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# The Beeches Nursing and Residential Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 23 and 24 September 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

The Beeches Nursing and Residential Care Home provides care and accommodation for up to 31 older

people and people with a dementia type illness. On the day of our inspection there were 13 people using the service. The home also provided day care facilities for elderly people from the local community.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Beeches Nursing and Residential Care Home was last inspected by CQC on 25 September 2014 and was non-compliant in one area; the provider was unable to provide evidence that regular audits were undertaken to gather information about the safety and quality of their service.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Thorough investigations had been carried out in response to safeguarding incidents or allegations and accidents were recorded and analysed.

Staff training was up to date and staff received regular supervisions. Some appraisals were out of date but these were planned.

The home was clean and suitable for the people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are

looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager and looked at records. We found the provider was following the requirements in the DoLS.

All of the care records we looked at contained evidence of consent.

People who used the service, and family members, were complimentary about the standard of care at The Beeches Nursing and Residential Care Home.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

We saw that the home had a full programme of activities in place for people who used the service.

Care records showed that people's needs were assessed before they moved into The Beeches Nursing and Residential Care Home and care plans were written in a person centred way. However, care records, risk assessments and charts were not always accurate or up to date.

The provider had a complaints policy and procedure in place and complaints were fully investigated.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

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

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service and the provider had an effective recruitment and selection procedure in place.

Thorough investigations had been carried out in response to safeguarding incidents or allegations and accidents were recorded and analysed.

Good



### Is the service effective?

The service was effective.

Staff training was up to date and staff received regular supervisions however some appraisals were out of date.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Care records contained evidence of consent.

Good



### Is the service caring?

The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be independent and care for themselves where possible.

People were well presented and staff talked with people in a polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Good



### Is the service responsive?

The service was not always responsive.

Care records, risk assessments and charts were not always accurate or up to date.

The home had a full programme of activities in place for people who used the service.

The provider had a complaints policy and complaints were fully investigated. People who used the service knew how to make a complaint.

Requires improvement



### Is the service well-led?

The service was well led.

Good



## Summary of findings

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

# The Beeches Nursing and 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 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 23 and 24 September 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. One Adult Social Care inspector and a specialist advisor in nursing took part in this inspection.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also

contacted professionals involved in caring for people who used the service, including commissioners and the local NHS infection control team. No concerns were raised by any of these professionals.

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 our inspection we spoke with five people who used the service and one family member. We also spoke with the registered manager, a senior care worker, two care workers and the cook.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff.

# Is the service safe?

## Our findings

We asked people who used the service whether they felt safe at The Beeches Nursing and Residential Care Home. They told us, “Oh yes” and “Very safe”.

We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We looked at the staff rotas and discussed staffing levels with the registered manager. They told us there was one senior care staff member and two care staff on duty at all times during the day and one senior care staff member and one care staff member on duty at night for the 13 people who lived at the home. The staff rotas we saw confirmed this. The registered manager told us staff absences were covered by permanent staff and one bank staff member however agency staff had been used occasionally in the past.

We observed sufficient numbers of staff on duty. Call bells were placed near people's beds and were answered promptly. We asked staff whether there were plenty of staff on duty. They told us, “Yes, we get regular breaks” and “For the past three months we've not needed to use agency”.

The home is a two storey building set in its own grounds. We saw that entry to the premises was via a locked door and all visitors were required to sign in. The first floor of the home had recently been refurbished and only a communal bathroom was still to be completed. The home was clean and suitable for the people who used the service. All of the bedrooms were en-suite and were personalised with people's own furniture, ornaments and photographs. We saw window restrictors, which looked to be in good condition, were fitted to windows in the rooms we looked

in. We saw one of the communal toilets required a new lightbulb. We mentioned this to the registered manager and saw it had been replaced by the second day of our visit.

We saw hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014.

Portable Appliance Testing (PAT), gas servicing, electrical installation and lifting equipment servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, daily fire safety checks were carried out and fire alarms, fire safety doors and fire extinguishers were also regularly checked.

The service had an emergency plan and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We saw a copy of the provider's safeguarding policy, looked at records of safeguarding incidents and saw that each incident had been dealt with appropriately and CQC had been notified of relevant incidents. We saw all staff had received training in safeguarding and had completed safeguarding workbooks as part of the training provided by a local college.

We saw copies of accident record forms and monthly accident analysis was carried out by the registered manager. For example, one person who used the service had three falls in August resulting in minor injuries. Actions had been put in place by the registered manager and included a referral to the NHS Falls team.

We looked at the management of medicines. We found that the service had a medicines policy, dated April 2015, to support staff and to ensure the appropriate management of medicines. However, we were unable to see any reference within the medicines policy referring to National Institute for Health and Clinical Excellence (NICE) guidelines on managing medicines in care homes. We discussed this with the registered manager who agreed to look into it.

We saw relevant staff had undertaken safe handling of medicines training. The registered manager told us they

## Is the service safe?

conducted yearly observations to assess staff's competency when dealing with medicines. These measures ensured that staff consistently managed medicines in a safe way, making sure that people who used the service received their medicines as prescribed.

Appropriate arrangements were in place for the administration and storage of medicines and controlled drugs and for checking stocks. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. The controlled drugs book was in good order and medicines were clearly recorded. However, the home did not have tamper proof containers for the disposal of medicines. The registered manager assured us they would seek further guidance from the pharmacist in relation to the appropriate and safe disposal of medicines.

We observed a medicines round and saw people received their medicines at the time they needed them. Staff checked people's medicines prior to supporting them to ensure they were getting the correct medicines. A photograph of each person was attached to people's records to ensure there was no mistaken identity when administering medicines however the photographs were not dated. Medicines were given from the container they were supplied in and we saw staff explain to people what medicine they were taking and why.

We saw medicines were stored securely in a locked, organised medicine trolley which was secured in a locked medicine treatment room. Medicines requiring cool storage were kept in a fridge which was within a locked room. We saw that temperatures relating to refrigeration had been recorded daily however we saw records detailing the

'minimum' and 'maximum' temperatures and the home had not recorded 'actual' temperatures. We saw that temperatures for the treatment room were recorded twice daily and were between 26-30 degrees centigrade. We discussed this with the registered manager who reassured us they would contact the pharmacy to check that the quality of medicines had not been compromised by the temperature in the treatment room. Fridge and treatment room temperatures need to be recorded to make sure medicines are stored within the recommended temperature ranges. This meant that the quality of medicines may have been compromised as they may not have been stored under required conditions.

We saw a copy of the most recent infection control audit which had taken place in July 2015 and saw a copy of the action plan. We saw the registered manager carried out a hand hygiene quality improvement audit by supervising members of staff in their hand washing and hand preparation techniques. We also saw copies of daily, weekly and monthly cleaning schedules that were completed and up to date. We saw a mattress cleanliness audit was carried out and checked for tears, stains odours and other damage. Each mattress was checked monthly and was up to date.

We looked at the laundry and saw there were two separate rooms for dirty and clean laundry, with in and out doors. Areas of the laundry were colour coded for different types of laundry and we saw clean laundry was stored in individual baskets for each person who used the service, and was stored above floor level. The registered manager told us that one of the washing machines was out of order however a replacement had been ordered.

# Is the service effective?

## Our findings

People who lived at The Beeches Nursing and Residential Care Home received effective care and support from well trained and well supported staff. People who used the service told us, “I’ve been coming for about a year. It’s very nice”, “No problem with anything”, “I like it here better than the other home I’ve been in” and “They look after us”. A family member told us, “The staff are wonderful.”

We saw that staff received regular supervisions. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff also received group supervisions, which included a question and answer session on specific topics such as medicines, whistleblowing and sudden death. A member of staff told us, “The manager always asks if there's anything we need. At supervisions we talk about training opportunities, job role, any issues, any changes we want to get our side across. They're really good.” We saw that not all staff had received an appraisal in the last 12 months. The registered manager told us they were running behind schedule with appraisals however all were planned.

Every member of staff had an individual staff training record in their personal files. We saw a copy of the provider’s staff training matrix and discussed training with the registered manager. Mandatory training included food hygiene and nutrition, equality and diversity, dignity, mental capacity, first aid, health and safety, infection control, moving and handling, safeguarding, dementia care, end of life care and fire safety. We saw copies of certificates in staff files which showed that staff were up to date with the mandatory training.

Staff also received a comprehensive induction when they began working at the home. New staff were enrolled on the new Care Certificate programme, which is a set of standards designed to provide new care staff with the necessary skills and training for their role. The registered manager told us three members of staff were enrolled on the Care Certificate programme at the time of our inspection. This meant that staff were appropriately trained and supported in their role.

We observed lunch and saw the home had a four week menu, with a varied selection of food available. We also observed a variety of hot and cold drinks and snacks

available throughout the day. We observed people sat at tables in the dining room but people were also given the option of having lunch in their own rooms if they wished. We spoke with the cook who told us people were asked what they wanted for lunch during the morning and a daily menu choice sheet was then prepared. We saw there was a dietary information sheet in the kitchen which provided kitchen staff with information about each person’s individual dietary needs, including allergies or pureed diets. We saw staff had received training in nutrition and saw further “Focus on under nutrition” workshops had been booked for staff to attend in September and October 2015. Staff we spoke with confirmed they were attending this training.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager, who told us two DoLS had been authorised by the local authority and a further four had been applied for. The registered manager was aware of their responsibility with regard to DoLS and we saw that notifications of the authorised applications had been submitted to CQC. This meant the provider was following the requirements in the DoLS.

We found consent to care and treatment records were signed by the person or their relative or representative, if the person was unable to sign. For one person, we saw permission had been given by a relative and records stated “Unable to sign due to ongoing medical restrictions caused by [Condition]” and we saw that the relative and the manager had signed the documentation. We saw a mental capacity assessment had been carried out for this person and records of best interest decisions, which involved people’s family and staff at the home when the person lacked capacity to make certain decisions. This meant that the person’s rights to make particular decisions had been protected, as unnecessary restrictions had not been placed on them.

We saw care plans recorded whether someone had made an advanced decision on receiving care and treatment. The care files held ‘Do not attempt cardio-pulmonary resuscitation’ decisions and we saw that the correct form



## Is the service effective?

had been used and was fully completed recording the person's name, an assessment of capacity, communication with relatives and the names and positions held of the health and social care professionals completing the form.

We saw people who used the service had access to healthcare services and received ongoing healthcare

support. Care records contained evidence of visits from external specialists including GPs, social workers, speech and language therapy team, advanced nurse practitioner, chiropodist, district nurse, optician, community psychiatric nurse, parkinson's disease nurse and movement disorder team.

# Is the service caring?

## Our findings

People who used the service were complimentary about the standard of care at The Beeches Nursing and Residential Care Home. They told us, “You are well looked after”, “It’s a lovely place”, “You can talk to people”, “I like it here. It’s nice and pleasant” and “They joke with you and keep you lively”. A family member told us, “He’s really well looked after. That’s why I chose this place.”

Staff we spoke with told us, “We aim for it to be a home from home, whatever the residents want I’ll provide”, “I don’t like things to be timed, they get whatever they need. We ensure people are cared for” and “It’s a really nice place to work and a really nice place for residents to live. Residents are happy to be here”.

Overall, people looked well presented in clean, well-cared for clothes with evidence that personal care had been attended to and individual needs respected. People were dressed with thought for their individual needs and had their hair styled.

Staff were encouraging and supportive in their approach to people. Throughout the visit, the interactions we observed between staff and people who used the service were friendly and respectful. Staff were patient, kind and polite with people who used the service and their family members. Staff clearly demonstrated that they knew people well, their life histories and their likes and dislikes. They were able to describe people’s care preferences and routines and people who used the service appeared to enjoy the relaxed, friendly communication from staff.

We saw staff talking to people in a polite and respectful manner and were attentive to people’s needs. During lunch we observed staff were on hand to assist anyone who required assistance. Staff talked to people in a patient and caring manner, offering people choices. People were supported to be independent. We observed people making their own way around the home but also observed staff on hand in case people needed assistance. This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

We saw people’s privacy and dignity was respected by staff knocking on people’s bedroom doors and waiting before entering. We also observed staff keeping the door closed whilst carrying out personal care.

We asked people whether staff respected their dignity and privacy. They told us, “They come and ask me if I want the toilet or a bath”, “Yes, they are very caring” and “I can come out of my bedroom when I want”. A family member told us, “He has his privacy. It’s very personalised.”

We looked at care records and saw that care plans were in place and included mobility, personal hygiene, continence, nutrition and health needs. Each care plan contained evidence that people had been involved in writing the plan and their wishes were taken into consideration, for example, we saw the following preferences detailed in a person’s care record, “[Name] enjoys listening to music and at times taps their fingers/feet to the song on their iPad”, “Activities co-ordinator to ensure [Name]’s nails are always short and painted and that [name] is clean and hair is set as [Name] is a proud person and will less likely be socially withdrawn if they look good”.

# Is the service responsive?

## Our findings

The service was not always responsive as assessments and charts were not always up to date.

Records showed that people had their needs assessed before they moved into the service and we found risk assessments were in place. These included measures to reduce the risk of pressure ulcers developing or to ensure people were eating and drinking. Standard supporting tools such as the Waterlow pressure ulcer risk assessment and Malnutrition Universal Screening Tool (MUST) were routinely used in the completion of individual risk assessments.

However, we found that assessments were completed on an inconsistent basis. For example, MUST risk assessments for two people had not been updated since July 2015. For one of the people we saw a note in their care plan from a social worker on 20 August 2015 which stated, 'Advised to inform GP of weight fluctuating, maybe needs supplements.' However, we were unable to see any records in the GP notes that this recommendation had been followed up. We saw in the person's eating/drinking/weight loss/swallowing difficulties care plan dated 16 May 2015, "[Name] should be weighed weekly". However, we saw gaps in the person's weight charts for example, they had been weighed on 16 August 2015 but hadn't been weighed again until 20 September 2015. We also found the person was at high risk of pressure ulcers however their Waterlow pressure ulcer risk assessment had not been regularly updated since 15 May 2015.

The registered manager told us care files were audited every six months and we saw a copy of the care file audit for this person. We saw observations had been recorded with regard to risk assessments being out of date however there was no specific action plan or confirmation that actions had been completed.

We discussed these findings with the registered manager and a senior care assistant. The registered manager told us they were currently reviewing and re-writing people's care plans and this would be looked into.

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

We reviewed the daily staff handover which showed that people's needs, daily care, treatment and professional interventions were communicated when staff changed duty, at the beginning and end of each shift. Daily notes were kept for each person which were concise and information was recorded regarding basic care, hygiene, continence, mobility and nutrition. The daily notes were written in black ink, dated, timed and signed and were completed by the staff providing care and support.

The home employed an activities co-ordinator and had a dedicated activities room, where we observed people carrying out activities during the day. There was a four weekly planner of activities on the wall which included bingo, baking, armchair activities, nail painting, music therapy, quizzes, movies and arts and crafts. During our visit we saw one of the people who used the service playing the piano while a visitor to the home sang for the other residents. We asked people if there was much to do at the home. They told us, "Yes, I have a drawer full of jigsaws", "We get out and about" and "We have sing-alongs". The home also had a separate computer room with two large computers for the use of people who lived at the home.

We saw the compliments and complaints log and saw the last complaint recorded at the home was in July 2015. We saw individual complaints records included the date, name of the complainant, details of the nature of the complaint, timescales, what the outcome was and who else was informed. We saw complaints had been dealt with appropriately and feedback had been provided to the complainant.

People who used the service, and their family members, told us they knew how to make a complaint but had never needed to. One family member told us, "You won't get any complaints in here." This meant that comments and complaints were listened to and acted on effectively.

# Is the service well-led?

## Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

The service had a positive culture that was person-centred, open and inclusive. Staff we spoke with felt supported by the manager and told us they were comfortable raising any concerns. They told us, “Very approachable”, “The office door is always open” and “You can go and see her at any time”.

We saw staff were regularly consulted and kept up to date with information about the home and the provider. We saw the results from the staff survey carried out in July and August 2015. Questions in the survey included support from the manager, supervisions, raising concerns and training. We saw the majority of the responses received were good or very good. Staff told us they had meetings every eight weeks and found them “Very useful”. They also told us, “Staff work together and build relationships”.

The service had good links with the community and provided a day care service for local people. The home held regular coffee mornings and fairs that local people were invited to. The registered manager told us they had discussed partnership working with another local care home that would include a penpal system for people who used both services and joint activities.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. We saw the registered manager carried out regular spot checks, including out of hours, and provided actions for staff to complete if any issues were identified.

We saw daily walkaround inspections of the home were carried out by a senior member of staff and included checks for any hazards, odours, cleanliness, fire safety and staff dress and attendance.

We saw records of visits to the home by the provider. The most recent was on 27 August 2015 and included interviews with staff, people who used the service and family members, an inspection of the premises and external areas, staff dress and attitude, people's appearance and a review of records. An action plan was prepared following the visit and included “chest freezer in yard to be taken away” and “monthly occupancy figures required”.

We saw the results from the quality assurance survey for people who used the service that had been carried out in June 2015. This asked questions on safety, raising concerns, medicines, cleanliness, staff and choices. We saw responses from the provider and registered manager to any issues raised. For example, one person had asked for more activities specifically for men. The response was the activities co-ordinator does one to one activities with people as well as group activities and activities for men included quizzes, darts and floor golf.

We also saw “suggestions for improvement” questionnaires completed by family members in June 2015. This included a performance assessment and saw most of the responses were rated very good.

This meant that the provider gathered information about the quality of their service from a variety of sources.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Diagnostic and screening procedures	<b>The service was not always maintaining an accurate, complete and contemporaneous record in respect of each service user. Regulation 17(2)(c).</b>
Treatment of disease, disorder or injury	