Shaw Healthcare (de Montfort) Limited

Beech Close Care Home

Inspection report

Beech Close
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Kettering
Northamptonshire
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Beech Close Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to accommodate 42 older people; at the time of our inspection, there were 28 people living there.

At our last inspection in June 2016, this service was rated overall good. At this inspection, we found that the service had deteriorated and there were areas which required improvement, the service has received an overall rating of requires improvement.

The inspection took place on the 10 December 2018 and was unannounced.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection the registered manager was on a planned leave of absence, two registered managers from the provider's other services were covering in their absence with the support of an operational manager.

The systems in place to monitor the quality and standard of the service are not always effective. People's experience of daily life at the home are not fully captured to enable the provider to address any shortfalls.

Staffing levels are not always sufficient to meet people's physical, social and emotional care needs safe and in a timely way. People would like more activities to keep them stimulated.

We have made a recommendation for the provider to consider in relation to the deployment of staff.

People are supported by staff who are friendly, kind and compassionate but who sometimes lack the insight around ensuring people's privacy and dignity is maintained.

Detailed care plans are in place, which enable staff to provide consistent care and support in line with people's personal preferences and choices. End of life care plans need to be enhanced further.

People are supported to have maximum choice and control of their day to day lives and staff support them in the least restrictive way possible; the policies and systems in the home support this practice.

People have formed positive therapeutic relationships with staff and feel they are treated as individuals. Family and friends are welcome at any time and to take part in events at the home.

Staff are appropriately recruited and people are protected from the risk of harm and receive their prescribed medicines safely. Staff understand their responsibilities to keep people safe from any risk or harm and know how to respond if they have any concerns.

Staff understand the need to undertake specific assessments where people lack capacity to consent to their care and / or their day-to-day routines. People's health care and nutritional are carefully considered and relevant health care professionals are appropriately involved in people's care.

Staff have access to the support, supervision and training they require to work effectively in their roles. Development of staff knowledge and skills is encouraged.

The service has a positive ethos and an open culture. People know how to raise a concern or make a complaint and the provider has implemented effective systems to manage any complaints that they may receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service has deteriorated to requires improvement.

There was not always sufficient staff to meet people's needs outside providing basic personal care.

Recruitment practices ensured that people were safeguarded against the risk of being cared for by unsuitable staff.

There were safe systems in place for the administration of medicines and people could be assured they were cared for by staff who understood their responsibilities to keep them safe.

Is the service effective?

Good

The service remains good.

Is the service caring?

Requires Improvement

The service has deteriorated to requires improvement.

People's dignity and privacy was not always maintained and protected.

Positive relationships had developed between people and staff. People were treated with kindness and compassion.

Is the service responsive?

Requires Improvement

The service has deteriorated to requires improvement.

People did not always have access to meaningful activities to stimulate them and avoid the potential for social isolation.

Care plans lacked some of the detail to provide people with the support they may need at the end of life.

People and their families could raise any concerns and had confidence they would be listened to.

Is the service well-led?

Requires Improvement

The service has deteriorated to requires improvement.

The systems in place to monitor the quality of care were not always effective. Shortfalls had not always been identified which meant that standards had not always been maintained.

There was an open and inclusive culture and people were encouraged and enabled to give their feedback.

Beech Close Care Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 10 December 2018 and was undertaken by two inspectors, an inspection manager and an expert-by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. The provider completed and returned the PIR in October 2018 and we considered this when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events that happened in the service that the provider is required to tell us about.

We spoke with the local authority, which places people in the home and monitors their care. We also contacted Healthwatch for their information about the service. Healthwatch is a consumer organisation that has statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

During the inspection we spoke with 10 people who used the service, seven members of staff, which included a team leader, a senior care worker, four support workers and a cook plus one of the registered managers covering the service and the regional operations manager.

We observed care and support in communal areas including lunch being served. Several people who used the service lived with a dementia related illness and so some of them could not describe their views of what the service was like; we undertook observations of care and support being given.

We looked at the care records of four people to see whether they reflected the care given and three staff

recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance records, training information for care staff, minutes of meetings with staff and people using the service and arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in June 2016 'safe' was rated good, at this inspection we found there were areas that had deteriorated and required improvement.

There were not always sufficient staff deployed to meet people's physical, social and emotional care needs safely and in a timely way. Staff could meet people's basic care needs but had little or no time outside of delivering personal care to support them with their social and emotional needs.

The building was divided into six 'flats' each with up to seven people residing in them. Each flat had one member of staff deployed throughout the day with one member of staff acting as a 'floater' between the 6 flats. There was a team leader plus a senior carer who were responsible for managing the day shift and to administer medicines. If people required the support of two care staff this meant that when a care assistant from another 'flat' came to assist, people were left unsupervised and without assistance. There were no call bells accessible to people if they were in a communal area and we found that some people who stayed in their rooms did not always have their call bell in reach.

People told us that the staff worked hard but that there were not enough of them which meant they had to wait at times and did not always receive the level of care they preferred. One person said, "I would like a bath at least once a week but I don't always get one as there is not always enough staff." Another person said, "I sometimes must wait for staff to support with personal care but as long as I am done by 10.00am that's alright." Most people we spoke to said if they did ring their call bell staff usually came reasonably quickly, but stated they accepted they would need to wait for their turn for assistance.

Staff told us they worked well together and supported each other when they needed to, however, they did feel stretched at times. One member of staff said, "If we get the chance we do try and spend time with people and have a chat." We observed the staff team were constantly busy, focussed on meeting people's basic care needs but with very little opportunity to spend time with people.

We spoke to one of the managers providing cover in the absence of the registered manager, they explained that staffing levels had initially been agreed around the number of people in each unit, not specifically around people's individual needs. However, a 48-hour diary was completed for people if they felt their needs were becoming greater; the outcome could result in the person being moved to another placement where their needs could be fully met. On the day of the inspection two people were waiting to be moved to another placement.

In the provider information return completed prior to the inspection we noted that a pre-assessment document had been developed to ensure that for any new people coming to live at the home their physical, emotional, psychological and spiritual needs were known.

We recommend that the provider reviews how they determine the level of staffing required; taking account of their pre-assessment document and 48-hour diary to ensure that in addition to people's physical needs

that their social and mental health well-being are fully taken into consideration.

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place, which were consistently followed. All staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work at the home.

Staff understood their roles and responsibilities in relation to keeping people safe and knew how to report concerns if they had any. One member of staff said, "I have no concerns as to how people are treated here, if I did I would report it straight away." We saw from staff training records that all the staff had undertaken training in safeguarding and that this was regularly refreshed. There was an up to date policy and information available for both staff, people and relatives. The registered manager had contacted the local safeguarding team when any concerns had been raised and notified CQC as required. Where the local authority had requested investigations to be undertaken these had been completed and any lessons learnt had been recorded and shared with staff.

There were risk assessments in place, which gave staff clear instructions as to how to keep people safe. For example, assessments had been undertaken to identify any risk of people falling or having poor skin integrity. We saw that appropriate controls had been put in place to reduce and manage these risks such as pressure relieving equipment.

Medicines were safely managed. There were regular audits in place and any shortfalls found were quickly addressed. People told us they received their medicines at regular times. One person said, "I get my medicines on time, I don't have any issues with getting them. One is for my water, one for my blood and one to help me sleep". We saw that people received their medicines within appropriate periods. We observed people being supported to take their medicines, staff ensured they had sufficient liquid to take it with. Staff competencies in administering medicines were tested regularly.

People were protected by the prevention and control of infection. We saw that the home was clean and tidy, and that regular cleaning took place. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection.

The provider had ensured that environmental risk assessments were in place and there were effective systems in place to monitor the health and safety of people, which included regular fire tests and maintenance checks. Any remedial building works were undertaken promptly. Each person had a personal evacuation plan in place which was readily available should an incident arise.

Accidents and Incidents were monitored and action taken to address any identified concerns. Any lessons learnt from incidents were discussed with staff and action plans put in place to ensure similar incidents did not happen again.

Good

Is the service effective?

Our findings

At the previous inspection in June 2016 'effective' was rated as good. At this inspection 'effective' remained good.

People's care was effectively assessed to identify the support they required. Each person received a pre-assessment of their needs before they moved into the home which ensured that they moved in to the right area of the home to meet their individual needs. Individual plans of care were developed to guide staff, which recognised people's diversity and cultural needs.

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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

Staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and when authorisations were made the provider had ensured there was a system in place to track when the authorisation expired.

People were encouraged to make decisions about their care and their day-to-day routines and preferences. We observed people freely moving around the home and spending time in different communal areas and in their bedrooms. Several people told us they could go where they liked within the home including out into the garden. One person said, "I have never been told about anywhere I can't go."

Care records contained information about people's preferred routines and people were encouraged to remain as independent as possible.

People continued to receive care from staff that were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and training programmes were based around current legislation and best practice. People were confident that the staff had all been trained and staff demonstrated a good practice when they used equipment to support people to move.

All new staff undertook an induction programme and worked alongside more experienced staff before they could work independently. Many staff working at Beech Close had been there for several years. They told us their training was regularly refreshed and training records confirmed this.

Staff had supervision and annual appraisals, which gave them the opportunity to discuss their performance and personal development. Staff told us they felt well supported and could speak to any of the management team if they needed to.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. We saw that referrals to a Dietitian and Speech and Language Therapist had been made when required and advice followed.

There was a choice of meals each day and an alternative was available should anyone not wish to have any of the choices. People living with dementia where shown the choice of meal available to them to enable them to make their own informed choice. We saw one person refusing the choices available and asking for an alternative which was accommodated.

People's views of the food were mixed. However, we saw that following comments that the menu was repetitive the cook had trialed a new 28-day menu and issues around the quality of the meat had been discussed at a residents meeting.

We spent time observing people over lunchtime. Overall this was a sociable event, no one was rushed and there was support for those people who needed it. The dining experience could be enhanced by more interaction between staff and the people living in the home particularly when staff supported people.

People had access to health professionals when needed. People told us the GP visited when needed and staff wold support them to attend the local GP practice if needed.

Beech Close was purpose-built several years ago. Although people could access all areas of the home and garden several people commented that their rooms were small and that they had not been involved with any decisions around the redecoration of the home. People had been encouraged to personalise their bedrooms. The building could be improved to provide a more dementia friendly environment.

Requires Improvement

Is the service caring?

Our findings

At the last inspection in June 2016 'caring' was rated as good. At this inspection, we found that there were areas that had deteriorated and required improving.

People could not be assured that their dignity and privacy were always maintained and protected.

We observed on occasions staff entering rooms without knocking on doors or waiting for a response from people to enter. People's care records were left out on tables in communal areas unattended, which meant anyone could access them. Some staff referred to people who needed assistance at mealtimes, as 'feeders' and spoke about 'toileting' people; although this was not said in a derogatory way the staff lacked the insight that such terms were not appropriate.

Some staff supporting people with their meals did not always take the time with the person explaining what they were eating or positioning themselves to be able to communicate with people directly.

We spoke with the provider about this, they acknowledged that this was not was expected of staff and agreed to address the issues raised.

There was a calm and quiet atmosphere around the home. People looked happy and relaxed and we observed positive relationships between people and staff. People said that staff were kind and compassionate. One person said, "The staff are marvellous really lovely, if they weren't, I wouldn't be here, I wouldn't put up with it." Another person said, "The staff are very good, very caring, I only wish they were able to help me bath more often."

In our observations of and conversations with staff, it was clear they knew people well and understood their individual needs. They spoke fondly of people and could explain people's likes and dislikes to us. People told us that they felt the more established and experienced staff knew them very well and understood their needs.

Care plans contained detailed information to inform staff of people's history, likes and dislikes, their preferences as to how they wished to be cared for and their cultural and spiritual needs. People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, and their cultural background.

People were encouraged to express their views and to make choices. We saw staff offering people the choice as to where they sat and what they ate or drank. One person said, "I prefer to only have a female carer to assist me with personal care; there is only one male carer here and they have never assisted me with personal care."

If people were unable to make decisions for themselves and had no relatives to support them, the provider had ensured that an advocate would be sought to support them. An advocate is an independent person

who can help people to understand their rights and choices and assist them to speak up about the service they receive. At the time of the inspection there was no one who needed an advocate.

Relatives and friends could visit at any time. We saw that the service had supported a person to celebrate their 100th birthday as a surprise with their family and friends at the home.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in June 2016 'responsive' was rated as good. At this inspection, we found that that there were areas that had deteriorated and required improving.

People told us how much they enjoyed taking part in activities. However, since the last inspection the activities co-ordinator had left and although there was another activities co-ordinator in place people said they no longer had activities each day as they had before. The staff also commented that they felt there were less activities available for people and no opportunities for them to go out except with families. The staff said that the did try to do people's nails and give hand massages if they had time.

On the day of the inspection the activities co-ordinator was absent due to illness and there were no contingency plans in place to offer people any activity. Some people occupied themselves with reading and watching TV. We saw that outside entertainment did come on occasions and that people were encouraged to go to a day centre which operated from the home twice a week. There was a potential for people to become socially isolated and with the lack of stimulation to be bored. One person said, "We did something every day, but [Activities co-ordinator] has gone now."

The manager told us that there were plans in place for another home in the area to liaise with Beech Close to provide more opportunities for people to take part in activities and that they were looking at more dementia friendly activities. The provider needed to ensure that there were sufficient resources to enable people to take part in the activities they wished to do to enhance their well-being.

People were supported at the end of their life. However, the plans we saw around their end of life care were basic and lacked any detail as to how to manage any pain people may experience or emotional support they may need. Following the inspection, the provider has sent us a copy of an end of life integrated care pathway which they intend to use with people as they require end of life care. This plan is more detailed and includes the management of pain relief and details the emotional support they may need.Staff had received training in end of life care and where possible people were able to remain at the home and not be admitted to hospital.

People had individualised care plans that detailed the care and support people needed; this ensured that staff had the information they needed to provide consistent support for people. People had been involved with developing their care plans and we saw that people had consented to the support they needed.

There was information about people's past lives, spiritual needs, hobbies and interests that ensured staff understood people's life history and what was most important to them. This enabled staff to interact with people in a meaningful way.

People's spiritual needs were met. A local faith minister visited each month and people were supported to practice their religious beliefs if they wished.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. People told us that if they had any concerns they would speak with the staff. One person told us that when they had made a complaint this was promptly dealt with and the matter resolved.

Records demonstrated that when complaints had been made these had been investigated and responded to in a timely way and in accordance with the procedure in place.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Information and care plans could be made available in the most appropriate format to meet a person's communication needs as and when required.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in June 2016 'well-led' was rated as good. At this inspection we found that there were areas that required improving.

The systems the provider had in place to monitor the standard and quality of the service had not always been effective in picking up any shortfalls in people's experience of living within the home. For example, the objective terms used by some staff when referring to people who needed assistance with meals. Care being task focussed with limited opportunity for staff to interact with people outside delivering personal care. People's acceptance of waiting for staff to fit in with the routines of the home and not always being able to have a shower or bath when they wished to.

The provider needed to ensure that they fully captured people's experience and that staff fully understood and practiced what they had learnt in training. This would help to identify how best to deploy staff to be able to provide more interaction outside of care delivery and enhance person-centred care.

People told us that they attended resident's meetings when they took place. We saw that meetings with residents and families were scheduled but that they were not always attended. The manager explained that there was an open door policy, people and relatives spoke regularly to the senior staff so often did not feel the need to attend any meetings. We saw that when meetings had taken place that people were able to raise any suggestions or concerns and that these had been addressed. For example, there had been an issue around the laundry and we saw from the minutes of the meeting that this had been satisfactorily resolved.

People were overall complimentary of the service. One person said, "It's a lovely place, no problems since I have been here." Another person said," The staff do their best, it suits me nicely here." People told us they were regularly asked for their feedback and felt the staff listened to them. We saw that a 'Living in the home' survey had been completed in June 2018 and most of the responses at that time had been positive. A few people had commented there was not much opportunity to go on trips out, which remained an issue for some people we spoke to.

The staff felt supported and listened to. We saw that staff worked well together and were committed to providing as good as care as possible. There were monthly staff meetings which gave all staff the opportunity to raise any concerns or share ideas.

There were systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. However, these needed to be improved to ensure that people's social and emotional well-being were given greater consideration.

Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at reflected the physical care each person received. Staff understood their responsibilities in relation 'whistleblowing', safeguarding, equalities, diversity and human rights and there were up to date policies and procedures to support them.

The provider understood their responsibilities in relation to supporting a diverse staff team. They ensured that staff and people were treated equally to ensure they had the same opportunities as each other.

The registered manager and senior staff liaised with the local authority, GP's and District Nurses and were receptive to any advice and support offered to enhance the life experiences of people.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had displayed their rating at the service and on their website.