Care Quality Commission

Southside Specialist Dementia Care Ltd

The Beeches Care Home

Inspection report

17 Waterfall Lane
Rowley Regis
West Midlands
B65 0BL

Tel: 01215595055
Website: www.southsidecare.co.uk

Date of inspection visit:
03 October 2017

Date of publication:
08 January 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 3 October 2017 and was unannounced. The service was last inspected on 31 March 2015.

The Beeches Care Home can provide accommodation and personal care for a maximum of 17 older people and specialises in the care of people who may have dementia. At the time of the inspection there were 16 people living at the home.

There was a registered manager. 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.

Staff were aware of their responsibilities when it came to responding to any concerns and reporting them to the appropriate authorities. Where safeguarding concerns were raised they were responded to appropriately.

People were supported by staff who were aware of the risks to people's safety and how to manage those risks. People felt safe and were supported by staff who were safely recruited and had received training and guidance to enable them meet people's needs. Staff were trained to support people to take their medicines as prescribed by their doctor. Medicines were stored safely and securely.

Staff were provided with an induction and training that equipped them for their role and gave them the confidence to support people in line with their care needs. Communication systems in place ensured all staff were up to date in the changes in people's healthcare needs and were able to support them accordingly. People enjoyed their meals and were supported to have enough to eat and drink. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People described staff as kind and caring. Staff treated people with dignity and respect and supported people to make choices about their daily living. People were supported to maintain their relationships with loved ones and visitors were made welcome in the home. Staff were mindful of maintaining people's independence and knew when to step in and provide support.

People were involved in the planning of their care ensuring staff had the correct information to support people in line with their needs and wishes. People were given the opportunity to take part in a variety of activities that were of interest to them, both in and outside of the home. People were complimentary about the service and had no complaints. They were confident that if they did raise concerns they would be dealt with appropriately.

People were happy with the care and support they received and considered the service to be well led. Staff felt supported and listened to. Management were approachable and staff were motivated and enjoyed their work. A number of audits were being used to identify areas for improvement across the service for the benefit of the people living at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were aware of their responsibilities to report any concerns and how to manage the risks to people on a daily basis. People were supported by sufficient numbers of safely recruited staff. People were supported to take their medicines safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received an induction and training that prepared them for their role. Staff obtained people's consent prior to supporting them in line with the principles of the Mental Capacity Act 2005. People were supported to have sufficient to eat and drink and access a variety of healthcare services to help maintain their health and well-being.

Is the service caring?

Good

The service was caring.

People were supported by staff who listened to them and were described as 'kind, caring and compassionate'. People were supported to make their own decisions on a daily basis and were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were involved in the development of their care plans and received personalised care that was responsive to their needs. People were supported to participate in a variety of activities that were of interest to them. People were complimentary about the service and had no complaints.

Is the service well-led?

The service was well led.

People were complimentary about the registered manager and staff group and considered the home to be well led. Staff felt supported and valued.
The provider ensured audits were taking place regularly to assess the quality of the service provided.

Care Quality Commission

The Beeches 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 3 October 2017 and was unannounced and was conducted by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This person's area of expertise was being a carer for an older person who use regulated services.

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 improvements they plan to make.

We reviewed information we held about the provider, in particular, any notifications about accidents, incidents, safeguarding matters or deaths. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection. We spoke with eight people who lived at the service and four relatives. We spoke with the registered manager, the area manager, five members of care staff, and the chef.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of documents and records including the care records of three people using the service, four medication administration records, two staff files, training records, complaints systems, compliments, minutes of meetings, activity records and programmes, surveys, quality audits and action plans.

Good

Is the service safe?

Our findings

People told us they felt safe. A person told us, "If you have an accident, they [staff] help you out. I've fallen a few times and they helped me out." Another person said, "I like it here, it feels safe."
People were supported by staff who were aware of their responsibilities to report any concerns regarding people's health and wellbeing. Staff had received training in how to recognise different types of abuse people could be at risk of and were aware of what actions to take if they had concerns. A member of staff told us, "I'd speak to whoever is in charge of a shift or the manager." We saw where safeguarding concerns had been raised; they had been reported and investigated appropriately. Where lessons were learnt, this information was shared with staff and practice was changed.

People were supported by staff who were aware of the risks to them. Staff had been provided with the information required in order to support people safely. For example, staff were aware of who required thickener in their food in order to reduce the risk of choking. A member of staff described the importance of this with regard to one person and told us, "[Person] has thickener in their food and you have to support them with a spoon. I have been told you have to watch [person's] throat as they swallow." They went on to describe the guidance they had to follow to encourage the person to swallow. We observed the balance between managing risk and giving people the freedom to move around was handled sensitively. One person told us they were able to walk and they did not need the wheelchair they were being offered, whereas observations showed that staff closely observed the person as they were unstable on their feet. This meant staff were aware of the support people needed to keep them safe. We noted where accidents and incidents took place individual analysis took place of the events in order to establish any changes in how to support the person.

They told us they felt safe because there were enough staff to support them and to respond to their calls for assistance in a timely manner. Another person told us, "Staff come very quick, to the bedroom or in the lounge, even at weekends." A relative told us, "There's always staff around and alarms on doors, so if somebody gets up they come to the alarm." Another relative said, "Enough staff? There's plenty of staff and they work very hard here; quite good. I'm quite happy." However, the deployment of staff at mealtimes required review as it showed delays in people getting the help they needed. The registered manager told us they had reviewed staffing levels after working a number of shifts and had introduced some new roles to assist staff to support people. Staff spoken with were positive about these changes and told us, "Previously there weren't enough staff, it's changed the last few months we have more staff on and having an apprentice has made a difference" and, "A number of things have changed the last few months, giving you more time with people. Having an extra pair of hands has made all the difference." We observed buzzers being responded to in a timely manner.

A relative said, "Being in this home means that [Person] gets their meds properly." People were supported to safely take their medicines as prescribed. There were systems in place to ensure people received their medicines as prescribed by their doctor. We observed medication was administered to people efficiently and kindly. We saw for people who received pain relief in the form of a patch, staff were aware of the processes to follow to ensure patches were administered correctly. One member of staff told us, "We were

always taught that you must take one patch off before putting the other on. Never have two patches on at the same time [as this could put the person at risk of an overdose] and dispose of the old patch in the wrapping of a new one." We noted a body map was not in place to instruct staff as to the correct location to place the patch. However, this was put in place on the day of the inspection. We noted for those people who required their medicines 'as required' protocols were in place providing staff with the circumstances in which the medicines should be administered. Staff had received training in how to administer medicines and told us their practice was regularly observed to ensure they were competent to administer medicine. We observed medication was stored and secured safely. We looked at the medication administration records for three people. We saw the amount of medication given tallied with what was in stock.

We saw prior to staff commencing in post, they were required to provide two references and complete checks with the Disclosure and Barring Service (which provides information about people's criminal records). Staff spoken with confirmed this. This meant people were supported by staff who had been recruited safely.

Good

Is the service effective?

Our findings

People told us they were happy with the care they received and that staff knew how to support them appropriately. One person told us, "They [staff] do a good job" and another person said, "They [staff] are very good at their job, very good. They do everything you want." Relatives were equally as positive and told us they considered staff to be well trained. One relative commented, "At the end of the day, they (staff) know how to handle the residents." We observed that staff understood people's individual needs and responded to people appropriately.

People were supported by staff who had an induction that prepared them for their care role. A member of staff described their induction and told us, "I fitted in quickly and the support has always been there; the office door is never closed." As well as looking at policies and procedures and receiving practical training, staff were told about the ethos of the home, given the opportunity to read care records and spend time with people, getting to know them, prior to supporting them. This meant staff were able to build a rapport with people prior assisting them with their care needs.

Staff told us they felt supported in their role and received regular supervision providing them with the opportunity to discuss their work and any issues or training requirements they may have. We saw training was regularly available for all staff and staff were encouraged to attend a variety of training sessions to enhance their skills and learning. One member of staff told us; "I'm all up to date [with regard to training]" and went on to tell us about recent training they had received with regard to the risks of malnutrition.

The provider told us in their Provider Information Return [PIR] of plans to introduce changes to the handover process to improve the existing arrangement. We discussed this with the registered manager and noted the improvements that had been made. The registered manager told us they arrived early to meet with night staff and be part of the handover discussion. This arrangement enabled them to obtain an up-to-date picture of the night's events which would inform how the day shift would be run. Staff told us the communication systems in place worked well and ensured information was passed on to staff in a timely manner. One member of staff told us, "At handover they [staff] let us know who's been washed and dressed and any problems, we are always kept up to date with any changes."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legal authorised under the MCA. The authorisation procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. People told us that staff obtained their consent prior to supporting them and we observed this. A member of staff told us, "I always ask people

[before supporting them]. Sometimes people don't always want a drink first thing but I would ask and offer." We noted a member of staff ask permission before they adjusted someone's hair and said, "Can I just put your fringe out of your eyes?" before doing anything. We saw where people were being deprived of their liberty; best interests meetings had taken place to ensure the least restrictive way of supporting people was considered prior to applying for a DoLS. Staff spoken with had received training in MCA and DoLS. Some staff required prompting on the subject but all understood the importance of the supporting people in line with the MCA and were able to tell us what this meant for people. One member of staff said, "It's put in place for the safety of [person] it's about knowing what would put them at risk." We saw where conditions had been put in place with regard to DoLS applications, these were adhered to. For example, there was a requirement for a person to have their needs regularly reviewed by a named healthcare professional and we noted that these reviews took place.

People were supported to maintain a healthy diet. We observed snacks and drinks were readily available throughout the day and staff encouraged people to drink plenty of fluids. We spoke with the chef who was aware of people's preferences and likes and dislikes. Relatives confirmed that if their loved one did not like something, they would be offered an alternative. People spoken with confirmed this and one person told us, "They [staff] bring me something I like. If I didn't like the food they'd get me something else, like a nice salad" and another person said, "The food's lovely." Staff were aware of people's dietary needs and these were catered for. One person told us they were not offered sweet things because they were a diabetic. A relative of another person told us their loved one had difficulty eating but, "Staff give [person] things they can pick up and protein shakes. They keep an eye on their weight."

The lunchtime experience for some people was hampered by the lack of staff available to support people in the dining room. We saw a number of people were supported to eat their lunch in their rooms, but this left one member of staff to support six people in the dining room. The poor organisation at lunchtime led to long waits for some people to be able to move on after lunch, as they were waiting for a second member of staff to assist with moving. Equally, a number of people were left waiting in their room for their lunch. A relative commented in relation to the lunchtime experience, "They just need a few more staff." We discussed this with the registered manager who said she would review the deployment of staff at lunchtime in order to provide people with their meals in a timely manner.

People were supported to access a variety of healthcare services in order to maintain good health and well-being and we saw evidence of this. We saw people had access to their GP, optician, and dentist and were supported to attend hospital appointments. People told us that if they were in pain or discomfort, staff responded to these incidents quickly. A relative described how their loved one had recently complaint of toothache and a dental appointment was quickly arranged. Another relative spoke about the quick action taken following a fall and another described how their relative was currently being cared for in bed. They told us their care involved regular turning to avoid bed sores and this was successful.

Good

Is the service caring?

Our findings

People described staff as kind and caring and told us staff treated them with dignity and respect and we observed this. We observed staff hold people's hands, spend time with them and offer reassurance to them, even when they were busy. People referred fondly to the staff, for example, one person referred to a member of staff as, "The little girl" and others took pleasure in holding staffs hand when talking to them. A relative told us, "[Person] always gets on well with staff and they listen to them." Another relative told us they had visited and staff were unaware they were there and all the conversations they overheard were respectful. The following are examples of some of the caring interactions we observed between people and staff. We observed a member of staff approach a person and suggest they may wish to sit in another chair as they looked uncomfortable. The person agreed and person responded. "Oh yes, that's it, that's better." We saw one person become distressed and ask for a loved one. Staff were immediately at their side reassuring them and distracting them with conversation and suggestion of an activity they enjoyed. Another person became concerned and said to a member of staff, "I can't pay for any of this" and the staff member reassured them and told them, "You don't have to, your son has paid for it all" and the person immediately became calm.

People told us of many small acts of kindness on the part of staff. For example, one member of staff bought their dog in so that people could enjoy stroking it. One person was so taken with the dog that a photo was taken of it sitting on their lap and put it in a frame in their bedroom. Another member of staff came in on their day off so that they could take a person to the hairdresser. We saw that another person had a pet budgie and it was clear that it bought her a lot of comfort. Wherever the person went in the home, the cage was put next to where that person chose to sit.

We observed that people were treated with dignity and respect for example, by ensuring curtains were closed and people were covered with a towel whilst personal care was provided. We noted that the provider had purchased shutters to be placed on the windows of communal areas. The shutters enabled light to shine through, whilst maintaining people's privacy from people walking passed the home.

People were supported to maintain contact with their loved ones. A relative, who was unable to visit their loved one due to ill health, received daily phone calls from staff to assist them in keeping in touch with their loved one. Visitors told us they were always made to feel welcome in the home. One relative said, "When I come up, I feel as though this is my family." We saw families, people and staff greet each other with spontaneous hugs. We observed the atmosphere to be calm and people told us they enjoyed living at the home. One person said, "I love it here" and another said, "This is like home, this is." A relative commented, "[Person] took to it quicker than we thought. They wouldn't be here now if they hadn't come here."

People's rooms were personalised and communal areas had been decorated to provide a homely feel to them. People told us they were involved in making choices regarding their daily living and were listened to. Communication care plans in place were detailed and provided staff with the information they needed to enable them to communicate effectively with the people they cared for. For example, we noted in one care plan staff were instructed to spend time observing [person] and interpreting their body language, giving them time and space to express their needs. This provided staff with the opportunity to get to know people

and to respond to their care needs effectively.

The provider told us in their Provider Information Return [PIR] that people were encouraged to remain independent for as long as possible and we saw evidence of this. Care records were written in the first person and instructed staff as to 'Things I am able to do and things I would like you to help me with.' This was evident when staff supported people. They knew people well, knew when they required support and when to keep a respectful distance. For example, a member of staff said, "Sometimes [person] needs help to eat, then I'd put the spoon in their hand to help them." A relative noted their loved one was discreetly followed to the toilet to prevent any injury but also enabled to maintain their independence.

Although no-one at the home currently used an advocacy service, the registered manager told us these services had previously been used and was aware of how to access them on people's behalf. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

Good

Is the service responsive?

Our findings

People contributed to the planning of their care which meant they were able to inform staff how they wished to be supported, what was important to them and their likes and dislikes. For those who were unable to communicate this information to staff, we saw relatives were routinely involved in order to put together a picture of the individual. This information was then incorporated into people's care records, providing staff with a detailed picture of the individual. We saw that 'Lifestyle Plans' were in the process of being created for each person. These plans were kept in people's bedrooms and provided a picture of the person, including their life prior to being admitted to the home. They held information about people, their family history, likes and dislikes, how they wished to be supported, their interests and aspirations. Staff told us the plans were a useful tool for conversations with people as well as a good way of getting to know the people they supported. We saw that people and their loved ones were regularly involved in reviews of their care which meant the information held about them was relevant and up to date.

The provider told us in their Provider Information Return [PIR] that relatives were encouraged to read and contribute to their loved one's care plans and we saw evidence of this. Staff were able to provide us with a good account of the people they supported. They knew people well and were able to respond to their particular needs. We observed care provided focussed on people's individual needs and people confirmed this. For example, staff described how they responded to one person whose needs changed on a daily basis, depending on how much sleep they had. They told us, "If [person] has a sleepy day then it takes two of us to get them into the wheelchair and lots of encouragement." This meant staff were able to respond to people's individual needs as they knew them well.

The information gathered during the care planning process and in support of people's 'Lifestyle Plans' provided staff with the information they needed in order to provide care that was tailored to people's individual needs. For example, one person was known not to like television and had the radio on in their room. A relative told us, "They [staff] know [person's] likes and dislikes."

We saw that information boards detailing the day, date, year and weather were on display in communal areas to assist people living with dementia to orientate into day and time. Other information on display showed what activities were available on the day, with a clock nearby to help with keeping track of time.

We observed people were offered choices of how they wished to spend their day and where they spent their time. They were supported to take part in a variety of activities that were of interest to them, filled their days and enriched their lives. A relative told us, "[Person] thrives on the activities." We saw that activities were on offer every day and were inclusive of those people who were cared for in bed. One person who was cared for in bed told us, "They [staff] come here and play games with me in my room. They bring them up. They pick them, they know what I like. Jigsaws and quizzes." We observed that people visited from one of the provider's other homes and took part in activity. The introduction of new people into the lounge, created a lively atmosphere and people welcomed the visitors. There followed a very interactive activities session involving singing and moving to music and people clearly enjoyed this. A member of staff told us, "The great thing about here is structured activities, we try and encourage people to take part and socialise with people

next door." We saw people were supported to follow their interests. One person was very proud of their Black Country roots and shared a book with us about this area. We later observed them looking through the book with a member of staff. Another person told us how much they enjoyed going out to the local shops and also visiting the 'Bungalow' which was the name used by all for the provider's day centre services. Other activities people enjoyed participating in were cooking, arts and crafts, photobooks and a variety of styles of exercise to music. People were supported to access the community, one person had a routine of a daily walk, whilst others were supported to go shopping or attend activities created by other organisations, such as 'singing for the brain' which was organised by the Alzheimer's Society.

One person said, "If I wasn't happy I'd tell them [staff]." People told us they had no complaints about the service but were aware of who to speak to should they have any concerns. We saw that there was a complaints process in place to record and investigate any complaints received. People told us communication between themselves and staff was good and they were confident that if they did raise a concern they would be listened to and it would be responded to appropriately. People told us, and we saw, that their views of the service were sought through questionnaires and surveys, which provided people with the opportunity to express their views and opinions of the service. We observed staff asking people how they were and continually checking they were happy with the care they were receiving.

Good

Is the service well-led?

Our findings

All people spoken with were complimentary about the service and considered it to be well led. One person told us, "I do love it here" and a relative told us, "It's really nice here and staff are really nice. 20 out of 20 is what it's like." People spoke about the "family atmosphere" they experienced and how, "this place feels like home." We observed that people, staff and visitors were very comfortable in each other's company and got along well. People told us they were very happy with the care provided and would be "completely happy" to recommend the service. One relative said, "Yes I would [recommend], trouble is, they're always full!" Another relative said, "I know I don't have to come here every day for peace of mind. I know [person] is looked after." People told us they couldn't think of any improvements the service could make and one person told us the best thing about the service was the, "Really kind people" who supported them.

People benefitted from being supported by a stable staff group, many of whom had worked at the service many years. Staff were positive about the service and told us they felt well trained, listened to, supported and valued. One member of staff said, "I find it wonderful here, really nice, very different to where I have worked before." Another member of staff spoke positively about the registered manager and told us, "They are approachable, I've had my own problems and they accommodate you and help you." We observed the registered manager was supportive and encouraging of all staff. We were introduced to an apprentice who had recently started working at the home, the registered manager said, "[Staff member's name] is amazing, they've set the standard for all apprentices.

We saw that people were supported by a staff group that were motivated and enjoyed their work. There were clear lines of management and support systems in place for staff. Training was regularly provided and staff were encouraged and supported to take on additional training that was of interest to them and which may benefit them in their role. We saw that staff meetings and regular supervision provided staff with the opportunity to discuss any issues or concerns they may have." There was a whistle-blowing policy in place which staff were aware of and told us they were confident that if they did raise concerns they would be listened to.

Staff told us the registered manager was approachable and listened to their staff. We noted that the registered manager proactively worked shifts to enable them to observe staff practice and look for areas where the service might improve. They told us, "I have done night shifts to see if we could make improvements to night staff working." We saw evidence of this and the changes that had been introduced following this, for example, additional staffing and changes in duties for night staff."

There were a number of audits and surveys in place to assess the quality of the service provided. Audits looked at a variety of areas including, infection control, safety checks, daily observations and medicines. Where areas of concern were identified, they were acted on immediately. For example, it was noted that the medicines audit did not include a check to ensure medicines were dated when opened. This was amended to ensure these checks were completed at each audit. We saw that a survey that had been sent out in September this year raised a concern regarding phones not being answered in a timely manner. In response

to this a new phone system had been purchased to enable messages to be left.

The provider told us in their Provider Information Return [PIR] that they had plans to improve the way they collected feedback from people who used the service by introducing an electronic tablet to record people's responses and we saw evidence of this. This meant the service was provided with a constant stream of up to date information which would enable them to improve the service and respond to any concerns in a timely manner.

The provider owned a number of other services. The registered manager told us that part of their assessment of the quality of the service provided was to carry out 'mock' inspections of each other's homes based on the CQC key lines of enquiry and we saw evidence of this. We saw the registered manager was supported by an area manager. The provider had an active role in the running of the home and was a regular visitor and source of support. The introduction of the registered manager completing the medicines round at the start of the day was seen as a positive step. It provided them with the opportunity to speak to people, see how they were and obtain feedback on the care provided. A member of staff told us, "The registered manager working on the floor frees up staff to speak to people and visitors."

We noted individual analysis and learning took place following accidents and incidents, but there was no formal system in place to analyse all the information gathered to identify any trends. We discussed this with the registered manager and they told us they would look into this immediately.

There was a culture of looking for improvement, striving for best practice and involving people in the planning of their care. The area manager told us, "We are always looking to see how we can improve the service." We saw that feedback received from visitors to the service was positive. For example, one professional had commented, "I am impressed with the support provided to residents that are nursed in bed" and another said, "The care staff are extremely caring and helpful."

The provider had notified us about events that they were required to by law and had on display the previous Care Quality Commission rating of the service.