

Miss Julie Windows and Mrs Janet Windows

The Beeches

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 8 July 2014. During this inspection we found breaches of legal requirements. As a result of this we undertook a focused inspection on 18 February 2015 to follow up whether action had been taken to meet the legal requirements. At this inspection in February we found that some of the improvements had been made however the provider and registered manager still needed to familiarise themselves with the new Care Act 2014 and regulations, that came into force on 1 April 2015.

We have now carried out a further focused inspection because of concerns in relation to keeping people safe and the leadership and management of the service

This report only covers our findings in relation to these specific areas. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'The Beeches' on our website at www.cqc.org.uk.

The Beeches is a care home registered to accommodate up to 23 older people. At the time of our inspection 16 people were using the service.

Summary of findings

This inspection was unannounced.

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 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.

The service was not well led. The registered manager and provider did not have comprehensive systems in place to check on the care and support provided to people. This had resulted in people not receiving high quality care that met their needs. Care records were disorganised and not always up to date or accurate. Policies and procedures had not been reviewed with some being out of date. The registered manager and provider were not always clear when notification forms had to be submitted to CQC. They had not always shared concerns regarding people's safety with the appropriate authorities in a timely manner.

The service was not always safe. This was because the registered manager, provider and staff were not clear regarding the action to be taken to keep people safe. There was enough staff to safely care people. Checks were carried out on staff to assess their suitability before they started work. The registered manager and provider had plans to further improve these checks. We have made a recommendation regarding the management of medicines at the service.

The Beeches is a small family run care home. Some people told us that this was why they had chosen to live at the home. People were satisfied with the way they were looked after and said they enjoyed a good quality of life. Relatives also said they were content with the service provided. People liked the registered manager and provider and found them approachable.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 not always safe and requires improvement.

This was because the registered manager, provider and staff were not clear regarding the action to be taken to keep people safe.

There was enough staff to safely care for people.

Medicines were administered safely. However, we recommend the provider implements the actions for improvement identified by the NHS Pharmacist following their recent audit.

Requires improvement



Is the service effective?

The service was effective when we inspected in July 2014.

Good



Is the service caring?

The service was caring when we inspected in July 2014.

Good



Is the service responsive?

The service was responsive when we inspected in July 2014.

Good



Is the service well-led?

The service was not well-led and requires improvement.

Comprehensive systems were not in place to check on the care and support provided to people. This had resulted in people not receiving high quality care that met their needs.

The registered manager and provider had not always shared concerns regarding people's safety with the appropriate authorities in a timely manner.

People's care records were disorganised and not always up to date or accurate.

The registered manager and provider were well liked. People using the service, relatives and staff said they were always available and approachable.

Requires improvement



The Beeches

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. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the service under the Care Act 2014.

We undertook a focused inspection of The Beeches on 25 November 2015. We inspected the service against two of the five questions we ask about services: is the service safe and is the service well led. This was because the concerns that triggered this focussed inspection related to those areas.

The inspection was unannounced and undertaken by one inspector.

Before carrying out the inspection, we reviewed the information we held about the service. We looked at the

notifications and any information of concern we had received. Notifications are information about important events which the provider is required to tell us about by law. We were also provided with information by the safeguarding team at South Gloucestershire Council.

During our inspection we spoke with 10 people who lived at the service and relatives of three people. We carried out a Short Observational Framework for Inspection (SOFI 2) assessment. SOFI 2 provides a framework for directly observing and reporting on the quality of care experienced by people who either cannot, or find it difficult, to describe this for themselves.

We spoke with four staff members, the registered manager and the registered provider. We also spoke with a number of health and social care professionals both before and after our inspection and were provided with a range of feedback.

We looked at five people's care records, as well as records relating to the management of the service.

Is the service safe?

Our findings

The service provided did not always ensure people's safety was maintained.

The provider had a policy on keeping people safe and this had been signed by staff to indicate they had read it. However, the registered manager and staff did not have a good understanding of their responsibilities to keep people safe. People were not consistently protected against the risks of potential abuse. Staff did not have a good understanding of their responsibilities for reporting accidents, incidents or concerns. They told us they would report concerns to the manager but were not always clear what they would do if the manager was unavailable. They were not aware of how to report directly to the local authority, the Care Quality Commission (CQC) or the Police. The registered manager and provider said they planned to attend advanced training on keeping people safe. This requires immediate improvement to ensure any concerns regarding people's safety are reported to the correct authorities without delay.

People said they felt safe living at the home. One person said, "I feel safe here, it's my home now". Another person said, "Yes, I feel safe with the staff here". Relatives said they felt people were safe. One relative said, "Yes, I feel my mother is safe here". Another relative said, "We chose The Beeches because of its family feel and we wouldn't move her, she's safe and well cared for here". A third relative said, "The staff are quick at picking up if she's unwell and then getting medical assistance". Staff told us they would be happy for a relative of theirs to use the service.

Checks were carried out before staff started work to assess their suitability to work with vulnerable people. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. However, the registered manager had not carried out satisfactory checks to ensure references received were official employer references. This had resulted in a recent problem and the registered manager told us they would now be carrying out more rigorous checks on references received, including

contacting referees by telephone. Staff we spoke with confirmed they had been interviewed by the registered manager and provider and references and checks taken up before they started working with people.

People told us there was sufficient staff to meet their needs. Relatives also said there was enough staff to meet people's needs. Staff told us they felt there was enough staff to meet people's need. We looked at the staff rotas for the three weeks prior to the inspection and found staffing had been planned in advance to ensure sufficient staff were available to care for people. Throughout our inspection we saw that people's needs were met promptly. During the afternoon staff organised and ran a game of bingo. People who wished to participate clearly enjoyed this. We saw staff spending time talking to people in a kind and caring manner. People were comfortable and relaxed with staff. Staff we spoke with knew people well and said they had received the training needed to safely meet people's needs.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. Individual risk assessments were in place. These detailed how the person should be cared for and kept safe. Staff had a good understanding of these risk assessments. The Beeches is an older style property with some narrow corridors. The registered manager and provider said they took care to minimise the risk of falls, slips and trips. They said they did this through identifying any hazards and removing them where possible. A relative we spoke with confirmed this. They said, "My mother needed more help with showering to keep her safe. They made sure the shower area was clear and provided her with extra help".

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. There was guidance on how people would be evacuated in the event of a fire. Fire evacuation drills were held for people and staff to practice this.

The home was clean and odour free. A cleaner was employed at the service. They explained to us how they ensured hygiene standards were maintained. Care staff had received training in infection control.

The provider had a policy on the safe storage and administration of medicines. However, this had not been

Is the service safe?

reviewed since 2013 and lacked detail. For example, the policy does not describe how medicines are ordered and booked into the service. We observed staff administering medicines. Staff administered medicines safely to people. Staff responsible for administering medicines had received training. A comprehensive audit of medicines management

had been carried out by an NHS Pharmacist on 18 November 2015. The report of the audit contained many identified actions to improve the safe management of medicines at the service.

We recommend that the registered manager and provider address the areas identified in the audit carried out on 18 November 2015.

Is the service effective?

Our findings

When we visited the service in July 2014, we found that the service was effective. We have not reviewed the rating we gave at that time. Comments we received from people who used the service and staff members did not give us cause to review this key question.

You can read what we wrote about this section in the comprehensive report by selecting the 'All reports' link for The Beeches on our website at www.cqc.org.uk.

Is the service caring?

Our findings

When we visited the service in July 2014, we found that the service was caring. We have not reviewed the rating we gave at that time. Comments we received from people who used the service and staff members did not give us cause to review this key question.

You can read what we wrote about this section in the comprehensive report by selecting the 'All reports' link for The Beeches on our website at www.cqc.org.uk.

Is the service responsive?

Our findings

When we visited the service in July 2014, we found that the service was responsive. We have not reviewed the rating we gave at that time. Comments we received from people who used the service and staff members did not give us cause to review this key question.

You can read what we wrote about this section in the comprehensive report by selecting the 'All reports' link for The Beeches on our website at www.cqc.org.uk.

Is the service well-led?

Our findings

The service was not well led.

The registered manager and provider did not have comprehensive systems in place to check on the care and support provided to people. This had resulted in people not receiving high quality care that met their needs. When we visited the service in February 2015 we found this required improvement. This area had not improved.

The provider did not have effective systems in place to monitor the quality of care and support that people received. The quality checks carried out were not planned or organised. Some 'spot checks' had been completed. However, where checks had been carried out there was no clear record of action needed to improve.

The registered manager said the views of people using the service had been sought. Group meetings were held with people, the most recent of these on the 2 November 2015. People's views regarding food and activities were recorded and staff were encouraged to read the record of the meeting. However, the results of the most recent survey could not be found. There was no record of people's views and experiences being used to plan and implement improvements to the quality of the service.

People's care records were not audited to ensure their needs were met. In one instance, checks had not identified that a person had not been referred to their GP when required. Care records were not well organised and contained information that was out of date and no longer accurate or relevant. Daily recordings were brief and lacked sufficient detail. This meant there was not always a clear record of the care provided to people. Medication audits carried out by staff had not identified where action was needed as a result of people not taking medicines as prescribed.

Concerns regarding people's health and safety had not always been shared with the appropriate authorities in a timely manner. Health and social care professionals we spoke with were not confident concerns would be identified and acted upon appropriately by the registered manager and provider.

Policies and procedures regarding the provision of the service were kept in a file. A number of these had not been reviewed for some time and had not been kept up to date. The registered manager and provider did not have a plan for updating these.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

People said they liked the registered manager and provider. One person said, "(Manager's name) is great really nice, you can talk to him". Relatives spoke positively regarding the management of the service. One relative said, "They're very good, approachable, you can always talk to them". Staff said the registered manager and provider were always available and easy to talk to. However, two staff members felt communication between the manager and staff could be better. Regular staff meetings were held with the most recent taking place on 3 November 2015. The meeting was attended by seven staff and the registered manager and provider.

Throughout our inspection we noted the positive interactions between people and staff. Staff treated people with dignity and respect and were kind and caring. The registered manager and provider provided positive role models with this. Staff supervision notes detailed conversations with staff on improving their interactions with people. Supervision is a one to one meeting between a staff member and their manager. The registered manager had implemented a keyworker system. A keyworker system is where staff are delegated responsibility for ensuring named people's needs are met. This system appeared to work well and was valued by people, relatives and staff.

The registered manager and provider were not always clear when notification forms had to be submitted to CQC. Notifications are information about important events which the provider is required to tell us about by law. We discussed this during our inspection. The registered manager and provider must familiarise themselves with their responsibilities to notify the CQC of events.

The registered manager told us of their plans to develop links with local organisations. They said they wanted to ensure they kept up to date with current legislation, guidance and best practice.

When we inspected this service in February 2015, although we found no breach in regulations in respect of this key

Is the service well-led?

question, improvements were required to ensure that the service was well led. At this inspection we saw these improvements had not been made. In addition, we found a breach of regulation at this inspection. We expect the

registered manager and provider to make the necessary improvements within an agreed timescale. Failure to make these improvements may mean we have to take formal enforcement action in order to drive up standards.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems were not in place to assess, monitor and improve the quality of service. Accurate and complete records of care and treatment were not maintained. Concerns regarding people's safety were not always shared with the appropriate authorities in a timely manner. Records regarding the management of the service were not maintained. Regulation 17 (2) (a) (b) (c) (d) (e)