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: 13 December 2012

Date of Publication: January 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
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ 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 Domiciliary care service
Regulated activities	Accommodation for persons who require nursing or personal care Personal care

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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 13 December 2012, 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 and talked with staff.

What people told us and what we found

The Domiciliary care agency (DCA), which trades under the name of Homebird is registered for the activity personal care and operates from the location Beechside Residential Care Home. There are currently no people using the DCA 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, at the location Beechside Residential Care Home.
We spoke with seven people living at Beechside Residential Care Home who gave positive comments about the care and treatment that they had received. People told us that they were treated with respect and their privacy and dignity had been maintained when receiving personal care. Comments included: "All the staff are lovely", "They knock on my door and are polite", "They are very respectful, kind and caring."
People told us that they enjoyed the varied activities that were provided. One person said they play bingo and have sing a longs.
People told us they knew how to complain and would do if they were unhappy about any aspect of their care and support.
People said they felt safe using the service and would tell someone if they had been mistreated.

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 privacy, dignity and independence were respected.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment and they were treated with respect. People told us that they were given information about the home and had visited with their relatives before they made a decision about moving in
We observed interactions between staff and people living at the home and saw that staff approached people with respect. Where people were sitting down staff bent down so they made eye contact with the person. We observed staff knocking before they entered people's bedrooms and that staff closed doors when assisting people in their bedrooms and in bathrooms.
We looked at a sample of four care plans. We saw that care plans informed staff about people's personal care needs. The records showed that people or their representatives were consulted about their care.

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We saw that people's capacity had been assessed as part of homes pre admission assessment and from that appropriate care plans had been put in place which detailed the support people needed to make choices and decisions about their care and treatment. Staff told us they had not had specific training in the Mental Capacity Act and Deprivation of Liberty Safeguards, however they said the subject had been covered during other training which they had completed such as dementia and safeguarding training. The manager confirmed that training specific to the Mental Capacity Act and Deprivation of Liberty Safeguards had been planned to take place in January 2013 for all staff and we also saw records which confirmed this. These safeguards help to protect the interests of vulnerable people and provide protection to people in ensuring decisions the person is unable to make are made in their best interests.

Staff had a good understanding of the need to obtain consent from people with regards to their care and treatment and they gave us several examples of how they had supported people with making decisions and how they had respected people's right to refuse support, for example with personal care.

Policies and procedures and other information available at the home provided staff with guidance about the importance of recognising people's rights and ensuring decisions were made in the persons best interests. Records kept in people's care files showed were the person had lacked capacity to make certain decisions processes had been followed to ensure care and treatment had been agreed and provided in the person's best interest. For example meetings had taken place with relatives and other professionals and agreements had been put in place for things such as such as use of photographs and bedrails.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at care records for a sample people who were using the service. We saw people had care plans in place for their needs which had been identified following assessments, for example people who were at risk of falls, malnutrition and developing pressure areas. We saw that the plans detailed what action staff needed to take to manage the persons need and reduce any risks associated to it. Actions included regular observations, monitoring of food and fluid intake and use of specialist equipment to assist people to mobilise.
We looked at people's records of health appointments and these showed that they had been regularly supported to see their GP and other health and social care professionals. Were required people had had regular checks carried out to ensure their physical and emotional health and wellbeing for example their weight, skin integrity and moods and were staff had identified a concern appropriate referrals had been made. Within people's care files records we saw records which showed that their care plans and associated records had been regularly reviewed and where required updated to ensure that staff had information about any changes to a persons needs.

There were arrangements in place to deal with foreseeable emergencies. Records and discussions with staff showed they had undertaken training in subjects relevant to ensuring people's health, safety and welfare such as safeguarding, first aid, health and safety and risk management. We also saw that associated polices and procedures were in place and that they were easily accessible to staff. Staff told us they were confident about dealing with medical emergencies such as if a person collapsed or suddenly became ill. They said they would carry out appropriate first aid and summons emergency services. Discussions with staff showed they were also confident about dealing with other emergencies and crises for example fires and breakdown of systems such as gas and electricity.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The provider responded appropriately to any allegation of abuse. A number of potential safeguarding incidents have occurred within the home in the past year. Our records showed the manager identified and reported these to the appropriate authorities including ourselves and the Local Social Services Safeguarding team for investigation. Staff cooperated with other authorities in investigating these issues and took appropriate action and put plans in place to ensure people were safe and to reduce future occurrences.

Staff confirmed that they had recently completed safeguarding training and they told us they had had access to the homes policies and procedures for safeguarding people who use the service. Staff provided us with examples of the different types of abuse and the signs which may indicate that a person had been abused. They told us how they would deal with an incident of actual or suspected abuse and talked us through the steps they would take. This included making sure people were safe and then reporting the incident in line with the procedure set out by the service. Comments made by staff included: "I wouldn't hesitate to report abuse". "It is important to make sure people are safe and then report it".

A whistle blowing policy was available at the home and staff told us they were aware of it. They understood that the procedure enables them to raise in confidence any concerns they have about the service without being worried it would be held against them.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place and appropriate checks had been carried out on applicants before they began work. We looked at recruitment files for three staff that had recently started work at the home. Each contained an application form which provided details of the applicant's skills experiences, qualifications and previous employment history. Also kept in each file were two suitable references and evidence that a Criminal Records Bureau (CRB) check had been carried out. This information ensured that people using the service were safeguarded from receiving care from people unsuitable to work with vulnerable adults. Staff confirmed that they had attended interview and had the required checks carried out on them before they started work at the home. We saw that new staff had been issued with a contract of employment and terms and conditions of their employment.

There was evidence that staff had completed an induction to ensure they had the necessary skills and knowledge for their work. We also saw evidence of ongoing training in subjects appropriate for the roles and responsibilities of staff, such as dementia care, first aid, health and safety and managing medication and staff told us they had regularly discussed their training and development needs with the manager.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

The quality of the service had been assessed and monitored which included obtaining people's views about their care and treatment. We looked at records which showed that regular audits had been carried out on people's care records, staff records, the environment and systems and equipment used at the home. We saw records which showed that incidents that had occurred at the home had been recorded and reported to the relevant agencies including the Care Quality Commission (CQC). We saw that appropriate action was taken and communicated to staff to ensure they learnt from adverse incidents.
The manager confirmed that feedback questionnaires had been given out to people using the service and their family/friends. We saw examples of these which covered things such as staffing, food, and the environment. There was a suggestion box in the hallway near to the front entrance for people to post any comments they had about the service.
Residents and relatives meetings had taken place and these had given people an opportunity to express their views about how the home is run. The manager advised us that they had recently introduced a weekly 'Managers Surgery' as another opportunity for people to make comments about the service.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People's complaints were fully investigated and resolved, where possible, to their satisfaction. Staff told us how they would deal with any complaints that were raised with them and described the actions they would take to deal with the complaint, which included listening to the complainant and assuring them that they would pass it on to the manager. We saw that there was information about the homes complaints procedure displayed around the home. The information described how people can complain and the different stages and timescales involved. There was also a comments box mounted on the wall in the entrance hall for people to use if they wished.

We saw details of a complaint that had been made. A thorough investigation had been carried out and the manager had taken action to address the issues raised.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. 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. We monitor the implementation of action plans in these reports and, if necessary, take further action. 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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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:

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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