

Methodist Homes Beechville

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Beechville is a residential care home providing accommodation for persons who require nursing or personal care up to a maximum of 63 people. The service provides support to older people, including people living with dementia. At the time of our inspection 53 people were using the service.

Accommodation is provided over 2 floors; Oak and Maple households are on the ground floor with 31 ensuite bedrooms and Cedar and Sycamore households are on the first floor with 32 ensuite bedrooms and passenger lift access. Shared areas include lounges, a conservatory, hair salon, library room, breakfast bar, TV room and an activities and games room. Beechville also offers respite care for people wishing to stay at the home on a short term basis. The provider is Methodist Homes, which is a charity.

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

Systems in place helped safeguard people from the risk of abuse. Assessments of risk and safety and supporting measures in place helped minimise risks. Staff managed people's medicines safely. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection. Staffing levels were sufficient to meet people's needs and managers recruited staff safely.

Care plans included information about support required in areas such as nutrition, mobility, and personal care to help inform care provision. Staff made appropriate referrals to other agencies and professionals when required.

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 told us they were well treated, and their equality and diversity respected. People felt staff respected their privacy and dignity and took into account their views when agreeing on the support required. Staff identified people's communication needs and addressed these with appropriate actions.

The provider and manager responded to complaints appropriately and used these to improve care provision. The provider and manager were open and honest, in dealing with concerns raised. The manager was available for people to contact, and undertook regular quality checks, to help ensure continued good standards of care.

The provider and manager followed governance systems which provided oversight and monitoring of the service. These governance systems and processes ensured the service provided to people was safe.

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 good, (published 05 March 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beechville on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Beechville

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 inspector and 1 Expert by Experience. 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

Beechville 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. Beechville 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 not a registered manager in post. However, area managers and a deputy manager had maintained permanent manager cover since the last registered manager left the service and the provider was in the process of recruiting a new permanent registered manager.

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 spoke with the local authority who regularly monitor the home.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the manager, the deputy manager, kitchen, and domestic staff, senior care staff and 3 care staff members. We received additional written feedback from 31 staff in different job roles. We spoke with 9 people who used the service and 8 visiting relatives about their experiences of the care provided. We reviewed a range of records including 5 people's care records, risk assessments, medication administration records and associated documents. We observed care in communal areas and the dining room.

We looked at 4 staff personnel files including recruitment records. We looked at staff training and supervision records. We reviewed records relating to the management of the service, including audits and a variety of policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm. The provider had policies and procedures for safeguarding and whistleblowing to protect people from the risk of abuse.
- Staff recorded any safeguarding incidents; managers investigated these. Staff had received training in safeguarding and understood how to recognise the signs of abuse.
- All the people we spoke with told us they felt home provided safe care. A person told us, "Being here was the best thing for me. I couldn't look after myself at home and be completely safe. The staff care for me, make sure I have my medication and provide good food." A second person said, "I had visited other homes but this one stood out from the rest. The staff are my friends. They help me all the time. I have plenty of things to do. There is usually something every day. We have lots of parties and people coming in to entertain us. I have absolutely no worries because the girls [staff] take care of everything,"

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. Staff assessed risks to people and the environment; managers regularly reviewed these.
- Staff had completed the appropriate mandatory training to keep people safe and understood where people required support to reduce the risk of avoidable harm.
- Managers involved people and their relatives, in assessing risks to their support. Staff recorded decisions about risks in people's support plans. A relative told us, "I was very upset and stressed when the decision was made for [person] to come into care. The home made the process so much easier for me; they supported me and took care of me as well as [person]. I was made to feel part of the home. I have to say [person] is as well cared for by the staff as I would do, and I didn't think that was possible."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS

authorisations were being met.

- Staff assessed people's capacity to consent and best interest discussions and meetings had taken place. For example, staff made DoLS applications to the relevant local authority, as necessary. Staff had received training in the MCA.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. The provider operated safe recruitment processes.
- Staff records contained the appropriate information and documents, including Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff demonstrated a caring attitude towards people as well as offering practical support. Staff demonstrated a good knowledge and insight into the needs of the people they supported and a friendly rapport with relatives. A person told us, "I have reached [age] because I am well cared for. If I need a doctor they are called straight away. It's very reassuring. I have a nice room with all my own things round me. The staff do keep a very close eye on me so that I don't fall."

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong. There were systems in place to manage, monitor and support learning from accidents, incidents, and safeguarding.
- The managers and the provider monitored accidents and incidents to identify themes and trends, in order to reduce the chance of a reoccurrence. Staff understood the importance of reporting and recording accidents and incidents and how best to respond.

Using medicines safely

- People were supported to receive their medicines safely. We saw staff supporting people to take their medicines as directed. The manager and deputy manager completed regular medicine audits and used these to identify any areas for improvement.
- Staff had received medicines training and had their competency regularly assessed to ensure they gave medicines safely. Staff completed medication records in line with the provider's policies.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was clean throughout, and we observed staff actively cleaning the premises during the inspection. There were effective cleaning and infection control processes, policies, and procedures in place. A relative told us, "This is a lovely home, clean and tidy with helpful and supportive staff."
- Staff confirmed they had received the necessary training, guidance, and support to keep people and themselves safe and from the risk of infections; this included training in using different cleaning products and good hand hygiene techniques.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Is the service well-led?

Our findings

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 our last inspection we rated this key question good. The rating for this key question has remained 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive and open culture at the service which achieved good outcomes for people.
- The manager and staff team worked with people, relatives, and healthcare professionals to provide the best outcomes for people. A staff member told us, "It's been great since [manager name] has been here; she listens to us, involves us in everything and tells us we are all important. We have regular team meetings and supervisions now and things are much better than before. We work well as a team."
- The provider had processes in place for receiving feedback and suggestions on how to improve the quality of support. A person told us, "I know I can talk to all the staff here. I am always involved in what is happening here. It's good to feel important."
- People and staff were involved in the running of the service and staff fully understood and took into account people's protected characteristics. Staff meetings were held regularly, and daily handover meetings were used to discuss any updates or changes in people's care needs. There were regular planned meetings with people and relatives. A person told us, "We do have meetings and can tell the home how we feel. If there are problems they are dealt with."

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 provider understood their responsibilities under the duty of candour.
- The manager and deputy manager were aware of their responsibilities to report significant events to CQC and other agencies; our records confirmed this.
- There was a well-embedded learning culture at the service which helped managers and staff to ensure people's care always improved.
- Meetings with people and relatives were regular and planned and these were on display in the home. A regular newsletter provided a range of interesting information for people to read.
- The provider was pro-active with quality assurance; identifying good things from audits but also where learning was needed. The provider was putting effort into workforce wellbeing and area and regional meetings were held to share information and learning.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- Since the last registered manager left the home, the provider had maintained a permanent manager presence without any gaps, and immediate action had been taken to recruit a new registered manager; the process of recruitment was nearly completed, with interviews scheduled for shortly after the date of this inspection.
- Managers had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.

Working in partnership with others

- The provider worked in partnership with others.
- Records showed a multidisciplinary approach in meeting people's needs and responding to any changes and there was evidence of joined-up work between the provider and other professionals to meet the needs of people using the service.
- Feedback from people, their relatives and other social care professionals about the service was positive. A relative told us, "The home have been amazing at getting [person] settled. When [person's] medication needed changing the staff immediately got the issue dealt with. The care is brilliant." Another relative said, "The staff are helpful to me if [person] needs a hospital appointment; they will go with [person] if I am not available."