

Beechcroft Care Homes Ltd

Beechcroft - Torquay

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Beechcroft -Torquay (hereafter referred to as Beechcroft) is a residential care home providing personal care and accommodation to 30 people aged 65 years and over at the time of the inspection. The service is in one large adapted building over three floors that is registered to accommodate up to 34 people. It has a garden, stair lifts and a lift and is within walking distance of a local park and the sea.

People's experience of using this service and what we found

People were not always protected from the risk of harm and we had a concern that a safeguarding investigation had not been carried out where a suspected case of avoidable harm had occurred.

There were some improvements needed in infection control practises in the laundry, these were actioned by the provider after the inspection. Some risk assessments were overdue for review. We had some concerns about fire safety and asked the service to act to remedy these and asked the fire brigade to work with the service. Despite these issues, people told us they felt safe.

People were supported to stay hydrated and were offered choices in their meals. The lunchtime meal we observed was calm and people chatted happily amongst themselves.

Staff were not always supported through supervision of their practice, however despite this they told us they felt supported. Staff had not always completed the required training to be able to meet people's needs. However, the manager had recently arranged for a 'mop up' session to ensure staff had all mandatory training required to meet people's needs.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Several people were being deprived of their liberty in contravention with the Mental Capacity Act 2005.

Staff were caring and spoke to people with dignity and respect. Staff knew people's needs well and were able to engage people. People were starting to be more involved in the planning and review of their care.

People were not always provided with care that met their preferences in regard to showering and bathing. Care plans that were completed were person centred. Staff spent time with people talking and holding their hands.

We recommended the service record their responses to complaints and what learning they have had from them.

The service had undergone recent management changes and needed time to embed their new structure.

We found several concerns throughout the inspection that needed addressing. Not all of these had been acted on promptly enough when the service became aware of them, or the service were not aware of them. This showed that although some improvements had been recently made, the system for assessing the safety and quality in the service needed further work and time to improve, and be embedded in the running of 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

The last rating for this service was good (report was published on 22 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe care and treatment, safeguarding, person centred care, and good governance.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 not always effective.
Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good 

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement 

Beechcroft - Torquay

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.

Inspection team

The inspection team consisted of one inspector, a member of the medicines team, and an expert by experience on the first day of inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of inspection an inspector and an assistant inspector visited the service.

Service and service type

Beechcroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission. This means the provider is 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 on the first day and announced for the second day.

What we did before the inspection

Before the inspection we gathered the information we had received regarding the service. This included information from notifications the provider sent in to us, these are forms that tell us about important events in the service. We also requested feedback from local organisations that support Beechcroft.

We used the information the provider sent to us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with fourteen people living in the service and spent time in communal areas observing general interactions, activities and lunchtime. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. During the visit to the service we spoke with three relatives and three visiting professionals. We spoke with nine staff including the deputy managers, manager, care staff and domestic staff.

We reviewed a range of records. This included five people's care records and multiple medicine records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records were reviewed relating to the management of the service, including policies and procedures, complaints, safeguarding and medicines.

After the inspection

We continued to seek clarification from the provider to validate our inspection findings. We looked at training data and quality assurance records. We received feedback from three further professionals who regularly supported the service.

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 good. At this inspection this key question has now deteriorated 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; Preventing and controlling infection

- Risk assessments were in place, but many were due for review. For example, for one person had 16 assessments needing review. This meant that staff might not have had the most up to date risk information about people they were providing support for.
- Records indicated that one person was not regularly supported to be repositioned to relieve pressure on their skin. As a result of this, they developed a serious pressure ulcer. In the eight days prior to the discovery of the pressure sore, the person should have been repositioned 48 times at intervals of four hours. Records showed the person was only repositioned 19 times during this period. This person was not protected from neglect and improper treatment, the system to check if this person was safe was not robust.
- Two of the fire exits (marked and signposted as fire exits) were not connected to the fire alarm. This meant that if the alarm went off people would be reliant on staff remembering the code and being available if they were trying to escape in an emergency. On the first day of inspection, we asked staff to open one of the fire doors on the basement floor. Three staff were unable to do this. On the second day of inspection the door could be opened. When we asked staff, one staff member did not know the code to open the fire doors that were not linked to the fire alarm. We asked the provider to remedy this as a priority and we contacted the local fire brigade to visit the home and work with them regarding fire safety.
- The laundry posed an infection control risk. A sink was being used as a sluice for heavily soiled clothing which staff then washed their hands in. There was no separation between soiled and clean clothes and dirty laundry was stored next to clean.
- Soiled items were carried through the home without being in a bag and one staff member carried a urine-soaked item under their arm, so it was touching their uniform. We saw one staff member enter the laundry with a soiled item and leave the laundry without changing their gloves. This was a cross-contamination risk. We asked the manager to be clear with staff on what best practise was regarding the handling of dirty or soiled laundry, and consider whether further training was needed in this area.

Some people were placed at risk of harm and other were placed at risk of inappropriate care and treatment. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were gloves and aprons readily available throughout the service for staff to use.
- Permanent staff were aware of the individual risks people faced.
- People we spoke with said they felt safe, although one person said they felt worried when another person entered their room. Other people said, "I think I'm quite safe here, even though I am a nervous person and the smallest of things can worry me" and, "Oh yes, I believe I am more than safe living here."

- After the inspection the provider contacted us to let us know they had made changes to the laundry so there was a clear separation of clean and dirty linens, and staff had been further educated in how to better manage the risk of cross-contamination.

Systems and processes to safeguard people from the risk of abuse

- Records indicated safeguarding referrals had been made to the local authority where appropriate. However, there was limited information to demonstrate investigations into the events leading up to an alert and learning took place. This was not in line with the provider's policy on safeguarding people from abuse.
- Our inspection took place over six weeks after the pressure ulcer was discovered and no investigation had been completed and recorded by the service. We requested investigation documents were sent to us, but the service later confirmed that an investigation had not yet been conducted.
- One staff member could not describe what the different kinds of abuse were or what they might do if they suspected a person was being harmed. We reported this back to the manager on the second day of inspection and asked them to act.

The provider failed to ensure an investigation was conducted into a possible case of abuse. This contributes towards a breach of regulation 13 (safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- The manager and deputy manager were reflective about what issues were still ongoing in the service. They had shown through a recent medicine review how they could learn and improve. However, the service had not shown that they would always investigate serious concerns when they arose and then learn from these concerns to mitigate against them happening again.

Staffing and recruitment

- There were enough staff on shift during our inspection to meet the needs of people.
- Some people told us they sometimes had to wait for staff assistance. We observed staff responding promptly to call bells and they were always visible in communal areas.
- There was a recruitment process including police checks of potential new staff to check if they were suitable to support people in a care home setting.
- We fed back to the manager and deputy manager that some of the employment history of staff could be more detailed so that gaps in employment history were covered.

Using medicines safely

- Medicines were stored safely.
- People were supported to take their medicines as prescribed.
- Staff were trained in the safe administration of medicines and had their competency to do so tested through observation and checking their knowledge and understanding.
- We suggested to the deputy managers arranging additional medicines training from a local pharmacy for staff.
- A recent medicines audit had identified several issues and the service had taken prompt action to retrain staff and ensure the issue did not arise again.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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 not adhering to the principles of the MCA. The deputy manager showed us their audit which recorded there were 17 DoLS that had yet to be made but needed to be. These people were all having their liberty unlawfully restricted.

The provider failed to ensure the service had put in applications for DoLS and was unlawfully restricting people's liberty. This was a breach of regulation 13 (safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the manager sent us confirmation that the outstanding DoLS applications had been applied for.

- We saw staff asking people for consent before delivering care.

- Evidence of best interest decisions were stored in care plans.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- There was not a full assessment of every person's needs. The service had been updating care plans for each person onto an electronic care planning system and there was basic summary of needs for each person.

However, for 11 people there had not been a full care plan created and for five people these were overdue for review. Since the inspection these have been updated and reviewed.

- Some health care professionals we spoke with said staff followed their instruction and would, "Come and see me and flag up concerns quickly if they had them about a patient."

Staff support: induction, training, skills and experience

- Staff told us they had training in the areas required to meet people's needs.
- There was a training matrix in place which showed the majority of staff had completed the required training. The provider told us there was training booked in for those who hadn't completed it or whose training was out of date.
- Staff told us they felt supported. One staff member said with "Lots of management changes, the supervision has been patchy. Since [the deputies] have been here its picking up. I feel supported."

Supporting people to eat and drink enough to maintain a balanced diet

- People were offered warm and cold drinks regularly. On the two days of the inspection it was very warm, and staff made a concerted effort to make sure people were hydrated.
- People told us they liked the food, we saw a range of options on the menu.
- Specific dietary requirements were catered for. People who required their food or drink to be of a particular consistency because of choking risks had their food prepared in line with advice from health care professionals.

Supporting people to live healthier lives, access healthcare services and support

- During our visit one person told us their teeth hurt, we fed this back to the manager who contacted a dentist that day to arrange an appointment.

The service was in regular contact with local GP practices and had daily visits from the district nursing team.

- We asked staff and the management team about some physiotherapy guidance in one person's room that was on the wall. No staff knew where this came from and there was no record of it in the person's care plan. This was subsequently taken down as it was established that it was no longer relevant.

Adapting service, design, decoration to meet people's needs

- Equipment was not always appropriately stored. The basement shower room had equipment in it on both days of the inspection, we asked for it to be removed. A re turn stand aid was stored in one person's bedroom. The person told us they were aware it was there but couldn't see it as they were visually impaired and it was close by if they needed it, so it didn't bother them. However, we later found out it was used for other people also. This suggested it was not appropriate to store the re turn stand aid in their bedroom.
- The garden was not secure. There was no wall or fence between the garden and the local park behind it, so people were at risk of a fall or were able to leave which might have placed them at risk.
- Not all communal spaces were accessible. The lounge door to the garden was locked on the first day of our inspection and people were not supported to go outside on this day. On the second day the door was opened. The provider fed back to us the door was usually open for people to go into the garden with staff support.
- There was a lift and stair lifts, so people could access all three floors.
- The dining room was bright and pleasant and decorated with bunting.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by permanent staff that knew them well. People told us they had their favourite staff and looked forward to seeing them.
- One relative said, "Things are better in general than was the case a few months ago. Most of the carers do a good job in my experience of visiting my relative." A person said, "I feel well cared for, and I like the carers, all of them."
- Care staff told us they enjoyed their role. One staff member said, "I always ask new staff 'what would you do if it was your grandma'- this is their home not ours." Another said, "We give people time and communicate with them, we build relationships and have interactions with them. If people can't talk, we look for signs that people's mood is changing and act accordingly."
- One staff member told us how they had felt proud of assisting someone to eat all their breakfast. They said this person usually only manages half of the meal, but they spent time with them, talked calmly and made good eye contact and the person finished the meal.

Supporting people to express their views and be involved in making decisions about their care

- The service was aware of what they could do to engage people more in the planning and review of their care. Some people contributed into their care plans, but others were not as interested.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff.
- Records were securely stored. A health and social care professional told us this had been an improvement as previously they were not all locked away.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were not having their preferences met in terms of bathing and showering. We spoke with staff and people, checked the bathroom facilities and found them to be dry and dusty, and looked at electronic records of personal care. Records suggested eight people had not had a shower or bath for June or July 2019, a period of six weeks.
- One person said, "They can't shower me, which I'd prefer, as they say it's too dangerous for me. Instead they lift me into the bath on a chair, but that hasn't happened for a long time though. Most of the time they flannel me down instead." Another person said, "I'm cared for save to say I can't remember when I last had a shower."
- One relative said, "I have a real concern about how infrequently my relative appears to be properly showered or bathed. It's not that they're ever dirty or unwashed when I visit, it's just that there's only so much hygiene possible with a strip wash in my opinion." There was a bathing rota in use, it showed that each person was encouraged to bathe once a week rather than given the option daily, this suggests an institutional approach to meeting people's hygiene needs.

The provider failed to ensure the service was providing person centred care and meeting people's preferences in regard to their hygiene. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where full care plans had been generated and were within the review period they contained details of peoples likes and dislikes and information was being gathered and recorded on people's life stories, and how they liked to spend their time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a way they could understand. The service was aware of how they could improve in this area.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had made recent improvements in their activity provision. Activities included musical

entertainers, cream teas, arts and crafts, and visits from a local nursery.

- We saw staff sitting and talking with people. Some people told us they felt lonely, but we saw staff interacting with people in a positive way and checking on them in their rooms regularly.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure that were on display in the communal hallway.
- People didn't always feel happy to complain. One person said, "I feel it's just best to accept the care and get on with it. Saying something wouldn't change much I don't suppose."
- Relatives had mixed feedback. One relative said issues were resolved promptly and another said there was a delay in response, particularly around maintenance issues.
- Complaints records we looked at were not always responded to in writing within 14 days in line with the providers policy. For two out of the three complaints received in 2019 there were no records to show when the complaint had been responded to and how and whether it had been resolved. We asked to see the relevant paperwork but we were told that the previous manager had dealt with these.

We recommend the provider responds to complaints in an open and transparent way by recording actions taken, how the complaint has been resolved, the learning taken from it and by following its own complaints policy and procedure.

End of life care and support

- Nobody was receiving end of life care at the time of our inspection.
- Some staff had been on training to support people with the end of their lives.
- Where care plans were complete, and people and relatives had wanted to have conversations regarding end of life arrangements, these had been recorded.

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 good. At this inspection this key question has now deteriorated 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

- A new management structure had been put in place to support the service to improve. The service requires as part of its registration a registered manager to be working in the service. There was not a registered manager at the time of our inspection and there had not been since May 2018. Although an application for registration had been put in by the manager at the service by the time of the inspection, not having consistent management by a registered manager had affected the quality of care in the service.
- The deputy managers in the service explained that some audits which were used to help highlight where improvements should be made were being missed. They explained that although there was a structure in place they were still finding they were catching up after the recent changes and some quality checks were not taking place.
- We found concerns with infection control, the environment, skin integrity support, bathing and showering, equipment storage, Deprivation of Liberty Safeguard (DoLS) applications and complaints management. Some of these issues the service were already aware of, but others they were not aware of the extent to which they affected people. The systems to support these changes to be made were not yet robust enough to ensure that changes were made within a reasonable time frame, so the quality and safety of care could be improved.
- The provider did not maintain complete and detailed records in respect of each person using the service and the overall management of the regulated activity. Care plans were not all complete, and assessments were overdue for review.

The provider failed to ensure people were kept safe and did not ensure systems to ensure quality care were implemented and used. Records were not all complete or contemporaneous. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service was taking steps to promote a more positive person focussed culture, but still had further improvements to make.
- Staff said morale was getting better but still quite low as there had been lots of recent changes in management and how things were done. Staff recognised that some changes were necessary.

- Staff said supervision of their practice was infrequent, but they could approach the deputy manager, manager or provider at any time and felt supported.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service was developing stronger links with the local community, it worked in partnership with key health professionals and had recently been working with a local nursery who visited the service.
- Equality characteristics of people and staff were considered.
- The service was working towards supporting people to feel more engaged in the running of the service.

Continuous learning and improving care

- The management team were open and honest during the inspection and reflected on what needed to be improved. The service showed a willingness to make changes to improve care and staff and managers had a positive and pro-active attitude to feedback. Changes we discussed were made promptly.
- The provider and managers linked in with other local managers and a care quality network to share best practise.

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

- The service had been acting on their duty of candour and informing relevant people when things went wrong.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care. People were not provided with care and treatment that was appropriate to their needs or reflected their preferences. Regulation 9 (1) (a) (b) (c).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. The provider failed to provide care and treatment in a safe way to service users. It failed to do all that is reasonably practicable to mitigate risks including the prevention and control of infections. Regulation 12 (1) (2) (a) (b) (h)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding The provider failed to protect service users from abuse and service users were unlawfully restricted.</p>

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The provider failed to establish and operate effectively a system to assess, monitor and improve the quality and safety of services. It failed to assess, monitor and mitigate some risks. The provider failed to keep a complete and contemporaneous record of people's care and needs.

Regulation 17, (1) (2) (a) (b) (c)