collectively with the involvement of the whole team led by the providers leadership and values.
- The registered manager inspired their staff team to support people to achieve positive outcomes based on their preferences. They led by example and spent quality time, interacting with people and supporting staff.
- The service was very much a home to people living there and they were supported to regard it as such. We saw people using communal spaces as they would have done in their own homes and being encouraged to do so by staff. People were also supported to entertain their relatives with meals held in the private dining room and with family gatherings and parties. One relative explained what this meant to them, "We come here for meals with [family member]. We have had meals in the private dining room, the table is always beautifully laid, it was like being in a restaurant and considering it's a care home and the staff were still busy providing care whilst looking after us, it was amazing."
- The registered manager and provider were extremely supportive of staff both professionally and in their personal lives. Staff gave examples of the support they had received outside work. One member of staff told us, "I had to talk to the registered manager for personal reasons. She has been very accommodating and gone over and above for me, I love my job."

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

- There was an open and transparent culture at the service and within the provider organisation and if things went wrong people and relatives were informed and actions were taken to make things right. This was viewed as a further opportunity to improve the experiences for people who used the service.

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

- People living at The Beeches benefitted from a management team who had strong governance and oversight. The provider and registered manager continually sought opportunities to improve and develop how the service was led to ensure people received high quality care. The regional manager had a strong and frequent presence in the service with people and relatives clearly knowing them very well.
- There were effective systems in place to monitor the quality of the service provided. Regular audits on a range of areas of the service were completed. When shortfalls were identified, an action plan was put in place to address the issues and make improvements to the service.
- The management team were fully aware of their legal responsibilities, including appropriately notifying CQC of any important events.

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

- The provider sought individual people, relative and staff feedback as part of their audits of the service. Feedback was gathered on a frequent basis and covered many aspects of the service. This enabled the provider to gain views and take any necessary action in response. One relative told us, "[Provider] sends out a formal feedback request. However, it's more than that, I can leave them feedback and suggestions at any time, and they will listen, like suggestions and new ideas for trips out or garden works."
- Relatives told us that the service communicated well with them and updated them to any changes to their family member's care. One relative said, "Mum has complex physical needs, but I always have access to staff, they keep me informed I know they are very diligent."
- Staff were proactively encouraged and supported to develop their skills and careers in health and social care, including those who first entered the service as a student on a placement and continued to permanent employment. A healthcare professional told us, "I have always found [registered manager] to be open, helpful and enthusiastic to embrace training opportunities for her staff to enlarge their skillset."
- The registered manager and staff team had developed close working relationships with a wider team of health and social care professionals, whose advice and feedback was used to drive forward improvements in the care provided, ensuring people's physical and health needs were promptly met. One healthcare professional told us, "[The Beeches] appear good at identifying risks before our interventions and remain open to all suggestions and recommendations."

Continuous learning and improving care

- The provider demonstrated a commitment to maximising on opportunities to develop the quality of the service. Further developments and improvements were a key focus at The Beeches. There were robust procedures in place regarding reporting and learning if things went wrong.
- The registered manager had recently designed and developed a 'falls clock' which was a visual representation of people's falls and the time of day. The information recorded was reviewed by the registered manager and regional manager as part of a monthly health and safety audit. The aim of which was to identify any cause of falls and reduced the likelihood of a reoccurrence. The registered manager told us, "Our falls clock is relatively new, but has already provided us with some evidence to support changes within the home."
- Where needed and as a result of any incidents or accidents, staff learning, and development was implemented to help reduce the risk of a recurrence.

