

Akari Care Limited

# Beechcroft Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

Beechcroft Care Home provides personal and nursing care and accommodation for up to 26 people. The service is arranged on two floors with a lift for access. People have use of a garden.

The last inspection of Beechcroft Care Home took place on 1 August 2014. The service met all the standards we inspected at that time. This unannounced inspection took place on 2 July 2015. At the time of this inspection 22 people were using the service.

The service has a registered manager who has been in post since 2013. A registered manager is a person who

has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, their relatives and healthcare professionals told us the service was safe. Staff knew how to identify the different kinds of abuse that could happen in the service. They understood their responsibility to report any concerns and take action to protect people from harm.

# Summary of findings

Staff had identified individual risks to people and followed clear guidance about how to support them safely. The registered manager made sure there were enough staff on duty to meet people's care and support needs. Staff supported people to receive their medicines safely as prescribed.

Staff had the skills and knowledge to meet people's needs. People were supported by regular staff who knew them well. People's needs were thoroughly assessed and their support was reviewed regularly. People and their relatives were involved in planning people's care and support.

People received care which took into account their choices and preferences. Staff encouraged people to be as independent as possible. Staff ensured people, relatives and friends were made welcome at the service.

People told us staff listened to them and respected their privacy. Staff had complied with the law in relation to the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) when people lacked mental capacity.

Staff supported people to follow their individual hobbies and interests. People told us they felt confident in raising concerns and complaints with the registered manager. She had thoroughly investigated complaints and incidents.

People, staff and some professionals told us the registered manager led the service effectively. Staff said she made regular checks on the quality of the service and motivated them to improve people's experience of the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Staff understood how to take action to protect people from neglect and abuse. Staff assessed and regularly reviewed risks to people's health and safety. They planned and delivered people's care and support to keep them safe.

The registered manager ensured there were a sufficient number of staff on duty to meet people's needs. People received their medicines safely as prescribed.

Good



### Is the service effective?

The service was effective. Staff received training and support which enabled them to meet people's needs. Staff asked people for their consent before delivering care and support. The service complied with the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People had a choice of food and drinks. Staff monitored people's health and nutrition. They took action to make sure people had access to the healthcare they needed.

Good



### Is the service caring?

The service was caring. People told us staff were kind and polite. Staff supported people to maintain relationships with their friends and family. They involved people and their relatives in planning their care and support.

Staff knew people well and understood how to communicate with them about their choices and preferences.

Good



### Is the service responsive?

The service was responsive. Staff had assessed people's individual needs. They effectively planned and delivered care and support to meet people's needs.

Staff supported people follow their interests and take part in activities which they enjoyed. The registered manager investigated and responded to complaints.

Good



### Is the service well-led?

The service was well-led. People told us the registered manager was approachable and involved in the day to day operation of the service.

The registered manager regularly checked the quality of the service. Staff told us she motivated them to make improvements to the service.

Good



# Beechcroft Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 July 2015 and was unannounced. Two inspectors undertook the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the

service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection, we observed care and spoke with people, relatives and staff. We used the Short Observational Framework for Inspection (SOFI) while people had their lunch. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine people using the service, one relative and one volunteer. We spoke with a regional manager, the registered manager, two registered nurses, six care assistants and the administration officer. In addition, we spoke with a podiatrist and an older people's continuing care assessor who were visiting people at the service.

We looked at records including eight care records, five staff files, 10 medication administration record (MAR) sheets, staff training plans, staff duty rotas, complaints, contract monitoring reports and other records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe at the service. One person said, “I have lived here for years. I have no concerns with my safety at all”. Staff told us how they would identify abuse and neglect. They explained how they would use safeguarding and whistleblowing procedures to report any concerns and make sure people were safe. Records showed the registered manager had followed safeguarding procedures and worked effectively in partnership with the local authority to protect people from abuse and neglect.

Staff assessed the amount of support people needed to receive their medicines safely as prescribed. For example, staff had assessed that a person could administer their own medicines. They had undertaken a risk assessment to ensure the person could manage and store their medicines safely. This ensured the person’s safety while promoting their independence.

Staff supported most people to receive their medicines. We reviewed medication administration record (MAR) charts. These showed staff had supported people to receive their medicines at the correct time and dose. Staff had signed the MAR charts appropriately to confirm this. A nurse told us they checked MAR charts at the beginning of each shift and made sure any concerns about people’s medicines were picked up and attended to speedily.

Medicines were kept secure in a locked room. Records confirmed medicines were stored at the correct temperature to keep them safe for use. Staff had complied with legislation in relation to controlled drugs. Staff stored and administered controlled drugs as required.

Monthly medicines audits were carried by a senior member of staff. These confirmed unused medicines were stored safely and their disposal properly recorded. We read a June 2015 audit report from the service’s pharmacist. The pharmacist had no concerns about medicines management at the service and confirmed people had been given their medicines safely.

Records showed staff assessed the risks to each person and made sure they had information about how to support people safely and keep them as independent as possible. For example, a person’s records stated they were at risk of falls when they walked. There was a plan in place which explained how staff should support the person. We observed staff supported the person as set out in this plan by prompting the person to use their walking frame. This enabled the person to move independently around the service as they wished.

Another person’s records stated they were at risk of developing pressure ulcers. Their risk assessment included guidelines for staff about how to reduce this risk by supporting the person to turn when they were in bed. Staff had completed turning charts which showed they had followed these guidelines. People told us they felt safe because they had call bells within easy reach in their rooms. A person said, “Staff always respond promptly to my call bell and come and help me.”

The registered manager made people safe by making sure there were sufficient staff on duty to meet people’s needs. For example, on the day of the inspection, the registered manager had, prior to our arrival, arranged for an extra member of staff to be on duty because a person’s care needs had increased. During the inspection we observed that staff were able to promptly meet people’s needs.

Staff rotas showed people were supported by a regular and consistent team of staff. The registered manager had made sure thorough recruitment checks had been undertaken to make sure staff were suitably qualified and competent to support people safely. Recruitment records included notes of the member of staff’s job interview, references and a criminal records check. New members of staff did not start work at the service until all the stages of the recruitment process were complete.

# Is the service effective?

## Our findings

People told us they got the care and support they needed. One person remarked, “Staff are excellent, very good at their jobs”. An older people’s continuing care assessor told us, “Staff at Beechcroft are doing all they can and are very efficient with meeting people’s needs and record keeping”.

Staff told us they received regular training and support which enabled them to meet people’s needs. Records showed the registered manager made sure all staff attended relevant training courses on subjects such as, dementia awareness and safeguarding. Staff received appropriate training to support people with complex needs. For example, staff had received training in the use of bed rails. Staff told us this course had helped them understand how inappropriate use of bed rails could take away people’s freedom and rights. Staff explained how they had put this learning into practice to ensure people received appropriate support.

The registered manager kept a record of the induction of new staff which showed she closely monitored the performance of staff during their probationary period. She had identified the skills which the member of staff needed to develop and put in place a learning development plan. Records confirmed staff received regular supervision and appraisal. The registered manager ensured action was taken to make sure staff enhanced their skills to meet people’s needs.

Staff worked with health professionals to meet people’s needs. For example, in relation to supporting people whose behaviour challenged the service, staff had made referrals to the community mental health team for advice and support. Records showed staff had followed the advice and there had been a positive outcome for the person.

A person’s records showed staff had assessed them to be at risk in relation to their nutrition. Staff had made a referral to

a speech and language therapist to obtain advice about how to support the person with their diet. We observed the person at lunch time. Staff supported the person in line with this guidance by making sure they were given a fortified drink of their chosen flavour when they said they did not want to eat their meal.

We observed people eating their lunch. People were offered a choice of food. Staff encouraged people to eat and discreetly offered support to those needing help. People told us they enjoyed their meals. For example, a person said, “Meals are good. I can have an egg or sausage for breakfast if I want. Chef is very friendly and will do you something different if you need it”.

People told us they were able to see their GP when necessary. Records showed staff were alert to changes in people’s health and asked their GP to visit when they had any concerns. On the day of inspection we spoke with a podiatrist who was treating a person at the service. They told us staff made sure people’s health needs were met. The registered manager received daily reports on people’s health from the staff team and ensured staff took action to address people’s health needs.

People told us staff supported them in relation to their health needs. One person said, “Staff always book my transport and remind me of my hospital appointments”.

Staff told us they had received training on promoting people’s rights. Training records showed staff had attended courses on the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA) 2005. Where people lacked mental capacity and were unable to make decisions ‘best interests’ meetings were held. Records showed Deprivation of Liberty Safeguards (DoLS) applications had been appropriately made to the local authority. Care records of people subject to DoLS showed staff gave them support in line with the DoLS authorisation.

# Is the service caring?

## Our findings

People told us staff were caring and kind. A person said, “The staff are very good and do as much as they can to make us comfortable”. Another person told us, “I am really happy here, the staff are friendly and good fun”. Another person commented, “Everyone knows your name and is very friendly”.

One relative told us, “I visit a person almost every day and my observation is that staff are caring and kind”. We saw results of a relative’s opinion survey of December 2014 were they felt people were well cared for.

Staff treated people with dignity and respect. For example, a person asked a member of staff for his book and glasses which were in his room. The member of staff went off immediately to fetch them. Staff adjusted a person’s clothing and used a blanket to protect their privacy and dignity while they assisted them to move. When staff supported people with positioning, they explained to them what they were going to do. For example, a member of staff said, “[Person’s name] we are going to help you get out of your wheel chair now.” Staff asked people who were sitting down if they were comfortable and adjusted their cushions at their request and provided them with foot rests.

Staff gave people time to answer their questions and listened to what they said. Staff made sure people were involved in making decisions about their care and support. For example, a member of staff asked a person, “Which chair would you like to sit in?” before helping them to move. During lunch staff were patient with people and gave them time to eat their food. A member of staff told us, “I enjoy working with people and get a special something out of doing things for them”.

People had a variety of cold drinks on offer all day and staff encouraged them to drink. Staff were careful to place drinks within people’s reach and asked people about it, “Shall I move it a bit nearer for you?” People told us they had good relationships with staff because they had time to get to know each other. Staff knew how each person liked to spend their time. For example, a member of staff said, “[Person’s name] likes to read quietly. We support them with that by going with them to the library”.

Staff supported people with their communications needs. For example, in the case of a person who did not speak English, staff had asked their relative for some commonly used phrases in their native language. These were included these in their records. We saw staff use these phrases when they spoke with the person and could see they enabled the person to communicate their wishes to staff.

# Is the service responsive?

## Our findings

The registered manager ensured people's needs were assessed and reviewed. For example, a person's needs had increased the night before our inspection visit. Staff had immediately updated their care plan and delivered care and support to meet their current needs. An older people's continuing care assessor told us, "Care plans are very good and always up to date and one gets a full picture of a person and their needs".

People told us staff listened to them and were flexible in the way they provided their support. For example, a person told us staff usually supported them to wake up late morning as that was their preference. On the day of the inspection they said they had requested staff wake them early as they had a hospital appointment and staff had done this.

People told us staff had asked them about their preferences and delivered their support in the way they wished. For example, a person's care plan showed staff had asked them about their preferred bed time and lighting in their room during the night. The person told us staff supported them in line with their wishes.

Staff were well informed about any changes to people's health needs and had up to date information about the care and support they needed. At a handover meeting between shifts, staff shared relevant information about changes in people's health and made sure their needs were met. For example, staff discussed how a person now needed support to have their legs elevated because of an increase in risk of developing pressure sores and how they would put this into practice.

Care plans had guidelines for staff on how to support people in a way that gave them as much independence as possible in their day to day living. For example, a person's records explained they could wash themselves but required assistance from staff to put soap on their flannel.

People told us they were encouraged to take part in activities of their choice. One person said staff fully supported them to participate and told us they, "enjoyed taking part and would do anything to help out". We looked at a care plan which had information on a person's preference of visiting shops accompanied by staff. The person told us, "I like going out to shops and staff take me when I wish to".

Relatives and friends said staff encouraged them to visit regularly and invited them to functions such as birthday parties. One person told us, "My family, including great grandchildren, visit me as often as they want and always feel welcome". People said staff helped them with telephone calls and writing letters and cards to maintain contact with relatives.

People and relatives told us they knew how to raise a complaint as the information about this was widely available in the service. We saw records of a complaint raised by a person's relative. The registered manager had conducted a thorough investigation and sent a detailed written response to the relative. The complaint was fully resolved to the satisfaction of the relative.

The registered manager asked people and their relatives for their views of the service at quarterly meetings. Minutes of these meetings showed people's contributions were valued and acted on. For example, people had suggested a change to the menu. In response, changes were made to the menu which people were happy with.

# Is the service well-led?

## Our findings

People told us they were happy with the way the service was managed. One person told us, “The manager comes round and says to me, ‘have you had your cup of tea yet?’ The manager is a person who really takes notice and checks things”. A volunteer told us, “The manager is approachable and involved.”

Staff told us the registered manager listened to them and was valued their contributions. Staff said they enjoyed working at the service and the staff team was friendly and supportive. They told us the registered manager listened to them and showed her appreciation of their work. Staff were confident the registered manager would take action to improve the service. One member of staff told us, “You can say anything that’s bothering you and the manager will resolve it.” Minutes of meetings the registered manager held with staff showed there was discussion about improvements to the service.

Records showed the registered manager carried out regular checks on how people’s needs were met, health and safety and infection control procedures. She took action in response to any concerns and put measures in place to

make adverse events less likely to happen again. For example, the registered manager had identified the need for staff to receive further training on the use of bed rails. She had arranged for staff to receive further training on this.

The registered manager regularly carried out surveys and analysed feedback to improve the service. Results of the 2014 survey showed people and their relatives were happy with the service. The registered manager arranged joint people and relatives meetings. Notes showed the registered manager used people’s feedback to improve the service. For example, people chose which place to visit for an outing and the registered manager arranged the outing as they had requested.

The registered manager attended workshops with managers from other services owned by the provider to learn about best practice in supporting people. On the day of inspection, a senior manager was visiting the service for a routine fortnightly meeting with the registered manager. The registered manager told us, “I feel wholly supported by senior management and can make contact with them as often as I want”. The registered manager had an action plan to improve and develop the service which was regularly updated and reviewed with her senior manager.