

Beech Care Limited

Beechcare

Inspection report

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Kent
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Beechcare is a residential care home providing accommodation for persons who require personal care to up to 6 people, however they can only accommodate up to 5 people as one bedroom had been changed into office space. The service provides support to people with a learning disability and autistic people, people with mental health needs, and people who have a physical disability. At the time of our inspection there were 3 people using the service.

The service is a bungalow and has 5 bedrooms, the 6th bedroom has been made into an office.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The provider had demonstrated how they were meeting and supporting people in with the principles of Right support, Right care, Right culture.

Right Support:

The provider had made improvements since the last inspection. The provider had worked hard to ensure they were following the RSRCRC guidance. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to achieve their aspirations and goals, for example, one person was being supported to take their washing to the laundry room and staff told us how they had fun doing it and it became part of their routine. Some people also had goals in their support plan to be as independent as possible with their personal care and staff were supporting this. The provider had made improvements regarding the environment to ensure people were supported in a clean and safe environment.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Relatives gave positive feedback about the staff and the support they gave. People's care and support plans contained relevant and up to date information.

Right Culture:

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant

people received compassionate and empowering care that was tailored to their needs. People and those important to them, including advocates, were involved in planning their care. People received good quality care and support because trained staff and specialists could meet their needs and wishes. For example, staff completed training in learning disabilities and Autism, epilepsy and alternative methods of communication.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 07 October 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 07 October 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 26 July 2022 and rated the service inadequate. Breaches of legal requirements were found. We imposed a condition on the providers registration for this service which required them to send us updates on the action they were taking to address the issues. The provider was compliant with this condition. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beechcare on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Beechcare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Beechcare is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Beechcare is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post since the last inspection and was in the process of submitting an application to register.

Notice of inspection

This inspection was unannounced

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

People were not able to verbally express their experiences of living in the home. We observed staff interactions with people and observed care and support in communal areas. We spoke with two relatives about their experience of the care and support provided. We spoke with five members of staff including the home manager, locality manager, senior support worker and support workers. We reviewed a range of records including three people's care and support plans and medication records. We also reviewed a number of documents relating to the running of the service, this included staff rotas.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess the risks to the health and safety of people or do all that is reasonably practicable to mitigate risks. This was a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were kept safe and their health needs were well managed. People's individual health risks had been assessed, monitored and managed. For example, people who were at risk of constipation had support plans in place and staff documented bowel movements to ensure action could be taken if needed.
- People who were at risk of malnutrition had guidance in place for staff to follow. At the last inspection one person had not been supported by staff and was at risk of malnutrition. At this inspection, staff had followed guidance from the dietician and the person was being supported to maintain a healthy weight. For example, staff fortified the person's food with high calorie food as directed by the dietician.
- Staff were able to tell us how they support people's individual health needs. One staff member told us that they make milkshakes with full fat creams and milk with fresh fruit to help ensure that a person does not become malnourished.
- Staff supported people who lived with epilepsy. Staff told us how they supported a person who lived with epilepsy and how it can affect their daily routine. For example, one staff member told us, 'If [person] is not having a good morning we help them to rest and encourage them to drink every 15 minutes.'
- Staff managed the safety of the living environment and equipment through checks and action to minimise risk. For example, fire drills were carried out to ensure staff knew how to support people in the event of a fire.

Staffing and recruitment

At our last inspection the provider had failed to deploy suitably qualified, competent, skilled and experienced staff. This was a breach of Regulation 18 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The service had enough staff on each shift to meet people's care and support needs. The home manager ensured there were enough staff to meet people's 1-1 support hours. Since the last inspection the home manager had recruited a number of staff and no longer needed to use agency staff.
- Staff and people's relatives told us there was enough staff to support people. One staff member told us, "Staffing has got a lot better" and one relative told us, "There was enough staff to look after [person]."
- Safe recruitment processes were followed. The provider ensured pre-employment checks were completed before staff began working at the service. These checks included a current Disclosure and Barring Service Criminal records check (DBS). DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm. Staff knew people well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. For example, 1 staff member told us, "If there is a safeguarding concern, I report it straight to the home manager or the person leading the shift."
- People's relatives told us they felt their relative was safe at the service. One relative told us, "I feel [person] is very safe there."

Using medicines safely

- People's medicines were managed safely. The service ensured people's behaviours were not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed in line with these principles. MAR charts showed that people were being given their medicines in line with STOMP.
- The home manager had reviewed and sought support regarding people's medicines. Where a medicine was no longer required the home manager worked with the person's GP to reduce and remove the medicines in line with STOMP guidelines.
- People were supported by staff who followed systems and processes to administer, store and record medicines safely. We carried out a stock count of some medicines which corresponded to the stock count that staff had recorded.
- The home manager ensured 'as required' medicines had guidance in place to support staff. When staff administered 'as required' medicines they recorded the reason why on the MAR chart which meant any trends or patterns could be identified.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People were supported to have regular visits with relatives.

Learning lessons when things go wrong

- People received safe care because staff learned from incidents. The home manager had systems in place to highlight and identify any trends with incidents and accidents.
- The home manager ensured accidents and incidents were reviewed and actions taken if necessary. For example, staff found a medicine that had slightly dissolved and had likely been spat out. The home manager sought advice from a medical professional and was recommended the person was observed for longer after staff had administered their medicine. The longer observation time was put into place.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to deploy suitably qualified, competent, skilled and experienced staff. This was a breach of Regulation 18 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were supported by staff who received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools and positive behaviour support. For example, staff had completed a number of different Autism training sessions, including face to face training. This was an improvement from the last inspection.
- Staff also completed training in areas to support people with their specific health needs. For example, this included training in epilepsy, dysphagia and learning disabilities.
- Staff told us they felt supported in their role. Staff received support in the form of supervisions and appraisals. One staff member told us, "I feel very supported, [person] is a very good manager."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were delivered in line with standards, guidance and the law. The home manager had made improvements to care and support plans since the last inspection. Care and support plans now reflected a good understanding of people's needs.
- People's care and support were delivered in line with standards and guidance. For example, recognised tools and assessments were used such as the ACID test. The term ACID test is used to describe the questions that are asked to determine whether a person is deprived of their liberty.
- The home manager completed a comprehensive assessment when the service supported a person for a short period of respite. For example, a compatibility assessment was carried out prior to the start of the respite. This ensured the people's compatibility when someone moved into the home temporarily.

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

- People received support to eat and drink enough to maintain a balanced diet. People who required a modified diet were supported by staff to achieve this. For example, some people required their diet to be

'soft and bitesize'. This information was in care and support plans but also in the kitchen as a guide for staff.

- People could have a drink or snack at any time and meal-times were flexible to meet people's needs. We observed people being offered snacks and food in between meal-times.
- The staff carried out food safety checks to ensure food that was made met food safety guidelines. For example, staff took the temperatures of food that had been cooked to mitigate the risk of food poisoning and people becoming unwell.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives. People were supported with annual health checks, screening and primary care services. For example, one person regularly had support from the chiropodist as detailed in their care plan.
- Staff from different disciplines worked together as a team to benefit people. They supported each other to make sure people had no gaps in their care. For example, one person was seen by a mental health team and psychologist to ensure they were being supported in a way that met their needs.
- People had health passports in place which were used by health and social care professionals to support them in a way they needed.
- Records were detailed and updated when a person saw healthcare professionals. This ensured any follow up appointments or action to be taken could be followed up by the home manager.

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

- People's care and support was provided in a clean, safe and well-equipped environment that met people's sensory and physical needs.
- The environment was homely and stimulating. People personalised their rooms and were involved in decisions relating to the interior decoration.
- The home manager had made improvements in the sensory room since the last inspection. The room was now accessible to everyone and had different sensory items and lights.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the staff assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. People's relatives or advocates were present at these meetings

which was also recorded.

- The provider had ensured people who needed a DoLS, had one in place and that it was up to date.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider failed to monitor and mitigate the quality of the service and to individual people using the service. This was a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection the provider was no longer in breach of this regulation.

- The home manager had worked hard since the last inspection to improve the monitoring of the service. Care plans were detailed and contained relevant information. However, we found one incidence where one person's support plan detailed incorrect information. Staff knew the correct procedure on how to support this person. When we spoke to the manager, they removed this part of the support plan due to it being a record error.
- The home manager had also implemented a new system to record daily notes to ensure trends and patterns could be identified.
- The home manager had an effective system in place to ensure there was oversight and analysis of incidents, accidents and people's behaviours. There had been changes with the number of people the home supported and there had been very few incidents since the last inspection.
- The provider had invested in staff training to meet the needs of the people in the service. The home manager ensured staff were kept up to date with their training. The home manager booked training that was needed and ensured new staff had completed areas of their induction training
- The registered manager understood and demonstrated their compliance with regulatory and legislative requirements. The registered manager informed the Care Quality Commission and the local authority as and when required.

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

At the last inspection the provider had failed to evaluate and improve their practice to continually assess, monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- Since the last inspection, the home manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop.
- Staff told us they felt more valued and that the provider had worked hard to ensure management were visible in the service. One staff member told us, "There has been lots of improvements, I feel supported by [home manager]."
- Staff told us they felt like they could raise concerns or suggestions with the home manager and other senior leaders. These were discussed on a 1-1 level or in team meetings whichever was appropriate.
- The provider had made improvements to ensure they were meeting the Right support, Right care, Right Culture guidance. The home manager had worked on making people's care plans person centred that reflected their individuals needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility around duty of candour. The duty of candour requires providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.
- Relatives told us they were informed about incidents and accidents.

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

- The provider had made improvements to ensure staff, relatives and people were fully engaged and involved in the service. The staff had worked hard to ensure people were supported to be involved in the service.
- The home manager was in the process of improving how they recorded people's monthly meetings with their key workers. Folders were being set up to display photographic evidence which could be shared with families.
- The provider had worked hard to improve their relationship with other professionals. The home manager explained how they have engaged with a number of different health professionals including mental health and learning disability teams.
- The provider sought feedback from relatives in the form of questionnaires. These were in the process of being gathered and analysed.