

# Ideal Carehomes (Four) Limited

## Beech Hall

### Inspection report

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Date of inspection visit: 21 October 2015  
Date of publication: 20/01/2016

### Ratings

#### Overall rating for this service

Good 

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?

Good 

### Overall summary

This was an unannounced inspection carried out on 21 October 2015. This was the first inspection we have carried out at this location.

Beech Hall is registered to provide accommodation for up to 64 people requiring nursing or personal care. Beech Hall is purpose built and is located in the Armley area of Leeds. The home is on three levels with lift access and has car parking to the front of the building. There is a selection of communal rooms throughout the building.

At the time of this inspection the home had a registered manager. 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.

There were insufficient staffing levels to meet the needs of people. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the

# Summary of findings

provider to take at the back of the full version of the report. Most people living in the home told us they felt safe. The administration and supply of medicines was mostly well managed.

Staff received safeguarding training and were able to identify types of abuse and where they would report their concerns. People's individual risks had been identified and assessed. We identified some gaps in recruitment checks, although the registered manager agreed to look at this.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff received regular supervisions and appraisals. People were given adequate nutrition and hydration and records to support this were robust. People expressed mixed views about the food provided for them.

People looked well cared for and staff demonstrated they knew how to respect people's privacy and dignity. Staff were kind, caring and compassionate.

People's care plans contained sufficient and relevant information to provide consistent, person centred care and support. People were supported with their healthcare needs. People enjoyed the activities throughout the day of our inspection. Complaints were recorded and responded to and learning outcomes were shared with people and staff.

The home was light and spacious and was found to be clean and free of malodours. Staff told us the home was well managed and the management team took an active interest in the quality of care people received. We saw there were systems in place to monitor the quality of the service.

# 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 consistently safe

The service did not have sufficient staffing levels to meet people's needs.

Last employer references were not always taken as part of recruitment checks.

The supply and administration of medicines was mostly well managed.

Requires improvement



### Is the service effective?

The service was effective.

The service was meeting its legal responsibilities to people under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The service worked with other healthcare professionals to ensure people received treatment.

Staff received support through a robust induction, training programme and ongoing supervision and appraisals.

Good



### Is the service caring?

The service was caring.

People's care plans contained information about individual needs, preferences and interests.

Staff knew the people they were caring for and communicated with people effectively.

We saw people were supported in a dignified and compassionate way which respected their privacy.

Good



### Is the service responsive?

The service was responsive

People who used the service, their families and other advocates were involved in reviews of care.

The provider had an activities programme which most people told us they enjoyed.

Complaints were recorded and responded to within stated timescales.

Good



### Is the service well-led?

The service was well-led

Staff told us they felt supported by the registered manager and the provider.

Good



# Summary of findings

The provider held regular meetings with people and their relatives and acted on their feedback.

Quality assurance systems were in place in the home to assess and monitor the quality of care provided.

# Beech Hall

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 October 2015 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist advisor in nursing and an expert-by-experience who had experience of older people's care services and in people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 51 people living at the home. During our visit we spoke with 14 people who lived at Beech Hall, two relatives, eight members of staff, a

visiting health professional, the deputy manager, registered manager and area manager. We observed how care and support was provided to people throughout the inspection and we observed lunch in one of the dining rooms. We looked at documents and records which related to people's care, and the management of the home such as staff recruitment, training records and quality audits. We looked at four people's care plans and six medication records.

Before our inspections we usually ask the provider to send us 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. We did not ask the provider to complete a PIR prior to this inspection.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority 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.

# Is the service safe?

## Our findings

On the morning of our inspection we saw a member of staff had accompanied a person to hospital as an unplanned admission. At 10am one person told us, "I've been up since 8am and I still haven't had a cuppa or my breakfast, and I haven't had my tablets either." At 11am another person said, "I haven't had my medicine yet. I usually have it at 8.30 with my breakfast." A third person told us, "I haven't had mine either. Someone got taken to hospital, so now they're running late with everything." People told us they usually got their breakfast on time.

Other people told us, "The staff are very kind, but they're desperately short staffed. When I press my bell at night they can take 20 minutes or half an hour. It's worse at the change over time. They don't give you time to tell them what you need. They just rush and say that other people need them." The registered manager showed us a dependency tool which was updated each month, although this was not specifically used to calculate the number of hours required to meet people's care needs. The provider did not have a systematic approach to determine the number of staff and range of skills required in order to meet the needs and circumstances of people using the service.

We asked staff about staffing levels and were told they felt there were sufficient numbers of people working. A visiting health professional told us, "I think they need more staff."

We concluded there were insufficient staff to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us, "It's lovely. We get really well looked after. The nurses are lovely. They look after you grand, but they're so busy." Another person said, "I couldn't say I've felt unsafe. That wouldn't be honest. I'm not happy, but I wouldn't say I have felt insecure." Other people we spoke with declined to comment about whether they felt safe which we discussed with the management team.

We saw the provider had an up to date safeguarding policy. We looked at training records and saw all staff had received safeguarding training. Staff we spoke with could speak confidently about what they would do should they suspect abuse was occurring.

We did not detect any malodours, although several rooms were seen to have overflowing waste bins. Both communal areas and people's rooms were seen to be clean and infection control was well managed. A visiting health professional told us, "Residents look clean and tidy."

Communal areas were free of trip hazards and window restrictors were fitted to upstairs windows. We saw routine maintenance programmes were effective and repairs were promptly carried out. We saw each person in the home had a Personal Emergency Evacuation Plan (PEEPS) which provided information on people's moving and handling needs in the event of a fire. We found evidence of fire alarm testing and fire-fighting equipment was available. During our inspection we found fire escapes were clear from obstruction. Staff we spoke with were able to confidently tell us what they would do in the event of a fire to protect people.

We spoke with the deputy manager about the use of bed-rails and we looked at care plans. Bed-rail assessments were used to ensure people who may roll out of bed or have an anxiety about doing so would be protected from harm. The deputy manager demonstrated a good understanding of how the inappropriate use of bed-rails may result in unlawful restraint. We saw bed rails were correctly attached to beds to minimise the risk of entrapment.

Risk assessments at the point of admission were used to create a safe care plan covering, mobility, toileting, nutrition, communications, mood, sleeping and personal hygiene.

We looked at the recruitment records for four members of staff. The registered manager told us it was the provider's policy to have three satisfactory references before a person could be employed. The files we checked did not always contain references from the last employer which provides evidence of conduct in previous employment and helps the provider to select suitable candidates. The date when Disclosure and Barring Service (DBS) checks were carried out was noted in the staff file, but the records did not always indicate the DBS reference number and whether any disclosures had been made. This meant the provider could not evidence that checks to establish the suitability of those individuals had been robust. The DBS helps

## Is the service safe?

employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We discussed this with the management team and they agreed to look at this.

We saw records which demonstrated incidents were dealt with appropriately. Accident and incident forms were reviewed and discussed at team meetings. We saw the provider was monitoring incidents and identifying where they could learn from and improve practice in the home.

We saw medicines were administered to people by trained care staff. We looked at the medicine administration record (MAR) for six people and reviewed records for the receipt, administration and disposal of medicines. We also checked stock held and found on all but one occasion the medicines could be accounted for. Allergies or known drug reactions were clearly recorded on each person's MAR.

Drug refrigerator and storage temperatures were checked and recorded daily to ensure medicines were being stored at the required temperatures. We looked at the contents of the controlled medicines cabinet and controlled medicines register and found all drugs accurately recorded and accounted for.

We found one person had been admitted to the home with a supply of medicines. On the day of our inspection we saw Paracetamol had not been available to them since the morning before our visit. We found low stocks for three other medicines prescribed for the same person. We spoke with the deputy manager who showed us evidence of an email sent to the GP who had been asked to prescribe the

medicines, yet this request had been made too late to prevent the supply running out. This meant action had not been taken early enough by the provider to ensure supplies of medicines did not run out for this person.

We saw medicines to be administered before or after food were not given as prescribed. One person's MAR sheet recorded the medicine should be administered 30 minutes before food with a full glass of water. Further instruction required the person to be sat upright to take the medicine and to remain upright for 30 minutes after administration. We observed none of these conditions were being met. We revisited the person on three occasions during the 30 minutes after administration and found them lying flat in bed. We discussed this with the management team and they agreed to look at this.

Some medicines had been prescribed on an 'as necessary' basis (PRN). PRN protocols helped care staff decide when and under what conditions medicine should be administered. The application of creams was recorded on a separate sheet containing a body map and the areas where the cream had to be applied; this helped ensure creams were applied correctly.

We saw one person had their medicines administered covertly (hidden in food) without their knowledge and/or consent. We saw meetings had occurred involving the GP, family members, a community psychiatric nurse, care staff with personal knowledge of the individual and a pharmacist. We observed the administration of the medicines and saw the required method, as described by a pharmacist, was being followed.

# Is the service effective?

## Our findings

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.

We found people's care plans included detailed assessments of their mental capacity to make decisions and information about their choices in relation to their care. We saw where people needed the support of family members in making decisions this was clearly recorded in their care plans. Staff we spoke with were able to demonstrate an understanding of the Mental Capacity Act (2005).

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We 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 were being met. The registered manager told us two people using the service were subject to authorised deprivation of liberty and a further 26 applications to the supervisory body had been made. We found there were no conditions attached to the DoLS for the two people whose applications had been granted. However, the deputy manager demonstrated they knew of the need to check all new authorisations and ensure conditions were written into a plan of care.

We saw evidence in care plans which showed staff had made sure people accessed other services in cases of emergency, or when people's needs had changed. This had included GP's, hospital consultants, community nurses, specialist nurses in tissue viability, speech and language therapists and dentists. Care plans were clearly indexed to allow staff to easily access other health care professionals written advice. One person we spoke with told us, "Any trouble at all and the doctor is here."

We saw people were weighed at regular intervals and appropriate action taken to support people who had been

assessed as being at risk of malnutrition. We saw fully completed charts to record people's fluid intake. Care records showed the service was referring people to a dietician or speech and language therapist (SALT) if they required support with swallowing or other eating difficulties. We saw daily notes were used to modify the care plan in light of people's experiences or changing health care needs.

One person told us, "How the place is run is marvellous. The food is good. I've put weight on."

We saw there were fruit bowls with fresh fruit in the lounges and boxes with packets of crisps, chocolate bars, biscuits and jugs of squash available to people.

We observed staff asking residents what they wanted to eat and drink. Staff encouraged people to eat and were discussing with other staff what people had eaten. We saw at lunchtime some members of staff ate their lunch at the dining tables with people and chatted to them. Some people said they were enjoying their meal, although several said the dessert was cold. People we spoke with told us, "The food could be improved. The apple crumble wasn't cooked yesterday." "The dish is hot, but the food is cold. That's bloody cheap, isn't it?" "Sometimes I buy my own food. The food really wants seeing to." We discussed this with the area manager and registered manager who were aware of this through feedback received from people living in the home.

In the kitchen we saw records of people's food likes and dislikes, allergies and other dietary requirements. We found 20 out of 51 individual records for people living in the home had been completed. Half of those completed contained insufficient detail. Later in the day a member of staff approached us to say they had started to complete the missing records.

The provider's 'training and development policy' identified which training staff needed to complete and when this needed to be done. . The provider had an electronic training matrix which showed staff were all up to date with their training. Staff told us they had completed a range of training courses and felt their training needs were met. Staff confirmed they had completed an induction and felt prepared for the job. They told us, "It was the best induction I've ever had." Another staff member said, "The level of training we were given was really good."

## Is the service effective?

The registered manager told us appraisals were conducted annually and staff supervision six weekly. Of the four files we reviewed these showed staff had received supervision at the agreed time. Staff told us they received monthly supervision and an annual appraisal.

Our tour of the building showed aspects of a dementia friendly environment. Toilet and bathrooms doors used pictures and words of a size easily recognised. We saw

people had access to a landscaped outdoor space and people and their relatives were taking advantage of this during our visit. We saw the colour and choice of flooring materials contrasted with the colour of walls and furniture. The entire home was well lit with no areas of deep shadow. These measures help people living with dementia in their surroundings.

# Is the service caring?

## Our findings

People were well dressed and clean which demonstrated staff took time to assist people with their personal care needs. One person told us, "I am poorly and very unwell but the staff are really caring and do their best for me".

We observed staff talking to people in a friendly and respectful manner and found staff knew people well. For example, at breakfast time a member of staff was asking a person about their family member. They then chatted about the place where their family member was living. We saw other staff talking with people about music and family members. People were given choices about food, activities and bathing by staff throughout our inspection.

A member of staff told us, "I've recommended people to come and stay here." Another staff member said "I think the level of care here is brilliant."

We looked at four people's care plans which were easy to follow and contained clear instructions to enable staff to carry out care. Each person had an assessment at the point of their admission and a brief life history completed by the person or their relatives. The history was written in the first person and gave staff a clear understanding of people's past. The approach to care planning meant staff had up-to-date guidance on how to support each individual.

People's bedrooms were personalised and contained pictures, ornaments and things each person wanted in

their room. People told us they could spend time in their room if they did not want to join other people in the communal areas. We saw when people chose to spend their day in their room staff took time to ensure they were not isolated.

We saw one bedroom had no ornaments or personal items and the wardrobes contained no clothing. We checked the care plan for this person and found this person had been assessed as not having capacity. We saw records of a best interest meeting which had taken place with the person's family about what items the person should keep in their room. The needs of the person had been recorded in their care plan which included specific needs written by a family member. This demonstrated the provider was engaging with people and their relatives to ensure appropriate care was delivered using least restrictive practices.

We saw people's privacy, dignity and human rights were respected. For example, staff asked people's permission and provided clear explanations before and when assisting people with medicines and personal care. This showed people were treated with respect and were provided with the opportunity to refuse or consent to their care and or treatment. One staff member told us they respected people's privacy and dignity by ensuring doors and curtains were closed whilst they provided personal care for people. We saw the provider had a dignity pledge on display which stated they have a zero tolerance of all forms of abuse.

# Is the service responsive?

## Our findings

An assessment of people's personal and health care needs commenced before they arrived at the home. This assessment ensured the provider was able to meet people's needs. We saw evidence of family involvement in care planning and reviews. For example we saw one person was in need of end of life care. Meetings were recorded in the care plan where relatives and palliative care nurses had been in attendance.

Care plans recorded which tasks of daily living people could carry out independently and identified areas where they required support. One person had been assessed as being at high risk of developing pressure sores. We saw their care plan identified a number of actions required to minimise this risk. These included the use of a pressure-relieving mattress. We saw the pressure mattress was in place but was incorrectly set. The deputy manager assured us the setting would be corrected immediately following our inspection.

The care plans we looked at contained 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) decisions. The correct form had been used and was fully completed. We saw evidence of communication with relatives and the names and positions held of the healthcare professional completing the form. We spoke with staff who knew which people had DNACPR decisions and were aware these documents must accompany people if they were to be admitted to hospital.

The provider had an activities schedule on display and was using a health and wellness programme designed to help

people improve mobility through activities. We saw the provider did not have a dedicated activities coordinator in post at the time of our inspection. Instead, care workers were responsible for providing this support.

During the morning of our inspection, two people told us they had just taken part in a reminiscence activity. They told us, "They were on about old Leeds. They get lots of things out of a basket. We right enjoy it." After lunch there was a chair based exercise session in the lounge attended by around 25 people. This was followed by a sing song. We saw people across all floors were invited to attend this event and saw a member of the management team assisting people. Other people told us "Dominoes. I mean, who wants to play dominoes?" Another person said "To find company, I go to the front entrance and talk to people coming and going. They keep saying 'Why don't you go to the lounge?' But half of them are asleep." A third person commented "Me and my friend, we go to things, we walk about. We have some fun. Some of them moan and just sit around in their chairs and go to sleep. But not me. It's grand."

We looked at the complaints log for 2015 and noted there had been 16 received. The summary contained the nature of the complaint, outcome of the complaint and lessons learned. The registered manager told us, "Anything is a complaint from the smallest thing to the biggest thing. Staff are encouraged to record niggles." The provider had a complaints and procedure policy. We saw dates recorded when the complaints were received and completed which showed they had been resolved in a timely manner.

# Is the service well-led?

## Our findings

At the time of our inspection the service had a registered manager who worked alongside staff overseeing the care and support given and providing support and guidance where needed.

One person told us, "I know the manager. He's not a bad man, but he thinks he owns the building." Another person said, "They're alright but they are under tremendous pressure."

We observed staff working together as a team and supporting each other with tasks such as bathing and mealtimes. One staff member told us, "It's a good home, really. We all get along." Another staff member commented on the culture adopted by the registered manager. They told us, "We're here to run the service for the residents."

We asked staff about the support they receive from the registered manager. We were told, "They come and sit in on handovers." Another staff member said, "They're very approachable. If I saw a problem, I wouldn't hesitate to see them." A third staff member commented they were, "Kind, but firm." We asked the registered manager whether they carried out spot checks on staff practice. They told us staff were observed during shifts and although these checks were not recorded, any concerns were brought back to staff supervision.

The area manager and registered manager told us they monitored the quality of the service through the use of quality audits, resident and relatives' meetings and talking with people and relatives. We saw monthly provider monitoring visits had been carried out which were all

documented. We looked at the report for August and September 2015 which included checks on medication, incidents, staff and residents' files as well as training and the environment.

We saw evidence which showed any actions resulting from the audit were acted upon in a timely manner. This meant the service identified and managed risks relating to health, welfare and safety of people who used the service.

Staff told us they had regular team meetings and they could contribute to the agenda and had no difficulty in raising any concerns. We looked at meeting minutes and saw meetings were held each month. Meeting minutes showed a range of topics and areas of concern were discussed and action points were formed.

We saw people who used the service attended 'resident' meetings and were aware of when these meetings took place. We saw within the residents' meetings file there was reference to recent discussions about menus, activities and the laundry. We also saw a 'service user satisfaction survey' which had been carried out in September 2015 which covered food and menus. The responses had been analysed and a plan put in place to address the issues had already been acted on. For example the cook and registered manager met with people who used the service to review the home's menus. We also saw a notice on display informing people a 'relative's surgery' was held on the last Tuesday in the month.

We saw quality assurance questionnaires has been sent out on behalf of Leeds City Council. At the time of our inspection, 18 had been returned. Some of the feedback included; "The facilities are excellent and staff are well trained. I hope the standards do not drop." "Well organised, lovely staff with brilliant care and needs of patients."

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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**The provider did not have a systematic approach to determine the number of staff and range of skills required in order to meet the needs and circumstances of people using the service.**