

Roseberry Care Centres GB Limited

Beech Grove Care Home

Inspection report

St Pauls Street
Clitheroe
Lancashire
BB7 2LS

Date of inspection visit:
14 January 2020
15 January 2020

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10 February 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Beech Grove Care Home provides accommodation and personal care for up to 33 people. The home is located in a residential area near to the centre of Clitheroe. Accommodation is provided on two floors in 31 bedrooms and one shared bedroom. 13 of the bedrooms have an ensuite facility. At the time of the inspection, there were 32 people living in the home.

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

People told us they felt safe and staff were kind and caring. Staff understood how to safeguard people from abuse and report any concerns. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. Appropriate recruitment procedures ensured prospective staff were suitable to work in the home. People received their medicines safely and on time. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People were protected from the risks associated with the spread of infection.

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. People's needs were assessed prior to them using the service. There was ongoing training for all staff. Staff were supported with regular supervisions and were given the opportunity to attend regular meetings to ensure they could deliver care effectively. People were supported to eat a nutritionally balanced diet and to maintain their health.

Staff treated people with kindness and respect and spent time getting to know them and their specific needs and wishes. Our observations during the inspection, were of positive interactions between staff and people who lived in the home. Staff were responsive to people's needs. People were provided with appropriate activities and had access to a complaints procedure. All people had a care plan which was reviewed at regular intervals.

The registered manager carried out a number of audits to check the quality of the service. The registered manager provided clear leadership and took into account the views of people, their relatives, staff and visiting professional staff about the quality of care provided. The registered manager and staff used the feedback to make ongoing improvements to the service.

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 15 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Beech Grove Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and an Experts by Experience on the first day and one inspector on the second day. 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

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

The service had a manager registered with CQC. 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

We reviewed information we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also asked the local authority contracts department for feedback.

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 our planning tool to collate and analyse the information before we inspected.

During the inspection

We spoke with seven people who lived in the home, three relatives, four members of staff, the activities coordinator, a housekeeper, the deputy manager, registered manager and the regional operations manager. We also spoke with one visiting healthcare professional.

We looked at the care records of three people who used the service and looked around the premises. We observed staff interaction with people. We reviewed a range of records. This included 12 people's medication records, one staff file in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including 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 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

- The provider had established systems and processes to safeguard people from abuse. People told us they felt safe and were happy with the care and support they received. One person told us, "This is a very happy place" and another person commented, "I am very happy and safe here."
- Staff knew they could report any concerns about people's welfare to other authorities including the police, social services and CQC. They also understood when and how to use the whistleblowing policy. This policy enabled staff to report any concerns about poor practice in a confidential manner.
- Staff had completed training and had access to a safeguarding policy and procedure which set out actions to take in the event of a safeguarding concern.

Using medicines safely

- Medicines were stored and managed safely. Staff administering medicines received training and had their competency checked to ensure their practice remained safe.
- Staff had access to guidance to administer people's medicines properly. Staff monitored medicines taken 'when required' for usage and effectiveness.
- We found minor shortfalls in some medicines' records, which the registered manager addressed during the inspection.

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

- Risks to people's health, safety and wellbeing were well managed. Risk assessments covered all aspects of people's lives and included guidance for staff on how to manage risks in a safe and consistent manner.
- The provider had carried out environmental risk assessments to ensure the safety of people's living space. The provider had arrangements to carry out maintenance and safety checks on the installations and equipment. All safety certificates were complete and up to date.
- The provider had a business continuity plan which described how people would continue to receive a service in the event of adverse circumstances, such as power failure.
- Staff and people who lived in the home participated in regular fire drills to ensure they knew what action to take to keep safe in the event of a fire. The staff had developed personal emergency evacuation plans for each person which included information on the support people would need if they had to evacuate the building quickly.
- The provider had developed systems to learn lessons and improve the service when things went wrong. We saw there were appropriate systems to record, manage and analyse any accidents and incidents. The provider had carried out thorough investigations following two incidents in the home and had discussed the learning with the staff team. The learning also included additional training and review of the policies and

procedures.

Staffing and recruitment

- The provider had established systems to monitor the number of staff deployed in the home. People told us there were sufficient staff to meet their needs in a timely way. One person said, "The staff are always there to help."
- The provider followed safe recruitment systems and processes to protect people from the employment of unsuitable staff. We looked at a staff file and found appropriate checks were carried out prior to employment.

Preventing and controlling infection

- The provider had established effective infection prevention and control practices. Staff followed the provider's policies and the home was clean, hygienic and pleasant smelling. People and their relatives said the home had a good level of cleanliness and was well maintained.
- Staff were provided with infection control training on induction and through mandatory training programmes.
- Staff were seen wearing personal protective equipment and the management team had completed regular infection control audits.

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.

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 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.

- The registered manager and staff had completed training and demonstrated an understanding of the principles of the MCA. Staff made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible. The registered manager had plans to further embed the principles of the MCA within the care planning process.
- Where people needed restrictions on their liberty, to ensure their safety, the provider had applied to the local authority for appropriate authorisation under DoLS.

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

- The registered manager carried out assessments of people's needs, before they moved into the home. This helped to ensure the staff team had the resources and training to meet people's individual needs. The completed assessments covered all aspects of a person's needs and preferences.
- People's diverse needs were detailed in their assessment and care plans and met in practice, this included support required in relation to their culture, religion, lifestyle choices and diet preferences.

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 to access healthcare services. Staff had strong supportive relationships with other agencies and professionals to provide a flexible and effective service, which adapted to people's needs. A visiting healthcare professional provided us with positive feedback about the service and confirmed staff

made timely medical referrals.

- People's physical and mental health care needs were documented within their care plan. This helped staff to recognise any signs of deteriorating health.
- People had an oral healthcare care plan and the staff recorded oral care as part of the daily monitoring charts.
- Staff shared information when people moved between services such as admission to hospital or attendance at health appointments. In this way, people's needs were known and care was provided consistently when moving between services.

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

- People were supported to eat and drink in line with their dietary requirements. People were satisfied with the variety and quality of the food. One person told us, "My food is very enjoyable." The dining experience was a pleasant and sociable occasion.
- People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to healthcare professionals, as needed.

Staff support: induction, training, skills and experience

- The provider ensured staff had the appropriate skills and experience and supported them in their roles.
- New staff were supported through an induction programme and the provider's mandatory training was provided for all staff members. This helped to ensure the workforce was kept up to date with current legislation and good practice guidance. The registered manager monitored staff training to ensure staff completed the training in a timely manner.
- Staff were provided with one to one supervision and an annual appraisal. These forums facilitated discussions around work performance, training needs and areas of good practice. Staff demonstrated a good awareness of their working roles and responsibilities and confirmed their training was on-going and relevant.

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

- The design and decoration of the service met people's needs. People's bedrooms were personalised and decorated with items meaningful to them. One person told us, "My room is lovely. I chose the décor."
- The communal areas were accessible and there was outside space for people to spend time outdoors if they chose. The communal areas had been redecorated since the last inspection.

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

- Staff promoted people's rights and delivered person-centred care. All people expressed satisfaction with the care provided and made complimentary comments about the registered manager and staff team. One person told us, "The staff are just perfect" and another person commented, "I wouldn't like to live anywhere else."
- The registered manager promoted and encouraged inclusion. Staff had received training on equality and diversity issues and had access to a set of policies and procedures.
- Staff interacted with people in a warm and friendly manner and people were comfortable in the presence of staff who were supporting them. Staff understood their role in providing people with compassionate care and support. They were knowledgeable and respectful of people's diverse needs and had built positive relationships to support them.

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

- People were supported to express their views and were consulted in individual and meaningful ways. Staff asked people for their comments about the support they provided. They included people in decisions about their care and gave people time to voice their wishes.
- People were encouraged to make decisions about their day to day routines, in line with their personal preferences. People told us they and / or their relatives had been consulted about their care needs and had discussed their care with staff.
- People were provided with appropriate information about the service. The information included details about what people could expect from the service. This helped them to make informed decisions about accepting a place at the home.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted and respected. People could spend time alone in their rooms if they wished.
- Staff had access to policies and procedures about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting.
- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's confidentiality policy and with current regulations.

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 person-centred care and support in a way that was flexible and responsive to their needs. People were happy with the care they received. One person said, "I am so happy and feel loved."
- Each person had an individual care plan, which was reflective of their current needs. Staff reviewed the care plans at regular intervals. We found minor shortfalls in some of the care plan documentation. These issues were addressed during the inspection.
- Staff had a good knowledge of people preferences and were responsive to their needs. They maintained detailed daily records of care and handover records. These provided information about changing needs and any recurring difficulties. We noted people's needs were described in respectful and sensitive terms.

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 registered manager understood people's right to have information presented to them in an accessible manner, such as larger print documents or the use of pictures. For example, the daily menu was available in a pictorial format.
- People's information and communication needs had been considered as part of the assessment and care planning processes. We saw staff members engaging with people during the inspection, which prompted conversation and helped to avoid isolation.

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

- Staff supported people to maintain relationships to avoid social isolation. Visitors were made welcome in the home. Staff encouraged people to make daily choices in relation to meaningful activities and accessing the community.
- The provider employed an activity coordinator and an activity programme was displayed on the notice board. People could therefore plan their time and decide which activities they would like to join in with.

Improving care quality in response to complaints or concerns

- The provider had an effective complaints procedure. The procedure was clear in explaining how a complaint could be made and reassured people their issues would be taken seriously. The provider had arrangements for investigating and resolving complaints.

- People had access to a complaint's procedure, knew how to make a complaint and were confident they would be listened to. One person told us, "If I had a problem I would just have to tell the girls (staff) and it would be seen to."

End of life care and support

- People were supported to have comfortable, dignified and pain free end of life care. Where appropriate, people's end of life wishes, and preferences were recorded and reviewed as part of the care planning process.
- Staff involved the relevant professionals when required and obtained appropriate medicines and equipment to ensure people remained pain free. Staff had access to training and the provider's policies on end of life care. A relative had written to the registered manager to thank the staff team for the care provided to their family member. Their comments included, "The staff's professionalism and dedication are exemplary. My family are so grateful for their love and kindness."

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. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff had a clear understanding of their roles and contributions to service delivery. Staff morale was good, and they felt valued and supported.
- The management team carried out a number of audits and checks covering all aspects of the service. Action plans were drawn up to address any shortfalls. The provider also had a Quality and Compliance team, who visited the home to carry out an internal inspection of the service.
- People, relatives and staff spoke positively about the way the service was managed and the registered manager's leadership style. One relative told us, "The manager has added to this already good home" and a member of staff said, "The manager is fantastic. She is always approachable and supportive."
- A regional operations manager visited the home at least once a month. During their visits they carried out a number of checks and compiled a monthly report of their findings.
- The registered manager utilised meetings with staff, both on an individual and group basis, to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns within the meetings, and the registered manager was open to feedback.

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 provider and the registered manager understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. Good relationships had been developed between the registered manager, staff and people who lived in the home and their family members.
- The registered manager spoke with people when things went wrong. Any incidents were fully discussed with staff during meetings or in one to one support sessions.

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

- The registered manager and staff were focussed and committed to delivering a person-centred service which achieved positive outcomes for people. They were knowledgeable about their needs and preferences. The provider operated a 'Resident of the day' programme, which included a review of all aspects of people's care and support.
- We observed a positive and welcoming culture within the home. Staff told us they felt people were well supported and they described how much they enjoyed their work. One staff member commented, "We have a great environment to work in. I was happy working here from day one."

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

- Staff involved and engaged people in the life of the home and considered their equality characteristics. The registered manager encouraged people to express their opinions through different forums to ensure their views were heard. This allowed the provider and registered manager to monitor, reflect and develop based on people's experience.
- People, relatives and staff were invited to complete a satisfaction survey in November 2019. The results had not yet been published.
- People were given the opportunity to attend residents' meetings. We looked at the minutes of meetings and noted a wide variety of issues had been discussed. The registered manager had plans to increase the frequency of the meetings.
- The management team and staff worked in partnership with external agencies where they could learn and share knowledge and information that promoted the continued development of the service.