

Essex County Care Limited

Beechlands

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:

Beechlands is a care home in Loughton which provides accommodation with personal care for up to 28 older people, some of whom may be living with dementia. There were 21 people living at the service on the day of our inspection.

People's experience of using this service:

The service had improved since our last inspection and people received good quality care at Beechlands. We found the provider had addressed the concerns we had raised at our last visit. There were improved systems for the safe administration of medicines. The registered manager had learnt from the experience and was aware of the need to act promptly when things went wrong.

Senior staff and provider representatives carried out checks on the quality of the service. These systems had improved since our last inspection.

We received positive feedback from people, families and staff about the service, especially about the family atmosphere.

There was an established management team and long-standing staff who knew people well. The registered manager was a strong leader who was responsive to people's needs. They promoted an open culture where people and staff felt able to have a say in the service, speaking out when they had concerns. The registered manager developed positive links with external agencies and used feedback to learn from mistakes.

Risk was well managed at the service. Measures were put in place to keep people safe, however people were still able to enjoy life and have fun. There were enough safely recruited staff to meet people's needs. Staff knew what to do if they had concerns for a person's safety.

Staff had the necessary skills to meet people's needs. Training and checks of staff competency had improved, particularly around the administration of medicine.

Staff worked well along with external professionals to maintain people's physical and emotional wellbeing. People ate and drank in line with their preferences and dietary needs, and there was a focus on making meal times an enjoyable event.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Senior staff carried out assessments of need prior to people coming to live at the service. Care plans were developed which provided staff with information on people's needs and any risks. The quality of these care

plans did not fully reflect the good care we found at the service, however, despite this we found staff knew people's needs well. The provider told us they were introducing new systems to address the quality of the care plans.

Care was person centred and flexible. Care was reviewed and adjusted when changes happened. People were supported to take part in pastimes and interests. Senior staff and care staff treated people with respect and supported them to remain independent.

The registered manager and staff worked well with professionals and families to ensure people receiving end of life care could choose to remain at the service when their needs increased.

More information is in the detailed findings below.

Rating at last inspection:

Requires improvement. The last report was published on 29 September 2017.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor Beechlands to ensure people receive care which meets their needs. We plan our inspections based on existing ratings and on any new information which we receive about each service.

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

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 improved to good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained good.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained good.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained good.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service improved to good.

Details are in our Well-Led findings below.

Good ●

Beechlands

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection:

The unannounced inspection took place on 12 March 2019 and was carried out by two inspectors and an 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:

Beechlands 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 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.

What we did:

As part of the inspection, we reviewed a range of information about the service. This included safeguarding alerts and statutory notifications, which related to the service. Statutory notifications include information about important events, which the provider is required to send us by law.

Providers are required to send us a Provider Information Return (PIR) in which they tell us about their service, what they do well, and improvements they plan to make. The registered manager had completed a PIR which helped to support our inspection.

We focused on speaking with people who lived at the service and observing how people were cared for. Where people at the service had complex needs, and were not able verbally to talk with us, or chose not to,

we used observation to gather evidence of people's experiences of the service. We talked with 11 people who used the service and two family members about their views on the service.

We spoke with the registered manager, deputy manager, and three care staff. We also spoke with the chef and the activity coordinator. We reviewed the care records of three people who used the service. We also looked at a range of documents relating to the management of the service, including staff files and a range of quality audits.

We had contact with two health and social care professionals who were involved in the care of the people at the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- When we last visited the service we had concerns about people's safety following the implementation of a new electronic system for administering medicines. The registered manager told us they had stopped using the new system immediately after our inspection and had returned to paper records. We found people now received safe support with their medicines from appropriately trained staff.
- People confirmed staff supported them safely with their medicines. A person said, "I know what my tablets for and if not, I ask. They stay while I take them, they make sure. I have my legs done with cream every night and it's done. I can ask for painkillers if needed."
- Medicine audits had improved and were thorough and detailed. Staff received medicine competency checks twice a year.
- Since our last inspection staff had received refresher medicine training. The registered manager described discussions they had with local health organisations to ensure they were following best practice.
- Medicines were safely stored in locked cabinets. There were effective systems in place for ordering and disposal of medicines.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they felt able to speak out if they were concerned about a person's safety.
- Staff had attended safeguarding training and were aware of the provider's safeguarding procedures.
- The registered manager described an incident when they had engaged openly with outside agencies to address concerns regarding a person's safety. The registered manager demonstrated a commitment to protect people who were at risk of harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Assessments had been completed to support people and staff to minimise risk. Care plans included measures which staff should take to minimise the risk of a person falling. One of these was to observe them when walking and, during our inspection, we noted staff walking with the person when they moved around the service.
- The registered manager told us they had improved their assessment process after they learnt lessons when staff had struggled to meet the needs of a person with complex needs who came to the service as an emergency admission. A senior staff member confirmed they now carried out thorough assessments before a person joined the service to ensure they could meet their needs.
- There were effective arrangements in place in the event of an emergency, such as individual plans for evacuation in a fire and grab bags which staff could use if a person was admitted to hospital in an emergency.
- The registered manager analysed when and where falls had happened to see if any improvements could reduce future falls, and if all actions had been taken as required.

Staffing and recruitment

- Staff told us there were enough staff to meet people's needs and our observations and people's feedback confirmed this. A person said, "Last night I was having trouble sleeping and I pressed the buzzer and the staff member came straight away. They were so kind."
- Staff were safely recruited and people benefitted from a stable long-standing staff team. The registered manager told us they rarely used agency staff.

Preventing and controlling infection

- There were dedicated cleaners at the service, so staff could focus on their caring role.
- There were effective processes to prevent the spread of infection and to monitor cleanliness.
- The service had a 5 star food hygiene rating.

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

People's outcomes were consistently good, and feedback confirmed this.

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

- Senior staff assessed each person before they joined the service to ensure their needs were understood, consulting with professionals where necessary.
- The information from the assessments was used to develop care plans which were detailed but could be repetitive and confusing. However, we found despite this staff knew people's specific needs and preferences well. A person told us about their care plan, "The amount of bump is incredible, but they do know what I like." The registered manager and provider told us of planned improvements to make it easier for staff to find information.
- Care plans included useful guidance about how to support people with dementia, promoting choice and independence. A member of staff demonstrated they knew the advice in the care plans and said, "You have to fill the sink up for this person and remind them of every stage."
- Staff worked and communicated effectively as a team. Monthly team meetings and daily handovers between shifts enabled information to be shared and staff to provide consistent support.

Staff support: induction, training, skills and experience

- We observed staff were skilled and could meet people's needs and manage risk well. Staff told us their training was useful, and the registered manager had arranged bespoke training, for instance around specific health conditions. New staff completed an induction process and worked alongside more experienced staff while they got to know people and their needs.
- There were systems in place to manage any gaps in staff knowledge and track the training they attended.
- Staff told us they were well supported. They met regularly with senior staff to discuss any issues and training needs.

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

- Staff provided support with specific needs around their food and drink. The chef described how some people required food to be chopped up or pureed as they were at risk of choking. This was in line with their assessed need.
- We observed staff regularly encouraging people to drink more. During a team meeting the registered manager had described symptoms of dehydration and reminded staff of how to support people who were at risk.
- Meal times were a sociable event, involving wine for those who wished. Choice was respected if people preferred to eat at a different time or chose an alternative to the set menu. People told us the food was good. A person said, "Oh the food is lovely. We have three choices. It's hot. I had dumplings the other day. If we've got company, they can stay to dinner."

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

- Staff actively supported people to contact specialist services such as speech and language therapy. They could describe in detail people's health conditions and how these were managed, such as support with diabetes.
- Staff carried out checks on people's wellbeing, raising concerns with external professionals where necessary. For instance, they reported to a person's GP when their weight had increased. This preventative action alerted the GP to a concern with the person's health which they managed to resolve at an early stage. This pro-active approach was a common theme across the service
- A health professional told us, "We have a good working relationship with the managers and staff at Beechlands... Escalation of clinical concerns are made in a timely fashion for appropriate care."

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

- The design of the communal areas encouraged a homely, non-institutional atmosphere. There was a kitchenette attached to each lounge, and we observed people could have a drink when they wanted one, rather than wait for the tea trolley.
- Following a provider audit the registered manager had improved signs around the property, for example with pictures to remind people where the bathrooms were. People had also chosen the colour of their doors to help familiarise themselves around the service.

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

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We also checked whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We observed the registered manager advising staff about the importance of letting a person with capacity make their own choices, even when the choice was not a healthy one. This example reflected an ethos at the service where people were empowered by staff to make decisions about their daily living.
- Staff had a good understanding of capacity. A member of staff described how they had worked with health professionals to ensure a decision was made in a person's best interest.
- The registered manager had requested authorisation from the relevant authorities when restricting people of their freedom. These applications and people's ability to make decisions was reviewed, as required.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff knew people well and treated them with gentleness and warmth. We observed a member of staff discretely offer to clean a mirror for a person whilst they were applying their makeup.
- People and staff told us they liked the family-like atmosphere at the service. A person told us, "This home is wonderful. It's the people that work in here. It makes you feel safe; it's like being at home."
- Staff helped people celebrate special days. The chef prepared special food for people around their birthdays. They told us, "I get something special in, especially if they haven't got a family."

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

- Staff offered people a choice about their daily routines. A member of staff checked with people about the music they wanted to listen to and when they did not respond they started chatting about preferred artists, saying, "Do you want some Irish music or the Batchelors as that's your favourite?"
- The registered manager was an effective advocate for people, representing their best interests with health and social care professionals. For example, they requested clarification from health staff following a change in medicine when a person returned to the service after a hospital stay.
- People were involved and enabled to have their say through meetings and in discussions with staff.

Respecting and promoting people's privacy, dignity and independence

- Care records were stored in locked cupboards to keep personal information confidential. Following a provider audit, staff had been reminded about the importance of privacy as a cupboard had been left open.
- There was a focus on supporting people to remain independent. Guidance in care plans supported this. A member of staff demonstrated they knew the advice in the care plans when they described the support a person needed with their personal care.
- There was a positive culture around privacy. A member of staff encouraged a person to go out of the communal area when they had a visit from a professional, so they could discuss their needs in private. Another member of staff described how they supported a person during personal care, "I observe discretely that they are doing it and leave them for a bit, unless they ask me to stay."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Throughout our visit we observed people were supported by staff in a person-centred, non-judgemental manner and were at ease to make choices about how they lived. One person took the whole morning to eat their breakfast porridge. Staff did not rush them, only offering occasionally to warm the porridge up.
- Staff reviewed people's needs in consultations with them and their families or key professionals. Support was adapted as people's needs and circumstances changed.
- Staff knew people well and worked to ensure the service met their preferences. The chef told us, "I made a chart about peoples' favourite breads just in case someone does the cooking who doesn't know them."
- There were dedicated activity staff who encouraged people to remain stimulated and active. There was a busy timetable of activities which included individual time spent with people, for instance playing dominoes or musical sessions with people cared for in bed. People had a say in the activities which were arranged.
- People were encouraged to develop and maintain relationships of their choice. There was a separate lounge where a member of staff told us two people welcomed their partners for a glass of wine.
- A person told us about the weekly church service, "I love it, the singing. Other people who don't go say they hear the singing and it's lovely. You don't have to go."
- Staff adapted their communication to support the people's individual needs. The service user guide had been improved to ensure information about the service was more easily accessible.

Improving care quality in response to complaints or concerns

- Due to the open communication at the service there were few formal complaints about the care provided.
- Where people had made complaints or raised concerns these were dealt with thoroughly by the registered manager in line with the providers complaint policy. A relative told us, "If anything is said, for instance a staff member wasn't so efficient, it was followed up and they got more supervision. There's been no trouble since."
- Each complaint or concern was used as an opportunity to reflect and improve the service, such as the quality of the food and activities.

End of life care and support

- Staff supported people who required end of life care with skill and compassion. The registered manager brought together professionals to ensure people's needs were met and they were well cared for.
- A member of staff told us senior staff had been very supportive to them following a recent bereavement of a person they were caring for.
- End of life care plans had been highlighted as an area for improvement in the providers quality checks and the registered manager had put plans being put in place to improve this. They were in discussion with the GP to ensure measures were in place should end of life support be required.

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

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; Continuous learning and improving care

- At our last inspection, we found the registered manager and provider had not used their audits to pick up and address the errors in the administration of medicines. At this inspection, we found processes to check the quality of the service worked well. The registered manager told us they had learnt from the experience of the last inspection and now addressed concerns immediately with the provider.
- Senior staff and provider representatives completed audits and quality checks which made a difference to the lives of the people at the service. The registered manager had carried out an overnight spot check in the week before our inspection to follow up on a concern.
- The registered manager met regularly with senior staff and efficiently delegated tasks, so all were clear about their roles and responsibilities.
- The registered manager was passionate about improving the service and learning from best practice. They had introduced new ideas which made the service better for people, such as enhancing staff training and skills. They reflected effectively on what went well and what needed improving.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

- People achieved good outcomes at the service. Peoples and families told us this was because the service was well managed. A relative told us, "Yes, the manager runs a good ship and is respected by everybody including staff."
- Some of the record keeping did not reflect this high standard of care, however this was balanced out by the stable management and staff team who knew people well.
- There had seen some disruption to other services within the wider organisation since our last inspection. However, we found this had not impacted directly on the care people received at Beechlands due to the presence of a strong and established registered manager.
- We discussed with the provider their plans for the future of the service. They told us they were investing in the fabric of the property, supporting the registered manager to undertake further qualifications and planned to improve care plans at the service.
- The registered manager let the right organisations and people know when things went wrong. This included notifying CQC of specific information, as required.

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

- The provider acknowledged the need to involve staff in any planned changes at the service. They told us,

"We plan to introduce electronic care plans, but have to win the support of the staff."

- A member of staff told us the registered manager engaged well with staff, "There is high morale, I never want to leave the job."
- There were regular meetings for people and families to give feedback about the service. People had input on a variety of issues such as activities and food.
- The registered manager worked well with external organisations and had benefitted from best practice guidance on falls and nutrition from their contact with the local authority. They also had a good relationship with their local health services.