# Inspection Report

***We are the regulator:*** *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

# Beechside Residential Care Home

88 Beech Lane, Menlove Avenue, Liverpool, L18 3ER

Tel: 01517246606

Date of Inspection: 20 June 2013

Date of Publication: July 2013

We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|---|---|
| **Respecting and involving people who use services** | ✓ Met this standard |
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Meeting nutritional needs** | ✓ Met this standard |
| **Safety, availability and suitability of equipment** | ✓ Met this standard |
| **Staffing** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | Brightholme Care Services |
| Registered Manager | Mrs. Anita Waterson |
| Overview of the service | Beechside Residential Care Home provides accommodation and personal care for older people some who have dementia care needs. It is located in a residential area of Mossley Hill near Liverpool. A car park is available at the front of the home. |
| Type of services | Care home service without nursing<br>Domiciliary care service |
| Regulated activities | Accommodation for persons who require nursing or personal care<br>Personal care |

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*


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## Summary of this inspection

### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information sent to us by other regulators or the Department of Health. We talked with commissioners of services.

### What people told us and what we found

At the time of our visit there was no-one using the Domiciliary Care Agency (DCA) registered at the location under the activity personal care. Therefore the content of this report is based only on our findings in relation to the activity accommodation for persons who require nursing or personal care.

People who used the service and their relatives were given information about the home and were invited to look around before deciding it was the right place for them to live. People were involved in their initial assessment and in planning and reviewing their care.

People received appropriate care and treatment with their health and wellbeing, including input from external health and social care professionals. Staff had received training to help them deal with emergencies and they were confident about what they would do in an emergency situation.

People's nutrition and hydration needs were well recorded and understood by staff. People told us the food served at the home was tasty and that they always had plenty to eat and drink.

People had all the equipment they needed to help with their comfort, mobility and independence and equipment had been regularly checked to make sure it was suitable for their needs and safe to use.

People told us that they had no concerns about the staffing levels. They said staff had been efficient in attending to their needs and were always about when they needed them. Staff told us they never felt rushed or under pressure.

You can see our judgements on the front page of this report.

## More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

### Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care and people's privacy, dignity and independence were respected.

### Reasons for our judgement

People had been given information about the home before making a decision about using the service. A relative of one person who used the service told us that before choosing the home they arrived there unannounced to obtain information about it. They said they were welcomed by staff, given written information about the home and were invited to look around. Another relative also said they had looked around the home before deciding it was the right place for their mum and they said they were provided with details of the last Care Quality Commission (CQC) inspection report.

Information was displayed on notice boards in the main hallway including details of advocacy services and how to complain. People who used the service and their relatives said they knew how to complain and would do so if they were unhappy about anything. One person said "I know I only have to tell the staff and they will sort it out right away".

Each person who used the service had their own care file which was kept securely at the home. We looked the care files belonging to four people who used the service. We saw that an initial assessment of need had been carried out for each person either prior to them moving into the home or within forty eight hours. Assessments were detailed and covered areas of need such as communication, mobility, personal hygiene, eating and drinking, personal safety and healthcare. We saw that people had a set of care plans which were based on their initial assessments. Each care plan was titled showing the area of need, how it was to be met and what the desired outcome/goal was for the person. Plans included information about people's ability to make choices and what their preferences were with regard to their care and treatment. People who used the service and their relatives told us that they had been fully involved in their assessments and care plans. They said they had expressed their choices and preferences about their care and treatment and how it would be provided. For example one relative told us that during their mother's assessment they expressed the importance of ensuring their mother continued to be supported with certain routines which were very important to her. The relative told us

that they were amazed at how well their mum had settled into the home and felt it was because staff had fully respected their mums needs and ensured they were met.

Throughout our visit we saw staff treating people with respect. They closed doors to ensure people's privacy when assisting with personal care and they sat close to people whilst discussing matters about their care and treatment. We observed staff talking to people in a gentle and kind way. People who used the service and their relatives told us that staff had always been polite and respectful towards them. Their comments included: "Staff are fantastic" and "They are so kind and caring and treat people with a lot of respect".

**Care and welfare of people who use services** ✓ Met this standard

**People should get safe and appropriate care that meets their needs and supports their rights**

## Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

## Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Care plans detailed any associated risk to people's health, safety and welfare and the action staff needed to take to minimise any risk of harm to the person and others involved in their care and treatment. Risk management plans which were in place for people covered things such as medication, eating and drinking, mobility, personal care and accessing the community. We saw that each person's care plan had been routinely reviewed each month and updated when there had been a change or event which had affected the persons care and welfare. We noted that people who used the service had a key worker who took the lead in ensuring people's care was properly co-ordinated.

People's general health and wellbeing had been checked and monitored to ensure they stayed as fit and well as possible. We saw records which showed people had been encouraged and supported to attend primary healthcare services for routine appointments such as with their dentist, chiropodist and optician. Staff had also supported people to attend hospital appointments as required and they kept records detailing the visits including the outcome and any continuing care and support which was advised. Records also showed that were required staff had carried out checks on people's weight, food and fluid intake and their emotional wellbeing. We saw that appropriate action had been taken by staff when a concern about a person's health or wellbeing had been identified. People received input from relevant health and social care professionals including physiotherapists, dieticians, doctors, community nurses and social workers. We spoke with healthcare professionals who attended to people on the day of our visit including two community nurses, a physiotherapist and a GP. They told us that they had no concerns about people's care and welfare and that staff had provided the necessary support to people following advice they had given.

Staff had information about people's past lives, important relationships and their hobbies and interests and we saw records which showed people had been supported with these. Staff told us they recognised the importance of ensuring people were supported with their social needs as well as with their physical and emotional needs. We spoke with a member of the care team who had been allocated time each day to organise activities for people

who used the service. They talked us through some of the activities which had taken place at the home which included arts and crafts, relaxation and gentle exercise sessions. A relative of one person who used the service told us that activities at the home had increased recently and with encouragement their mum had joined in and enjoyed them. A person who used the service told us, "There is plenty to do if you want".

There were arrangements in place to deal with foreseeable emergencies. Staff had access to polices and procedures for dealing with medical and non medical emergencies. Staff told us that in the event of a medical emergency they would carry out the necessary first aid and life support procedures and call on emergency services if necessary. Staff confirmed that they had completed first aid and basic life support training and that they felt confident about dealing with an emergency. We saw first aid equipment was available around the home and staff knew where it was kept. Staff had completed other training related to ensuring people's health and safety including fire awareness, safeguarding vulnerable adults and infection control.

**Meeting nutritional needs** ✓ Met this standard

**Food and drink should meet people's individual dietary needs**

## Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

## Reasons for our judgement

People who used the service were given a choice of suitable food and drink to meet their nutritional needs. Staff had information about the food and drink people liked and disliked and what they preferred. People told us they were offered four main meals a day which included breakfast, lunch, dinner and supper. We observed staff offering people drinks and snacks throughout the day and people confirmed this was usual. People who used the service commented that they had enjoyed the food served at the home. Their comments included: "The food is very nice and I never get hungry" and "I get more than enough to eat and it is very tasty".

Menus in the form of pictures and photographs were displayed on a notice board close to the entrance of the dining room. The menus were varied and well balanced and people told us they had plenty of fruit and vegetables as part of their dally diet.

We observed the lunchtime meal being served. We saw that people were individually served with their meal which was nicely presented and served hot. Hot and cold drinks were offered to people both during and after their meal and they were offered second helpings of food. Staff provided people with assistance and offered encouragement and prompting to those who needed it. People appeared to have enjoyed their meal time experience and we noted that the atmosphere was calm, relaxed and unrushed. Following the meal people told us their meal had been tasty and that they had had plenty to eat.

We saw that the malnutrition universal screening tool (MUST), which is a nutritional assessment, had been completed for people who used the service. Following on from these appropriate care plans were in place for people who were at risk of malnutrition and dehydration. Food diaries and fluid charts had been completed for people as required and people had been weighed on a regular basis. Where people showed signs of a poor diet and had lost weight staff had contacted the person's GP to initiate referrals to a dietician. Care plans detailed people's special dietary requirements, the support they needed with eating and drinking and specialist equipment they needed to help with their independence at meal times. Staff had information and guidance about different food textures and foods which presented as high risk to people who had difficulties swallowing. The cook held details of people's dietary requirements such as if they required a soft or pureed diet or if they required a high calorie diet.

**Safety, availability and suitability of equipment** ✓ Met this standard

**People should be safe from harm from unsafe or unsuitable equipment**

## Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

## Reasons for our judgement

People were protected from unsafe or unsuitable equipment. Equipment used at the home had been properly installed and maintained ensuring it was safe to use and staff had received training to use equipment. Equipment used to help people with their mobility and independence such as lifting hoists and wheelchairs were stored safely away to avoid obstruction when not in use.

Records we viewed showed that equipment had been checked and serviced by a suitably qualified person, at the required intervals. These included checks carried out on the passenger lift, beds, mattresses, portable electrical appliances, gas systems, fire alarms and fire equipment. Portable electrical appliances displayed stickers showing details of when they were last checked.

The required risk assessments had been carried out and regularly reviewed on equipment and systems such as fire, gas and electrical safety. Risk assessments identified hazards which can potentially cause harm to people and they included a clear description of the actions staff needed to take to minimise harm to themselves, people who used the service and visitors.

A range of policies and procedures were available for the use and testing of equipment. Staff were confident about what action to take if they found equipment to be faulty. They told us they would put the item of equipment out of use immediately, report the fault and if necessary arrange for repair or replacement of the equipment. Staff advised us that they had received training for the use of equipment and we saw records which confirmed this. We observed staff using equipment correctly for example they ensured people's feet were appropriately placed on footplates before using wheelchairs.

People who used the service told us they had been provided with all the equipment they needed to help with their comfort, mobility and independence, for example, wheelchairs, walking frames, cushions and chair risers. People said they had not had to share equipment with others and that the equipment they were given was suitable to their needs. We saw that people's care plans and risk management plans detailed items of equipment they needed and instructions for use.

**Staffing** ✓ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

## Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

## Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. During our visit we did not see people who used the service waiting for assistance or staff rushing around. We saw staff regularly attended areas of the home occupied by people who used the service. We also saw that staff regularly visited people who chose to stay in their bedrooms. We observed positive relationships and interactions between staff and people who used the service and we noted that the atmosphere of the home appeared calm and relaxed. People who used the service and relatives told us that there had always been staff around to call upon when they needed them and people said they had never had to wait too long for staff to assist them. We asked relatives of people who used the service what they thought about the staffing levels. They said they had no concerns about the amount of staff on duty and they made the following comments, "I've not had any concerns there always seems to be enough staff" and "Mum has never complained that she has had to wait and staff have always been efficient when I've visited".

The manager explained that staffing levels had been set in line with occupancy levels and the needs of the people who used the service. We viewed staffing rotas for a four week period and saw that a consentient number of care staff had been on duty throughout the day and night. Staffing rotas were colour coded identifying shift times and staff roles and responsibilities for example senior staff who were in charge at the time. Other staff working at the home during office hours included domestics, a laundry assistant, cook, kitchen assistant and a handy man. We saw records which showed staff had received mandatory training in topics relating to the health, safety and welfare of the people who used the service, including safeguarding adults, first aid and fire awareness. Staff with different roles and responsibilities told us they felt they had the right experience, knowledge and skills to do their jobs.
Staff advised us that staffing levels had been consistent and sufficient in meeting the needs of the people living at the home. One member of staff commented, "We are very busy at breakfast and lunch time but the manager has taken more staff on to help during these times". We discussed this with the manager who confirmed that additional staff had been recruited to the team to help out during breakfast and lunch periods. The manager confirmed that the new staff would commence work following receipt of their pre-employment recruitment checks.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

| | |
|---|---|
| ✓ **Met this standard** | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| ✖ **Action needed** | This means that the standard was not being met in that the provider was non-compliant with the regulation.<br>We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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|---|
| Respecting and involving people who use services - Outcome 1 (Regulation 17) |
| Consent to care and treatment - Outcome 2 (Regulation 18) |
| Care and welfare of people who use services - Outcome 4 (Regulation 9) |
| Meeting Nutritional Needs - Outcome 5 (Regulation 14) |
| Cooperating with other providers - Outcome 6 (Regulation 24) |
| Safeguarding people who use services from abuse - Outcome 7 (Regulation 11) |
| Cleanliness and infection control - Outcome 8 (Regulation 12) |
| Management of medicines - Outcome 9 (Regulation 13) |
| Safety and suitability of premises - Outcome 10 (Regulation 15) |
| Safety, availability and suitability of equipment - Outcome 11 (Regulation 16) |
| Requirements relating to workers - Outcome 12 (Regulation 21) |
| Staffing - Outcome 13 (Regulation 22) |
| Supporting Staff - Outcome 14 (Regulation 23) |
| Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10) |
| Complaints - Outcome 17 (Regulation 19) |
| Records - Outcome 21 (Regulation 20) |

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

### (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

### Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

### Responsive inspection

This is carried out at any time in relation to identified concerns.

### Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

### Themed inspection

This is targeted to look at specific standards, sectors or types of care.

## Contact us

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|---|---|
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