Beamish Residential Care Home Limited

Beamish Residential Care Home

Inspection report

Old Vicarage
West Pelton
Stanley
County Durham
DH9 6RT

Tel: 01913701763

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27 September 2017

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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

Summary of findings

Overall summary

This inspection took place on 27 September 2017 and was unannounced. This meant staff and the provider did not know that we would be visiting.

Beamish Residential Care Home can accommodate up to 21 older people who do not require nursing care. On the day of our visit there were 20 people using the service.

Beamish Residential Care Home was last inspected by CQC on 3 August 2015 and was rated Good overall. At this inspection the rating continued to be Good overall.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

Safeguarding procedures were in place. There had been no recent safeguarding matters formally investigated. The premises were effectively maintained and safety checks undertaken on a regular basis, including checks with regard to fire safety. Risk assessments were in place related to the environment and the delivery of care.

People's medicines were managed safely. There were enough staff deployed to keep people safe. The provider's recruitment processes minimised the risk of unsuitable staff being employed.

Staff received mandatory training in a number of areas, which assisted them to support people effectively, and were supported with regular supervisions and appraisals. People's rights under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were protected.

People were supported to maintain a healthy diet and had access to health care professionals to help maintain their wellbeing and staff responded to any health concerns. There was a homely feel to the building and people's individual rooms were decorated to their tastes.

People and their relatives spoke positively about the staff at the service, describing them as kind and caring. Staff treated people with dignity and respect. Staff knew the people they were supporting well, and throughout our inspection we saw all staff including the cook and operations director having friendly and meaningful conversations with people. People were supported to be as independent as possible and had access to advocacy services where needed.

People and their relatives told us staff at the service provided personalised care. Care plans were person centred and regularly reviewed to ensure they reflected people's current needs and preferences. People were supported to access activities they enjoyed. Procedures were in place to investigate and respond to

complaints.

People and staff spoke positively about the registered manager and operations director, saying they were accessible and included them in the running of the service. The provider carried out a number of quality assurance checks to monitor and improve standards at the service.

The provider had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? This domain remains good.	Good
Is the service effective? This domain remains good.	Good
Is the service caring? This domain remains good.	Good
Is the service responsive? This domain remains good.	Good
Is the service well-led? This domain remains good.	Good

Beamish Residential 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.

One adult social care inspector and an expert by experience completed this unannounced inspection on 27 September 2017. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths.

The registered manager who is also the registered provider completed a provider information return (PIR), which is a form that asks them to give key information about the service, what the service does well and improvements they plan to make. We used the content of the PIR to inform our inspection and to ask questions of the provider. The registered manager was on annual leave on the day of our visit. We also considered the information the commissioners of the relevant local authorities had provided during our routine information sharing meetings.

During the inspection we spoke with eight people who used the service and two relatives. We spoke with the operations manager, a senior carer, two care staff, the cook and a domestic staff member. We looked at three care plans, medicine administration records (MARs) and records related to the management of the home. We also looked at the personnel files for four members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Good

Is the service safe?

Our findings

At our inspection in August 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People and relatives we spoke with told us they felt the service was safe. One person said, "Of course I feel safe, the staff look after me very well," and "I have got my buzzer and when I press it they come straight away."

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Risk assessments were regularly reviewed to ensure they reflected current risk. Regular checks of the premises and equipment were also carried out to ensure they were safe to use and required maintenance certificates were in place. Accidents and incidents were monitored for any trends, and plans were in place to support people in emergency situations.

At this inspection we found people's medicines were managed safely. Staff received training to handle medicines, and staff had or were obtaining level three qualifications in safe handling of medication. The medicine administration records (MARs) we reviewed were correctly completed with no gaps or anomalies. Topical creams were administered in line with expected practice. Medicines were safely and securely stored, and stocks were monitored to ensure people had access to their medicines when they needed them. We observed the senior carer discretely asking people if they required their pain relief medicine at lunchtime and they were able to explain to us new approaches to improve the quality of medicine recording. This included the introduction of an antibiotic chart which they said, "Is really helpful to GPs when they ask when someone was last prescribed antibiotics."

Safeguarding and whistleblowing procedures were in place to protect people from the types of abuse that can occur in care settings. Staff told us they would be confident to report any concerns they had. We saw records which confirmed that staff had received safeguarding training during 2016 and 2017. There had not been any safeguarding incidents since our last inspection but the operations manager told us how these would be investigated, including with referrals to relevant agencies.

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the operations manager and looked at staff rotas. Staffing levels varied depending on the needs of the people who used the service. Staff and people who used the service did not raise any concerns regarding staffing levels at the home. One staff member told us, "Yes, we can still manage to get everything done that needs to be done." One visitor told us their relation was unable to use the call button but their door was always open and they had observed that there was always a staff presence and their relation was regularly checked as to their general health and well being.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable

people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

At this inspection we found the home was clean and suitable for the people who used the service. People told us, "My bedroom is lovely, it's very clean and if I tell them what needs doing they do it straight away," and "You can't fault the cleanliness at all." There were no unpleasant odours present and we did not see any damaged or unsuitable furniture or equipment. Staff were observed to wash their hands at appropriate times. Appropriate personal protective equipment (PPE), hand hygiene signs and liquid soap were in place and available. This meant people were protected from the risk of acquired infections.

Good

Is the service effective?

Our findings

At our inspection in August 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw mental capacity assessments were used and these ensured staff adhered to the requirements of the MCA. We saw one person for whom an authorisation had not been sought when the assessment showed they clearly lacked capacity. The operations manager stated they would action this straight away and this had been an oversight. All other MCA assessments we viewed had been well completed. At the time of our inspection two people were subject to DoLS authorisations.

Staff received mandatory training in a number of areas to support people effectively. Mandatory training are the courses and updates the provider thinks is necessary to support people safely. This included training in areas including health and safety, fire safety, first aid, infection control, moving and handling and food hygiene. Additional condition specific training was also provided in areas such as focus on undernutrition. Staff who administered medication had completed recognised safe handling of medication training and underwent regular competency assessments.

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. One staff told us, "I have just had supervision. I discussed all of my training, any problems I had. I find these good as would like to become a senior and discussed this as well as doing NVQ Level 3." Staff said they found these meetings useful and records confirmed they were encouraged to raise any support needs or issues they had.

People received appropriate assistance to eat in both the dining room and in their own rooms. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. The care staff and the cook were interacting, engaging with, and making conversation with people and provided further assistance to those whom had difficulties in either cutting up or consuming the food by themselves. Once people were seated, walking aids were stored away from the dining room to avoid obstruction and tripping hazards. With regard to quality and choice of meals, people told us that the meals were good, that there was choice and alternatives were offered if they did not like a particular meal. Comments included, "I like the meals and I would tell them straight away if I did not like something and they would bring me

something else."

We saw there were clear care plans in place for people with nutritional needs and people's weight was monitored regularly. The service worked with the Focus on Undernutrition programme which ensures adults in County Durham and Darlington are screened and treated for undernutrition by trained staff. One staff told us about their recent training in this area, "I learnt something I didn't know about fortifying drinks; you can use milk powder to fortify milk and I wasn't aware of that."

People were supported to access external professionals to monitor and promote their health. Care records contained evidence of the involvement of professionals such as speech and language therapists (SALT), dietitians, and GPs. Two relatives explained to us that their family member had complex health needs and if there were any changes in their overall condition staff were, "On to it straight away" and they were immediately notified. The relatives also described how staff had engaged "experts" to advise on the most effective way of making their relation as comfortable as possible.

Good

Is the service caring?

Our findings

At our inspection in August 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People and their relatives were complimentary about the support provided by staff at the service, describing them as kind and caring. People said, "I am definitely happy with my care and the staff are so kind," and "I have been in the home for a long time and enjoy the care that I receive." Staff treated people with dignity and respect. We saw that staff addressed people by their preferred names and spoke with them in a friendly but professional way at all times. Staff knocked on people's doors and waited for a response before entering their rooms. We found all staff were warm and friendly and very respectful. All of the staff talked about the ethos of the service was to make sure the people felt at home in a small family type setting.

Staff knew the people they were supporting well, and throughout our inspection we saw staff having friendly and meaningful conversations with people. For example, the cook was having a conversation with one lady about her makeup. The cook complemented the person and they had a laugh together.

We observed staff routinely using good practice such as getting down to people's level for good eye contact when speaking with them. Staff were also appropriately affectionate with people and offered reassuring touches when individuals were distressed or needed comfort. We spoke with two visitors who described that they had been present on numerous occasions when staff had knocked on the door before explaining what they were about to do with their relation i.e. changing, toileting bathing etc. and showing compassion and providing reassurance all the time. They stated that staff involved them in every aspect of their relation's care and there was nothing they did not know about. As an example the relatives told us that they had recently been consulted regarding whether or not they wanted a flu jab to be administered to the relation.

The operations manager showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes. One person told us, "The staff listen to me and ask about my preferences and likes and dislikes, I can't fault them at all." People were encouraged to remain as independent as possible and care plans identified that people should be encouraged to do as much as possible for themselves, in relation to personal care.

People were supported to access advocacy services where needed. Advocates help to ensure that people's views and preferences are heard.

Good

Is the service responsive?

Our findings

At our inspection in August 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

Care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account.

Each person's care record included a comprehensive assessment of their care needs. Records of visiting health care professionals and any subsequent actions required were observed and recorded in detail in people's care plans.

People's pressure care needs were monitored and Waterlow assessments were in place that were reviewed monthly. Waterlow is used to assess the risk of a person developing a pressure ulcer. We also saw people's preferences and wished in relation to end of life care was recorded.

Care plans were reviewed on a monthly basis. Daily records were also recorded against each care area, detailing matters such as people's moods, their dietary intake and what activities they had participated in.

We found the provider protected people from social isolation. We observed that an activities notice was displayed detailing the range of activities planned for the week and details of a planned outing to a local garden centre. On the day of our inspection the hairdresser was visiting and other people were playing dominoes together with a care staff member. We spoke with the hairdresser who explained that the people enjoyed the experience and had the opportunity to engage in conversation and reminisce with her. People told us of the activities and social events on offer. Those mentioned included a day trip to Hexham, coffee mornings and singers attending the home. People who said they did not take part advised that they were aware of the events and would participate in activities if they were up to it.

People told us they liked the outside space, "It is a lovely garden especially in the summer and I get help in going outside," and "I enjoy the garden and there is always someone who sits with me."

People told us they felt listened to by staff members. One person said, "The staff are great and they take time to listen to me" and another told us, "If staff have the time they know what is important to me." Two relatives told us they get time to talk with staff and when they visit (on a regular basis), the staff always approached them first to discuss any matters pertaining to their relation.

The provider had a copy of the complaints policy on display in the main entrance and a notice encouraging relatives or other visitors to raise any concerns with the service. Records showed there had been one formal complaint within the last 12 months. Where there had been any concerns or issues raised with the management team we saw these had been investigated and responded to in a robust way. The majority of the people said they knew how to make a complaint. Three of people we spoke with explained they would

complain to the manager, two people said they would see the member of staff concerned and one person advised they would raise concerns with the staff initially and if not resolved would get their family to take care of the matter.

Good

Is the service well-led?

Our findings

At our inspection in August 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager was also the registered provider of the service but they were on leave at the time of our inspection. We met the operations manager and the senior carer at the home who were both involved in all day to day activities including the delivery of care. One person when asked about the atmosphere at the home told us the atmosphere was good, staff were happy in their work and "there is always fits of laughter heard." A staff member told us, "It's good; I like it how its small and you can really get to know everyone. Staff are all great to get along with."

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.

The service had a positive culture that was person centred, open and inclusive. People who used the service and their family members told us they knew who the registered manager and had confidence in the management of the home. People told us, "The home is well managed I can't find any fault", and "There is a good atmosphere, staff are happy in their work and the manager runs it well." Staff we spoke with felt supported by the management team and told us they were comfortable raising any concerns. One member of staff told us, "I love working here; it's like a proper family home."

Staff were regularly consulted and kept up to date with information about the home and the provider. Staff meetings took place regularly and a staff survey had also been undertaken in the last year to seek the views of staff about working at the service. One staff member told us, "We had a staff meeting recently. We can discuss any issues or concerns openly with the manager. The manager also tells us what we can do to improve."

Relatives we spoke with told us the atmosphere was good, staff were happy in their work and they worked extremely hard. They went on to advise that the home was well managed and they were always kept involved, "[Name] is brilliant and very approachable."

We looked at what the provider did to check the quality of the service, and to seek people's views about it. The monthly audits included care records, dining experience, medication and kitchen. An action plan was put in place for any issues identified in the audits.

The operations manager carried out a daily audit of the home. This included whether staffing was correct, how staff engaged with people and visitors and whether the home was odour free and clean and tidy. Any comments or actions were noted, included the action taken to resolve the issue.

The service had good links with the local community. We spoke with two people who were maintaining the churchyard outside the home. They spoke positively about the service when they had made visits to people there from the local community.

Feedback from visiting professionals to the service included, "Staff have been a great help and the home has a great feel." A visiting pharmacist from the NHS said, "The staff work closely with GP's practice staff and community pharmacies and they demonstrate excellent patient care."

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.