Commission for Social Care Inspection

Making Social Care Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Beechside Residential Care Home

Beechside Residential Care Home
88 Beech Lane
Menlove Avenue
Liverpool
L18 3ER

Lead Inspector
Inger Moynihan

Key Unannounced Inspection
10th February 2009 09:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People.* They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Beechside Residential Care Home
Address	Beechside Residential Care Home 88 Beech Lane Menlove Avenue Liverpool L18 3ER
Telephone number	0151 724 6606
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Brightholme Care Services
Name of registered manager (if applicable)	Mrs Eileen Charles
Type of registration	Care Home
No. of places registered (if applicable)	30
Category(ies) of registration, with number of places	Old age, not falling within any other category (30)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:
   Care home only - Code PC
   To people of the following gender: Either
   Whose primary care needs on admission to the home are within the following categories:
   Old age, not falling within any other category - Code OP
   The maximum number of people who can be accommodated is: 30

Date of last inspection 9 May 2008

Brief Description of the Service:

Beechside is a Residential Care Home that provides care for up to 30 older people. Beechside is situated in a residential area, close to local amenities and bus routes to other parts of Liverpool and the city centre. Bedrooms are single occupancy some with ensuite facilities. There are two lounges and a dining room and a number of bathing facilities on all floors. The gardens are well maintained.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **2 star**. This means the people who use the service experience **good** quality outcomes.

The people who live at Beechside are referred to as service users, therefore this term is used throughout the report.

Information about the home was obtained through discussion with the service users, the manager, the registered owners and members of the staff team. Policies, procedures and supporting documentation were also looked at along with a selection of service users' case files. We also obtained information from the Annual Quality Assurance Assessment (AQAA). The AQAA is a self-assessment document that is filled in once a year by all providers. It is one of the ways that we get information from providers about how they are meeting outcomes for people using the service.

A part of the inspection process includes sending surveys to service users, relatives and staff to obtain their views on the standard of the service. Six staff surveys and seven service user surveys were returned to us. Comments made in these surveys are included in the report and contribute to the basis of any judgments made.

In October 2008 Beechside was sold to Mr Keith Waterson, Mrs Anita Waterson and Mr John Waterson (registered owners). Although Mr and Mrs Waterson oversee the home's general management, Mrs Eileen Charles still has responsibility for the daily running the home. Mrs Waterson intends to apply to the CSCI to become the registered manager.

Fees: £350.00 - £375.00 per week.

A copy of this report, and past inspection reports can be obtained from the registered owners at the home.

What the service does well:

Service users' care needs are assessed before they move into the home so they know they will receive the care and support they need.

A plan of the care given to each service user is in place and service users' general welfare is monitored regularly. One of the service users spoken to during the visit said 'The staff are very good, they are all very kind'.

Staff manage service users' medication when they cannot do this for themselves. They have completed training in this area of care and service users spoken to during the visit confirmed they receive their medication as prescribed by their GP.

Staff spoken to demonstrated an understanding of how they must ensure service users are treated with respect and their right to privacy is upheld. One service user said 'The staff are very good when they help me have a bath, they always keep the door closed and make sure I am covered up'.

A range of social activities are provided to ensure service users have an opportunity to meet with the other people living at the home and to prevent them from becoming bored. Plans are being made to develop this area of care. Service users' religious observance is respected and an inter-denominational service is held each week.

All of the service users said they enjoy the food and always have plenty to eat. One service user said 'The food is very good and the cook is excellent'.

A complaint procedure is available to service users and their relatives so they know what to do if they are unhappy with the standard of the care provided.

Staff have completed training on how to ensure service users are protected from abuse, neglect and self harm. No allegations of abuse have been made at this home. One of the service users spoken to said 'The staff are all very good'.

Staff are provided with regular training and a training programme for the forthcoming year is being developed. A senior member of staff has recently been appointed as staff development officer which means staff will be provided with more on the job training and their work will be monitored more closely.

Staff recruitment and selection procedures ensure suitably qualified and competent staff are employed. Staff spoken to during the visit were clear on their role and responsibilities, which means the service remains focused on the service users' care needs.

The management systems are currently being reviewed and changed to ensure the more efficient and effective running of the home.

Staff spoken to during the visit said they enjoy their work and feel well supported in their role. They confirmed a senior member of staff meets with them regularly to give support and discuss how they are working. The staff spoke highly of the new registered owners and said they felt positive about the future. One member of staff said 'All of the changes brought in by the new owners are very good. They have re-organised the working schedules and provided me with better equipment'.

The health, safety and welfare of service users and staff are promoted through the provision of training and supporting policies and procedures. Regular health and safety checks are carried out around the building.

What has improved since the last inspection?

Since the last inspection improvements have been made to the safeguarding procedures and staff files. The quality assurance systems have been improved and staff are now formerly supervised and their work is monitored more closely. Policies and procedures have been reviewed and updated.

What they could do better:

Service users' case files need to be streamlined to ensure staff can monitor their welfare closely and ensure their care needs are being fully met.

Some improvements need to be made to the medication procedures and supporting documentation to ensure this area of care is managed efficiently and service users are kept safe and well.

Improvements need to be made to the environment to ensure service users have a more pleasant and comfortable place to live.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

Choice of Home (Standards 1–6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

3 and 6 Quality in this outcome area is **good.**

This judgement has been made using available evidence including a visit to this service.

Service users' care needs are assessed before a service is offered so they know they will receive the care and support they need.

EVIDENCE:

An assessment of service users' care needs is carried out before they move into the home. Service users, their family and any relevant health care professional can contribute to the assessment to ensure the service user receives the right level of care. The registered owners are in the process of reviewing all case files to ensure they are an accurate reflection of service users' care needs. Staff surveys indicated they are always given up to date information about the needs of the people they support.

Intermediate care is not provided at Beechside.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9 and 10 Quality in this outcome area is **good.**

This judgement has been made using available evidence including a visit to this service.

Service users' personal care needs are met and they are treated with respect and valued as individuals.

EVIDENCE:

A plan of the care given to each service user is in place. Service users' general welfare is monitored regularly and staff seek advice from different health care professionals as required. The service users spoken to during the visit said there were very happy with the care they receive. One service user said 'The staff are very good, they are all very kind'. Another service users said 'I have lived at this home for a long time and it's just like home from home'. One of the staff surveys noted when asked what do you feel the home does well, 'We give 100% care and attention'. All of the service user surveys noted they receive the medical support they need. Although it is clear that service users are receiving a good standard of care, the supporting documentation was sometimes confusing and it was not possible to clearly establish the package of care being provided. New documentation is in the process of being introduced

to ensure the care plans are up to date and an accurate reflection of service users' current care needs.

Systems are in place for the administration of service users' medication. Staff have completed training in this area of care so they are aware of their responsibilities and know how to work safely. The service users spoken to said they receive their medication as prescribed by their GP. During the visit a concern arose about the way medication was being managed. A medication administration record sheet had not been completed for one service user since before Christmas, risk assessments had not been completed for another service user who takes responsibility for their own medication and a lock had not been fitted to the medication fridge. Also the homely remedies procedure was not being followed properly. These issues were discussed with the manager who could not properly account for why this situation had arisen. The medication administration record sheets were obtained by the end of the day and a lock was fitted to the medication room door within two days of the visit. The registered owner gave a firm assurance that the other issues would be addressed as a matter of priority. In light of this situation the CSCI pharmacist will be asked to carry out a more in-depth audit of the home's medication procedures.

Staff spoken to demonstrated an understanding of how they must ensure service users are treated with respect and their right to privacy is upheld. The service users said the staff are very discreet when they help with their personal care. One service user said 'The staff are very good when they help me have a bath, they always keep the door closed and make sure I am covered up'.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12,13 and 15 Quality in this outcome area is **good.**

This judgement has been made using available evidence including a visit to this service.

The home's routines are flexible which means service users can exercise choice and control in their lives. A varied and nutritious diet is provided to ensure service users' interest and good health.

EVIDENCE:

Service users confirmed the home's routines are flexible which means they can make decisions for themselves and go about their day as they wish. They confirmed they can get up and go to bed when they want.

A range of social activities are provided to ensure service users have an opportunity to meet with the other people living at the home and to prevent them from becoming bored. These activities include board games, gentle exercise and outside entertainment. Plans are being made to develop this area of care. A piano has been bought and the staff are beginning pampering sessions and video nights. Service users' religious observance is respected and their spiritual needs are met. An inter-denominational service is held each week and a representative from the local church visits regularly to give communion.

Service users' family and friends can visit at any time so they can maintain personal relationships and continue to be part of family life.

All of the service users said they enjoy the food and always have plenty to eat. Diets based around service users' medical needs can be met and hot and cold drinks and snacks are available throughout the day. Staff are available to help service users at mealtimes if necessary. Service users can have their breakfast in their room so they can get up at their leisure. The menu is varied and changed regularly and a choice is always available. One of the service user said 'The food is very good and I always get plenty to eat'. Another service user said 'I always enjoy the food, the cook is very good'.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
17. Service users' legal rights are protected.
18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

16 and 18 Quality in this outcome area is **good.**

This judgement has been made using available evidence including a visit to this service.

Systems are in place to ensure service users are protected from harm and they know who to contact if they want to make a complaint.

EVIDENCE:

A complaint procedure is available to service users and their relatives so they know what to do if they are unhappy with the standard of the care they receive. Since the last inspection one complaint has been made about the standard of hygiene in the home. We have not received any complaints about the service. The service users spoken to during the visit said they were happy with the care they receive and had no complaints to make. One service user said 'The staff are very kind and I am well looked after'. All of the service user surveys indicated they know how to make a complaint.

Staff have completed training on how to ensure service users are protected from abuse, neglect and self harm. An update in this training is currently being arranged. During discussion staff demonstrated an understanding of the different types of abuse that can occur and what they should do if they know or suspect abuse is taking place. The manager knows how to manage allegations of abuse correctly and copies of the necessary adult protection procedures are in place to support her with this. No allegations of abuse have been made at this home. One of the service users spoken to said 'The staff are very good, nothing is ever any trouble to them'. Another service user said 'The staff are lovely, I have never been spoken to or treated badly in any way'.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

19 and 26 Quality in this outcome area is **adequate.**

This judgement has been made using available evidence including a visit to this service.

Improvements need to be made to the environment to ensure service users have a pleasant and comfortable place to live.

EVIDENCE:

The standard of the furnishings in the home is mixed. Some rooms and bedrooms are furnished in a comfortable and homely way and service users have personalised their rooms with their own belongings. However, some improvements need to be made in other areas. Some bedrooms need redecorating, carpets, particularly one, are stained and windows are dirty. Doors are badly scratched, some furniture is damaged, and there is a bad damp patch in one of the en-suites. Two bedrooms smell of urine. A programme of refurbishment is now in place and the registered providers gave us a firm assurance these issues would be addressed as a matter of priority.

Systems are in place to prevent the spread of infection and policies and procedures are available to support staff in their role. As indicated above the standard of hygiene needs to be improved to prevent the possible spread of infection. There are sufficient laundry and catering facilities for the number of service users living at the home. Both areas were clean, tidy and well organised.

Staffing

The intended outcomes for Standards 27 – 30 are:

27. Service users' needs are met by the numbers and skill mix of staff.
28. Service users are in safe hands at all times.
29. Service users are supported and protected by the home's recruitment policy and practices.
30. Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29 and 30 Quality in this outcome area is **good.**

This judgement has been made using available evidence including a visit to this service.

The recruitment and selection procedures ensure suitably qualified and competent staff are employed.

EVIDENCE:

The staff spoken to during the visit reported there are sufficient care staff on duty to keep service users safe and provide the necessary support. However, all of the staff surveys returned to us indicated there are 'usually' and 'sometimes' enough staff on duty. This was also noted in three of the service user surveys returned to us. In light of these comments, the registered owners should review the staffing levels to ensure there are sufficient staff on duty at all times.

During discussion staff said they are provided with regular training to support them in their role and keep them up to date with new ways of working. This was also noted in the staff surveys returned to us. A training programme for the forthcoming year is in the process of being set up and a senior member of staff has recently been appointed as staff development officer. This means that more 'on the job' training can be provided and staff can be supervised more closely. Mrs Waterson plans start a management qualification to support her application to become manager of the home.

There is training to the National Vocational Qualification (NVQ) standards, which is a recognised qualification for staff involved in the care profession. The registered owners are in the process of developing this training programme so that all staff have a minimum qualification of NVQ level 2. This is in line with good practice and ensures staff are kept up to date with new ways of working.

The recruitment and selection procedures ensure suitably qualified and competent staff are employed. The recruitment procedures are based on equal opportunities, which means prospective applicants are recruited on a fair and equal basis. All staff completed a Criminal Records Bureau (CRB) check before they started working at the home. Good practice states these checks should be completed every three years. The registered provider agreed to adopt this way of working and ensure all CRB checks are up to date. Staff spoken to during the visit were clear on their role and responsibilities, which means the service remains focused on service users' care needs.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 33, 36 and 38 Quality in this outcome area is **good.**

This judgement has been made using available evidence including a visit to this service.

The management systems are currently being reviewed and changed to ensure the efficient and effective running of the home.

EVIDENCE:

In October 2008 Beechside was sold to Mr Keith and Mrs Anita Waterson (registered owners). Although Mr and Mrs Waterson work at the home to oversee its management, Mrs Eileen Charles is still the registered manager. This change of ownership and the effect it has had was discussed with staff and service users. The staff spoke highly of the new owners and said they felt positive about the future. One member of staff said 'All of the changes brought in by the new owners are very good. They have re-organised the working schedules and provided me with better equipment'. Another member of staff said 'The new owners are very supportive and extremely nice people. I

am very excited about the future of the home'. The relative of one service user said she is looking forward to working with the new owners and is happy with the care her mother is receiving. The service users spoken to said the registered owners were very nice people who seemed to be making changes for the better. One service user said 'Keith (registered owner) is very nice he always stops and chats'. Another service user said 'The new owners are very nice people'.

Staff spoken to during the visit said they enjoy their work and feel well supported in their role. They confirmed the manager and senior staff are very supportive and available for advice when necessary. They confirmed a senior member of staff meets with them regularly to give support and discuss how they are working.

Mr and Mrs Waterson have overviewed and made changes to the home's management and administrative systems to ensure the more efficient and effective running of the business and the ongoing improvement of the service. Clear aims and objectives have been set to ensure outcomes for service users are monitored and improved. An IT systems has been installed which means staff can access information easily; staff will be provided with training in this area. Staff are monitored more closely and regular staff meetings now take place to ensure good communication amongst the staff team. In 2008 service users were given a questionnaire to complete about how they rated the standard of the service. A number of questionnaires were looked at and they all rated the service as 'excellent' or 'very good'. One of the service user surveys returned to us noted 'The care is very good in the context of a residential home'. Another survey noted 'Beechside is the right type of home for anyone to be placed. It is clean and comfortable and the food is excellent.....I would recommend it to anyone. Also the standard of care and management of staff is impeccable'.

The health, safety and welfare of service users and staff is promoted through the provision of staff training and newly revised policies and procedures. Regular health and safety checks are carried out around the building to ensure the safety and welfare of staff and service users. A system for checking legionella and bedrails needs to be introduced and thermometers should be used in all bathrooms for service users' safety and welfare.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion
"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	***Score***
1	x
2	x
3	3
4	x
5	x
6	n/a

HEALTH AND PERSONAL CARE	
Standard No	***Score***
7	3
8	3
9	2
10	3
11	x

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	**Score**
12	3
13	3
14	x
15	3

COMPLAINTS AND PROTECTION	
Standard No	**Score**
16	3
17	x
18	3

ENVIRONMENT	
Standard No	***Score***
19	2
20	x
21	x
22	x
23	x
24	x
25	x
26	3

STAFFING	
Standard No	**Score**
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	**Score**
31	3
32	x
33	3
34	x
35	x
36	3
37	x
38	3

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP7	More detailed information must be recorded in service users' care plans and risk assessments to ensure staff have the information they need on how to provide the correct level of care.
2	OP9	The medication administration procedures must be improved to ensure this area of care is manage more efficiently and to protect service users from potential harm.
3	OP27	The staffing levels should be reviewed and changed where necessary to ensure service users are kept safe and provided with the necessary support.
4	OP19	Improvements need to be made to some areas of the home to ensure a more comfortable and pleasant environment is provided for service users to live.

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