WAASH GROUP LTD

The Beeches

Inspection report

59 Ferrybridge Road
Castleford
West Yorkshire
WF10 4JW

Tel: 01977517685

Date of inspection visit:
20 April 2022

Date of publication:
07 June 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
The Beeches Care Home is a residential care home providing accommodation, personal and nursing care for up to 23 people aged 65 and over, some of whom are living with dementia. At the time of inspection 20 people were living at the home.

People's experience of using this service and what we found
People said they felt safe and happy living at The Beeches. They said the food was good and they liked the staff.

The provider had improved the management of people's medicines. We saw improvement in the assessment, recording and management of risks related to people's health and the environment. Although there was a need to continue to develop people's risk assessments.

The provider had made real improvements to the oversight and governance arrangements. The audit systems were effective in highlighting and addressing shortfalls and concerns. The improvements spanned medicines management, care planning, record keeping and fire safety. Some improvements were relatively recent and needed embedding into practice.

The provider had made improvements to the home environment. This included refurbishing and replacing bathrooms and toilets, making improvements to the garden. Refurbishing and redecorating in some areas and replacing floor coverings. Signage and decoration had been improved to support the needs of people living with dementia.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Mental capacity assessments and documentation had been improved. Staff received the training and support they needed to care for the people using the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)
The last rating for this service was Inadequate (published 20 August 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had been made and sustained, and the provider was no longer in breach of regulations.

This service has been in Special Measures since 14 April 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures

Why we inspected
This inspection was prompted by a review of the information we held about this service. We reviewed the key questions of safe, effective and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Beeches Care Home on our website at www.cqc.org.uk.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

The Beeches

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was conducted by two inspectors.

Service and service type
The Beeches is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced. We visited the service on 20 April 2022.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the

service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection
During the inspection we spoke with six people who used the service and two visitors. We spoke with members of the team; this included the registered manager, senior care staff, five care workers, the administrative officer, the cook and domestic. We also spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We looked at care records for four people using the service. We looked at staff training, recruitment and supervision records. We also reviewed various quality assurance and monitoring systems of the service.

After the visit we reviewed further records in relation to the management of the service, which were provided to us remotely. This included records relating to the provider's quality and safety systems and processes. This included policies and procedures, monitoring records, audits and meeting minutes.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure robust systems were in place to demonstrate risks to health and safety were managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- It was clear that a lot of work had been undertaken to improve the way risks were assessed, recorded and managed.
- Staff were aware of people's individual needs and areas of potential risk. This was supported by our observation and discussion with staff.
- Where risks had been identified these had been assessed and planned for. Individual risk assessments were documented within people's care records. This included areas such as people's mobility and falls.
- Risk assessments were clear and personalised. However, there were areas of need that were relevant but were not sufficiently developed for some people. This included risks associated with sensory impairment and some areas of people's physical and mental health. Therefore, there was a need for continued improvement.
- Staff received training in the core areas of health and safety, including fire safety.
- We noted damage to some fire doors and the provider took action to address this immediately.

Using medicines safely

At our last inspection the provider had failed to ensure robust systems were in place to manage medicines, this was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The Improvements made ensured people received their medicines as prescribed and medicines were managed safely.
- Any medicines that people were known to be allergic to were clearly recorded.
- Protocols were in place for 'as and when required' medicines to guide staff on when to offer and

administer this medicine to people.
● The audit process picked up and appropriately addressed any inaccuracies or omissions with the administration and recording of medicines.
● Charts were in place to show where on a person's body transdermal patches had been applied. This had helped avoid people developing any skin irritation.

Systems and processes to safeguard people from the risk of abuse
● The provider had appropriate systems in place to safeguard people from abuse.
● People felt safe, comments included, "I like living here. I feel safer here."
● Staff and managers received training in safeguarding people.
● Staff were familiar with the possible signs of abuse and neglect and aware of their responsibility to report any concerns.

Staffing and recruitment
● The provider had systems in place to make sure staff were recruited safely.
● Enough information was sought prior to new staff being appointed to make sure they were suitable to work with vulnerable people.
● People said there were enough staff to provide the care and support they needed. One person said, "the staff who work here are really good." Although they added they found it unsettling when agency staff had to be brought in. We discussed this with several members of the team. All confirmed agency staff were rarely used, as there were enough staff to provide cover for planned staff absence, such as annual leave.
● Staff told us staffing levels were safe and there were enough staff to meet people's needs. One staff member said, "We don't really have a problem with staffing."

Preventing and controlling infection
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured the provider was preventing visitors from catching and spreading infections.
● We were assured the provider was meeting shielding and social distancing rules.
● We were assured the provider was admitting people safely to the service.
● We were assured the provider was using PPE effectively and safely.
● We were assured the provider was accessing testing for people using the service and staff.
● We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes
The provider was facilitating visits for people living in the home in accordance with the current government guidance.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure the persons providing care or treatment have the qualifications, competence, skills and experience to do so safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had training systems in place to make sure staff received essential training in health and safety. Staff also received training that was relevant to their roles.
- People said staff were knowledgeable and competent. One person said, "[Staff] are well trained and they know what they're doing. I'm well looked after."
- Staff said they were well-supported by the registered manager and the provider.
- Staff received one to one supervision meetings with their line managers. This was to review and discuss their performance and practice and develop them in their role.
- Members of the management team observed staff's practice on a day to day basis. This helped to make sure staff were confident and competent, and well supported in their roles.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider was not compliant with the requirements of the Mental Capacity Act 2005 (MCA). This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment), Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● The service was working within the principles of the MCA. If needed, legal authorisations were in place, or applied for, to deprive a person of their liberty.
● People were asked for their consent before their care was delivered. People who were able to, had signed their care plans to indicate they agreed with their planned care.
● Mental capacity assessments had been completed for people. Where people lacked mental capacity, appropriate processes were followed to make sure decisions were made in people's best interests. This helped make sure people's rights were upheld.
● Staff offered people day to day choices in ways they could understand.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● Information about people's abilities, preferences and needs was used to develop personalised individual plans of care.
● The service worked with other care professionals to make sure people's needs were kept under review. Staff made sure people had access to healthcare services when needed.
● People described regular input from their GP and records showed people had input from other health professionals. One person said, "Staff make sure I see the doctor when I need to."

Supporting people to eat and drink enough to maintain a balanced diet
● The service provided a range of food options that met the cultural needs of people using the service. Staff supported people to maintain a balanced diet.
● People's told us they enjoyed their meals and felt they got enough to eat and drink. One person said, "I love the food it is really good." People told us there was variety and choice. They confirmed they were encouraged to be involved in decisions about what was on the menu.
● People's dietary needs and preferences were reflected in their care plans. Where people were nutritionally at risk there was an effective system to monitor their weight and their food and fluid intake. We discussed the benefits of introducing monitoring food and fluid intake for everyone using the service. The registered manager took action to address this immediately.
● Catering staff were knowledgeable about supporting people's nutritional needs and preferences.

Adapting service, design, decoration to meet people's needs
● At the last inspection the home was not decorated in a dementia friendly way.
● The home was an older building that had not originally been designed or decorated to support the needs of people living with dementia. We saw refurbishment work was being undertaken to improve the quality of the accommodation overall. Improvements had been made to better support the needs and orientation of people living with dementia.
● Bathrooms and toilets had been refitted to a high standard. Improvements had been made to enhance people's safety and enjoyment in the garden. Various areas of the home were being redecorated, on a planned basis, and new flooring laid.

● The home had adaptations, including bathing and mobility equipment, to support people's physical needs. The home also provided adapted cutlery and sensory equipment to assist people with their individual needs.
● People's bedrooms were personalised with their belongings, photographs and ornaments.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

At our last inspection the provider had failed to ensure systems were in place and robust enough to demonstrate good governance. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had made significant improvements to their quality assurance procedures. Leadership, auditing and governance were more robust. However, some of the improvements were relatively recent and needed time to be embedded into practice. There was also a need for the continued development of people's risk assessments to ensure people were not exposed to unnecessary risk.
- Checks and audits had been completed for all areas of the service and were more effective in identifying and addressing shortfalls.
- The provider completed checks of the quality of the service alongside the registered manager. They also assured themselves that all scheduled checks were completed appropriately. The shortfalls identified were included in well-ordered action plans. This helped to make sure the issues identified were addressed.
- The provider employed a consultancy service to support the improvement of the service. We met the consultant who continued to support the provider in identifying and implementing improvement.
- The provider had worked hard to address the concerns raised at the last inspection and was committed to ensuring the improvements were sustained.
- The provider and registered manager understood their duty of candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us management and staff were friendly, accommodating and approachable.
- Staff said there was positive culture in the home, and they worked well together in the best interest of the people who lived there.

● Staff feedback was very positive about the way the home was managed and was being improved. Staff told us they felt supported and listened to by the managers. One staff member added, "I really like working here. There's a nice, caring team and you get to know the clients really well."
● The management culture included recognition and reward for staff's contribution, commitment and good practice. This helped to motivate staff and to recognise their contributions.
● The registered manager was justifiably proud of the improvements made so far. They came across as open and very committed to developing the service further. This included enhancing the consultation and involvement of people using the service and other stakeholders.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● Residents' meetings were held. People were consulted on their care and the general running of the home.
● People told us they were kept up to date with changes and improvements in the home and their opinions were sought.
● Staff told us they felt supported and had opportunities at individual or group meetings to express their views. The registered manager was accessible and made a point of spending time speaking with people, staff and visitors.
● There was evidence of partnership working with other professionals, such as the local authority and community healthcare teams.