

Mr John Scarman and Mrs Phaik Choo Scarman

Beech Haven Residential Care Home

Inspection report

15-19 Gordon Road
Ealing
London
W5 2AD

Tel: 02089910658

Website: www.beechhaven-carehome.co.uk/beeceh-haven

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16 November 2015

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 10 and 16 November 2015 and was unannounced.

The last inspection took place on 28 April 2015 when we rated the service requires improvement and made seven breaches of Regulation.

At this inspection we found there had been improvements to the service and the provider was able to demonstrate plans for further improvements. However, the improvements at the time of the inspection were not sufficient and the provider was still in breach of some of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Beech Haven Residential Care Home is a care home for up to 30 older people. There were 30 people living at the home at the time of our inspection. The majority of people funded their own care. The service is a family-run business with the owners also overseeing the day-to-day management of the home. One of the owners is the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The provider had not always assessed and mitigated the risks of unsafe premise and equipment. Areas of the environment were not clean and the provider had not taken steps to control the spread of infections.

Some people had been asked to consent to their care and treatment. However, relatives and other representatives made decisions about care and treatment on behalf of other people. Although these decisions may have been made in the person's best interest, the provider had not assessed people's capacity to make sure they were unable to consent themselves.

The staff felt supported to do their jobs. They received training but some of this required updating. The provider had not always identified the risks to people's safety and wellbeing.

Records of people's care were not always accurate or complete.

The provider had not notified the Care Quality Commission of significant events which had occurred at the service.

People's medicines were managed in a safe way.

The provider had procedures to safeguard people and the staff were aware of these.

There were enough staff employed to keep people safe and meet their needs.

People's health needs were met.

People's nutritional needs were met.

People felt the staff were kind, caring and polite.

People's privacy and dignity were respected.

People's care needs had been assessed and there were care plans telling the staff how to meet these needs. The providers and the staff had a good knowledge and understanding about people's needs.

The provider had improved organised activities so there were more things for people to do. However, further improvements would make sure people's social and emotional needs were always met.

People felt confident making a complaint and told us these were acted on and responded to. The provider had improved systems for monitoring the quality of the service.

People felt there was an open and positive culture.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The provider had not always assessed and mitigated the risks of unsafe premise and equipment. Areas of the environment were not clean and the provider had not taken steps to control the spread of infections.

People's medicines were managed in a safe way.
The provider had procedures to safeguard people and the staff were aware of these.

There were enough staff employed to keep people safe and meet their needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Some people had been asked to consent to their care and treatment. However, relatives and other representatives made decisions about care and treatment on behalf of other people. Although these decisions may have been made in the person's best interest, the provider had not assessed people's capacity to make sure they were unable to consent themselves.

The staff felt supported to do their jobs. They received training but some of this required updating.

People's medicines were managed in a safe way.

People's health needs were met.

People's nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People felt the staff were kind, caring and polite.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People's care needs had been assessed and there were care plans telling the staff how to meet these needs. The providers and the staff had a good knowledge and understanding about people's needs.

The provider had improved organised activities so there were more things for people to do. However, further improvements would make sure people's social and emotional needs were always met.

People felt confident making a complaint and told us these were acted on and responded to.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider had not always identified the risks to people's safety and wellbeing.

Records of people's care were not always accurate or complete.

The provider had not notified the Care Quality Commission of significant events which had occurred at the service.

The provider had improved systems for monitoring the quality of the service.

People felt there was an open and positive culture.

Beech Haven 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 checked 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.

The inspection took place on 10 November 2015 and 16 November 2015 and was unannounced.

The inspection team on 10 November 2015 consisted of two inspectors 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. The expert by experience at this inspection had professional and personal experience of using health and social care services. The inspection team on 16 November 2015 consisted for two pharmacy inspectors who looked at how medicines were managed at the home.

Before the inspection visit we looked at all the information we had on the provider. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with ten people who lived at the home, four of their visitors, two visiting healthcare professionals, the managers and other staff on duty. We observed how people were being cared for and supported. We looked at the environment. We looked at records including the care records for six people who lived at the home, staff training and supervision records, the recruitment records for one member of staff, meeting minutes and the provider's audits of the service. We also looked at how medicines were managed, including the storage, administration and recording of these.

Is the service safe?

Our findings

At the inspection of 28 April 2015 we found that staff had not received the training and information they needed about safeguarding vulnerable people. This meant that people could be at risk because the staff did not know how to recognise or report abuse.

At this inspection we found that all the staff had received training in safeguarding adults. Procedures around this had been discussed at staff team meetings so that the provider could test the staff knowledge about this. The staff we spoke with demonstrated they understood about safeguarding people and knew what they would do if they suspected someone was being abused. The provider was aware of their responsibilities for safeguarding adults. They told us about a recent incident at the service and how they had responded to this. They had notified the police and local authority about concerns they had identified and had worked with the local authority to protect people living at the home.

At the inspection of 28 April 2015 we found that people were at risk of having their medicines administered inappropriately or in an unsafe way because the staff responsible for this had not been trained or assessed as safe to do this. Some of the records of medicines were inaccurate and not all medicines were stored in a safe way.

At this inspection we found that medicines were stored securely including controlled drugs which were recorded appropriately. The fridge temperature was monitored and was in range; however a fault with the re-set process was discovered during the inspection and rectified. The home had a medication policy which was under review at the time of the inspection.

Medication administration records (MAR) were clear and administrations were recorded accurately. We noted that one person had not had a medicine signed for two days in the last month. We were unable to check if the medicine had been given as the containers had been returned to the pharmacy. A weekly stock audit had taken place but this person's MAR had not been checked. Some people were prescribed pain relief and we saw that a pain assessment tool was used to enable staff to support people who were unable to explain their pain well.

Staff told us how they rotated the sites used for medicines supplied in patch form, but no records were made of this. Some medicines required regular blood testing and dose changes; we saw that this was managed safely.

People who were able and wished to do so were supported to manage their own medicines following an assessment. One person told us that they were happy to be able to manage their own diabetic insulin and blood monitoring. They described how staff checked that they are managing. However it was unclear how often they are being reviewed, or if they have a specific diabetic care plan.

Staff told us that people saw their GP frequently, however medication reviews were not specifically recorded and people's care plans did not specify when reviews should be carried out as recommended by the

People were at risk because parts of the environment were not safely maintained. The provider had equipped the first floor landing with a new carpet. However, this had become uneven. Where the carpet met other carpets in doorways it had not always been secured safely. Therefore people were at risk of tripping or falling. None of the toilets in the home had pull cords for the emergency call bells. There were push buttons connected to the emergency call system situated on the walls but these could not be accessed if someone fell or was on the floor. Some of the overhead lights in the building were broken. For example the lights along one corridor were not working. The provider told us that floor lamps were positioned along the corridor at night, however, this situation could present further risks. The ceiling lights had exposed wires. The provider told us these were not live. However, the light in one toilet on the first floor was also damaged with exposed wires and this light was in use. There was a hole in the wall around the soil pipe in one toilet. One toilet seat was broken and moved when touched. The locks on the toilets throughout the home did not work or could not be easily used. This meant people were at risk of others entering the toilet when it was in use.

There were also areas of the environment which would benefit from repair and renovation. The glass on one of the fire exits on the ground floor was broken and had been boarded up for over a year. Some of the carpets throughout the home were worn. A cabinet on the first floor was broken and the damaged part left on top.

Cleaning products were not always stored safely and securely. Therefore people could be at risk because some people were confused and some of the cleaning products could cause harm if used wrongly or ingested. We found two cleaning products stored in a communal bathroom. One of the managers removed these and stored them securely during our visit. A mop containing dirty water and cleaning product was left on the first floor landing for over an hour and this could have been accessed by people without the staff knowing. For twenty minutes a bottle of cleaning product was also left with the bucket unattended. The provider took action to remove these items on the day of the inspection. However, people could be at risk if this practice was repeated.

The provider had not always taken action to assess the risk or preventing and controlling the spread of infections. For example, there had not been deep cleaning of some equipment and parts of the environment. The hoist chairs over the baths and plug holes in the sinks and baths were marked with limescale. One of the toilet seats on the first floor was damaged and dirt which had built up under the seat had not been cleaned. The soil pipe from one of the ground floor toilets was leaking. The dining room carpet was stained. The flooring in one bathroom and one of the toilets was badly damaged.

Some of the practices at the home presented a risk of cross infection. For example, we found a supply of five bars of used soap in one of the bathrooms. It was not clear who these belonged to and different people may have shared the same soap. A number of the toilets did not have a supply of soap or paper towels.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider told us they had plans to improve areas of the environment including renovation of some of the bathrooms and toilets and the replacement of some of the carpets and flooring.

People told us they felt safe at the service. They said that call bells were answered quickly and that staff were attentive if they had a need. One person told us they did not think they had a call bell but they said the staff

checked on them regularly. Some of the things they told us were, "They come quickly when you use the pager", "when you call them they are good", "(the staff) come to see me quite often" and "most of the time they come quickly if you ring the bell."

The staff had assessed the risks for each person relating to their care and support. For example the risks associated with nutrition, skin care and moving safely around the home. These assessments included actions the staff needed to take to keep people safe. Where people were considered at high risk this was clearly indicated and additional plans were in place. For example, where people were at risk of developing pressure sores the staff regularly repositioned them and this was recorded.

There were enough staff to meet people's needs. The providers were a married couple. They and their two grown up sons managed the service. They were available working at the home most days. Additionally they employed a number of care staff, cleaners, maintenance workers and a chef. People told us there were enough staff available to meet their needs. They said they did not have to wait long for care and support when they required it. We saw the staff were available throughout the day and spent time checking people in their bedrooms were alright as well as supporting people in communal rooms.

Many of the staff had worked at the home for several years. They were familiar with the service and the people who they were supporting. One member of staff had been recruited since the last inspection. The provider had undertaken checks on their suitability and have given them a formal interview as part of the recruitment process.

Is the service effective?

Our findings

At the inspection of 28 April 2015 we found that the provider had not always assessed people's capacity to make decisions or obtained their consent to care and treatment.

At this inspection we found that the provider had made improvements in this area. The majority of care plans had a record to show the person had consented to their care and treatment. This had been signed by the person. In addition to this agreement with the care plan had been signed by most people or their representatives.

However, the provider had not undertaken assessments of people's capacity to make decisions about their care. This information was not recorded. There was evidence that people's next of kin and other representatives had sometimes made decisions in people's best interests. However, the Mental Capacity Act 2005 states a person must be assumed to have capacity unless it is established that they lack capacity. Therefore without a relevant assessment for each person, the provider could not be sure that these decisions had been made lawfully.

Throughout our inspection we observed the staff offering people choices and obtaining their consent for the care and support they offered. People told us the staff always offered them choices and the opportunity to refuse help if they wanted.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The managers knew their responsibilities under this legislation and had worked with the local authority to ensure an application to deprive one person of their liberty had been made and authorised. There were records relating to this.

At the inspection of 28 April 2015 we found that the staff had not always received the training and support they needed to care for people and meet their needs.

At this inspection we found the provider had made improvements to the support and training of the staff. The staff said there was good informal support and that the managers were always available to discuss their work with. Some of the staff told us they would like more support to access training outside the work place to improve their skills.

The staff told us they had regular team and individual meetings and we saw evidence of this. These meetings included discussions about specific procedures and changes at the service. The staff told us they had regular training from the managers and through DVDs. The managers had accessed external accreditation so they could provide training to staff in some areas. Records of staff training indicated that some staff needed to update training in manual handling techniques. Some staff had not undertaken

training in the Mental Capacity Act 2005 or Deprivation of Liberty Safeguards. The provider told us they were arranging for this training.

Most people told us they liked the food. Some of the things they said were, "The food is very good", "You can have what you like for breakfast, and you get three course lunches", "Meals, on the whole, are very, very good. I was concerned about whether I would like the food when I came to live here" and "the food is brilliant."

However some people said they would like improvements and one person said, "I've never been very happy with the food. I observe a lot of people will eat anything put in front of them. The evening meals are not good."

During lunch time of the day of the inspection people told us they enjoyed their food. They were offered soup, a main course and a dessert, although they were not given a choice of these. One person told us they could request an alternative if they wanted. People were given hot and cold drinks at mealtimes and throughout the day.

The provider told us they had discussed menus with people and we saw evidence of a meeting where different menu choices were discussed.

The staff had completed assessments of people's nutritional needs and these were regularly updated. Where people had an identified need there was evidence they had been referred for input from a dietitian. We spoke with a visiting dietitian. They told us the staff followed their recommendations and fortified meals for people at risk of malnutrition.

There were clear records for each person who required additional support with nutrition. These included information about texture modified foods and requirements for a high calorie diet. Some people required their intake to be monitored and the staff kept accurate, detailed and up to date records of these people's food and fluid intake.

People told us their healthcare needs were met. They said they were able to see their doctor and other healthcare professionals when needed. People told us that if they had a change in health need the staff responded to this and made sure they sought medical advice. The staff kept records of healthcare appointments and the outcome of these. Visiting nurses from the GP practice offered support to meet people's nursing needs, such as dressing wounds. The provider had not always requested feedback from the nurses about the progress of treatment and this would enable the staff to have a better understanding about the person's condition and if any changes to care were needed. Following our feedback about this at the inspection the provider spoke with the visiting nurses and agreed that staff would record information from the nurses after they visited people.

Is the service caring?

Our findings

People told us they were well cared for and the staff were kind and caring. Some of the things people said were, "The staff are very good", "They are all very kind", "The staff will say something like: 'It might be a good idea if we do so and so. Is that OK?' They don't make you do anything [for instance] yesterday I did not feel good. [I told them and] the staff didn't bother me too much, but my meals were brought to me on time", "I'm definitely very comfortable [here]. It's a family home and the staff are very good and kind", "The staff are very courteous" and "The general level of care is excellent. The staff address you by your name."

Visitors also told us the staff were caring. Some of the things they said were, "The staff are really friendly, you can tell straight away they care but it would be nice to have some sort of Welcome Pack [when you first arrive] and a review at six months", "The staff are absolutely wonderful with [my relative]... They are really nice and they encourage him to do as much as he can manage" and "I come here once a week for over a year. It's excellent really. The family are very good people and very caring."

Throughout our inspection we saw the staff being kind, considerate and polite to people. They addressed people by their preferred names, asked about their wellbeing, offered them choices and listened to what they had to say. The staff did not rush people. They comforted people who showed signs of distress and were attentive of their needs and wellbeing.

There was a relaxed and friendly atmosphere at the home and people commented that it was always that way. People told us they liked the fact it was a family run business and they felt well cared for and supported by the family. We noted that the provider and their family knew people's needs well, including their own family dynamics, likes and interests. They and the staff took an interest in the people they were supporting and talked to people about topics they enjoyed.

People told us their privacy and dignity was respected. They said the staff knocked on bedroom doors and provided care in private. We saw the staff attended to people's needs discreetly.

People looked well cared for, clean and well presented. They told us they had regular baths and showers and a hairdresser visited regularly. People's nails, hair and clothes were clean and we saw the staff taking their time to make sure people's preferences regarding the way they looked were met.

Is the service responsive?

Our findings

Some of the things people told us were, "I like to read, knit and do puzzles and use the crayons. I find the time is quite full really.I would recommend [here] to a friend", "I join in the exercises on a Monday.The [manager and her husband] are in charge and always listen to me", "I'm happy here. I like my room; it's not too big but big enough so you are not falling over things. In the afternoon I sometimes go to the lounge for activities like Bingo and Keep Fit. ...You can't really change the routine – meal times are fixed.They listen to us, but sometimes it does take a long time to get things done", "I usually read books and the papers come in. I can wake up whenever I want and the staff do not rush me", "There is a very good atmosphere as soon as you walk in", "I'm quite happy with being here. I prefer it [here in my room]. I don't get bored as long as I've got the newspaper. They get me up in the morning at whatever time suits them. They like to get me to bed fairly early, which doesn't bother me as I'm a good sleeper" and "They try to be very good, but I wouldn't want to stop here all the time.they take people downstairs but they just go to sleep.It's very lonely here [for me] really."

Some of the things visitors said were, "The routine [of the Home] is good for [my relative]. They do go the extra mile with things like that. When [my relative] needs to go to hospital they give them a lift", "The managers listen to what you say if you have any concerns and they do something. We only have to ask once" and "We went to a great deal of trouble to find a home that would be suitable [for our relative]. It's not grand, but she seems very content here."

At the inspection of 28 April 2015 we found that people's needs were not always being met in a person centred way. People did not have access to leisure and social activities which met their individual needs.

At this inspection we found the provider had made improvements in this area. The provider had increased the regular organised activities so that for four days each week there was a specific organised event taking place. People told us that they liked to participate in these. We observed that some people were given books, knitting, magazines and crosswords to occupy their time. The staff also spent time talking with people and encouraging people to talk with each other. Some people enjoyed spending time in their own rooms. However, further improvements would help to meet people's social and emotional needs further. Some people told us there were times when they were bored and there was not enough "going on." There were no resources of books, magazines, colouring and games for people to help themselves, although the staff sometimes gave people these. The staff spoke with people and interactions were not rushed but they did not spend time supporting people to pursue individual interests or small group activities.

People's needs were assessed when they moved to the home and the staff had created a care plan which reflected these needs. The managers and staff knew people's needs well and were able to tell us about these. However, changes in people's need and details about individual preferences were not always clearly recorded.

The provider had a complaints procedure and people told us they felt confident raising concerns. They told

us that the managers were always available to listen to their comments and they felt these were acted on and responded to. The provider kept a record of complaints and concerns and how these had been investigated and responded to.

Is the service well-led?

Our findings

At the inspection of 28 April 2015 we found that the provider's audits and checks did not always identify or mitigate risks to the health and wellbeing of people who lived at the home.

At this inspection we found that the provider had improved systems for monitoring the health and wellbeing of people, identifying risks and improving the quality of the service. However, we identified risks which had not been acted on. These included risks to people's safety within the environment.

The records relating to people's care were not always complete. In some cases people's medical needs had changed. The provider had not updated the care plan with this information or the actions the staff needed to take as a consequence of this. People were receiving the care, however the records were not up to date. One person had complex needs and a DoLS authorisation was in place. However, the information about these needs and the authorisation were stored in different places and it was difficult to obtain a clear and accurate picture of their needs because these were not included within the care plan. Some people required additional monitoring for specific needs. In some cases records about the monitoring did not give staff enough information about what they needed to do. For example one person had their blood pressure monitored by staff. The records for this did not include information on what was considered the normal range of results or what the staff should do if there was a variation. In another case someone's needs required monitoring three times a day, however records indicated the staff had only made daily checks. Therefore people were at risk of receiving unsafe care because the records were not always complete and accurate.

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

At the inspection of 28 April 2015 we found that the provider was not displaying their CQC rating at the service or on their website.

At this inspection we saw that the Care Quality Commission (CQC) rating was displayed at the service. The provider had updated their website to include a link to CQC's website and rating for the service.

During the inspection the provider told us about an incident which had occurred at the service where they needed to call the police. The incident also resulted in a safeguarding referral being made to the local authority. However, the provider had not notified CQC about this at the time of the incident. The provider had not notified CQC of any significant events since the last inspection. Therefore we were unable to monitor significant events and the provider's response to these.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2012

The providers were a married couple and they ran the service with their two grown up sons. The four of them had responsibilities at managing different parts of the service. People using the service, their visitors and

staff felt supported by the family and felt there was an open and inclusive culture.

The provider had started to create a system of audits to make sure all aspects of the service were meeting required Regulations. They had created a system to monitor and record the checks that they were doing. The provider had also started to work with external agencies and undertake additional training to make sure they were up to date with changes in legislation and guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had not notified The Care Quality Commission of incidents as described in this Regulation.</p> <p>Regulation 18(1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not always provided care and treatment in a safe way for service users because they had not assessed the risk of preventing, detecting and controlling the spread of infections or ensured the premises were safe.</p> <p>Regulation 12(2)(d) and (h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not operate effective systems to assess, monitor and mitigate risks relating to the health, safety and welfare of service users.</p> <p>Regulation 17(2)(b)</p> <p>The registered person did not maintain accurate, complete and contemporaneous records in respect of each service user.</p>

