

Beechcroft Residential Home

Beechcroft Residential Home

Inspection report

Salop Drive
Oldbury
West Midlands
B68 9AG

Tel: 01214292993
Website: www.carltoncaregroup.co.uk

Date of inspection visit:
06 January 2020
07 January 2020

Date of publication:
12 February 2020

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Beechcroft Residential Home is a care home that provides personal care, over two floors. The service can support up to 50 people. When we inspected the service there were 46 people living at the home, some of whom had dementia.

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

Risks were not consistently managed. The providers systems and processes were not always effective at mitigating ongoing risk to people. We observed that staff did not always follow best practice and national guidance when administering medication.

Most people told us more staff were needed to meet their needs. Some steps had been implemented to improve staffing. Following our inspection, the provider told us that staffing levels day and night had been increased. This gave us assurance that people's needs would be met effectively.

Staff knew people's needs and demonstrated a good understanding of the level of assistance people required. Staff were observed to be kind and caring. Staff spoke to people with dignity and respect and took the time to support and encourage people. Relatives and visitors to the home were made to feel welcome and spoke highly of staff.

People's dietary needs were met, and staff had the knowledge and understanding to support those who needed additional support at meal times. People had access to healthcare services where required. People were involved in decisions around their day to day care and were treated with dignity.

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 systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, race, religion or belief etc. Staff members we spoke with knew people well and they could tell us about people's individual needs and how they were supported.

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 good (published August 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to regulation 12 safe care and treatment and regulation 17 Good Governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Beechcroft Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an assistant inspector.

Service and service type

Beechcroft Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who had submitted an application to register with the Care Quality Commission and was waiting for this to be processed. Once registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with 12 people who use the service and a health care professional. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with six members of care staff including care staff, the deputy manager, registered manager and registered provider.

We looked at five people's care records, three staff recruitment records and records relating to the governance of the service. This included quality assurance audits, records of accidents and incidents and complaints records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection the key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks were not consistently managed, and systems and processes were not always effective for mitigating ongoing risk to people. For example, when a person was readmitted to the home from hospital the reassessment of their care needs was not robust. Where staff were unclear about discharge information and what it meant for the person, clarification had not been sought. Although some information about changes in the person's needs had been communicated verbally to staff, risk assessments for staff to refer to were not updated.
- Staff were not always effectively deployed to ensure people's safety. We saw at different times of the day staff were not present in communal areas when people needed support. For example, a person began coughing and needed support, another person removed their pressure preventing equipment and staff were not available to mitigate these risks. We also saw times when one staff member was in the lounge with over twenty people, due to the shape and layout of the lounge it was difficult to ensure they were able to see people were safe.

Using medicines safely

- People were prescribed creams for sore skin or to prevent sore skin developing. We looked at a number of medicine administration records and all had several days when no recordings had been made to confirm the prescribed creams had been applied.
- We observed a staff member administering medicines dropped a tablet on the floor in the dining room. The staff member picked the tablet off the floor and still administered the tablet to the person. This did not accord with safe management of medicines.
- Medicine administration records for eye drops did not always specify which eye the drops should be administered into.

Systems in place were not always robust enough to demonstrate risks to people were effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider responded immediately during and after the inspection. They took steps to ensure information about people's care needs was updated and medicine management improved.

Staffing and recruitment

- Most people and relative's we spoke with told us there were not always enough staff to meet people's needs. People told us there needed to be more staff because staff were busy at times with the people that needed more help. A relative told us, "On the whole things are good but there is just not enough staff for the

number of people and their needs." A staff member told us, " We need more staff especially on an evening."

- The manager told us they recognised that people's needs were increasing and more staff were needed. They were actively recruiting to vacant posts.

- Following our inspection, the provider confirmed to us that staffing levels day and night would be increased with immediate effect. The manager told us that regular agency staff would be requested to ensure continuity of people's care until the new staff posts were appointed to. This gave us assurance that people's needs would be met more effectively.

- The provider had a recruitment policy and completed recruitment checks on staff prior to them commencing in post to make sure they were safe to work with people. However, identity checks had not been made on a recently recruited staff member, potentially placing people at risk. Immediate action was taken following our inspection and the provider confirmed this had now been addressed and told us their recruitment policy would be followed for all future recruitments.

Systems and processes to safeguard people from the risk of abuse

- Prior to our inspection the local authority told us they had some concerns about the management and oversight of falls in the home. Some safeguarding investigations had taken place and recommendations had been made about where improvements were needed.

- We saw people were comfortable around staff supporting them.

- Staff had received safeguarding training and knew what action they needed to take if they witnessed or suspected abuse. A staff member told us, "We have a lot to do with safeguarding at the moment regarding unwitnessed falls. If I had any concerns first of all I would go to [manager's name]. Or I would go to the owner. I know we can also go to CQC if we felt nothing was being done." A second staff member told us the new manager was supporting senior staff to be more involved in the process of raising safeguarding alerts with the local authority, when the manager was not on duty. This meant staff were supported to take greater responsibility in their role and alerts could be raised in a timelier way.

- Records were kept of safeguarding concerns and alerts, information was shared with the local authority and the Care Quality Commission.

Preventing and controlling infection

- People's bedrooms and the communal areas of the service were clean and fresh.

- Staff on the whole followed good infection control practices apart from when we saw a staff member pick a tablet off the floor and give it to a person. They used protective clothing, gloves and aprons to help prevent the spread of infections.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed by the manager.

- We saw a lot of progress had been made on the monitoring of falls in recent months. The manager had worked closely with the local authority who had provided guidance, support and training. Improvements to the management and recording of falls had been made and were ongoing at the time of our inspection.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had been made to the relevant Local Authority where it had been identified that people were being deprived of their liberty.
- Where people did not have capacity to make decisions, they were supported to have choice and control of their lives and staff supported them in the least restrictive way. A staff member told us how they encouraged people to make everyday choices about their care. They explained, "I open their wardrobe and ask what they would like to wear today, how would you like me to do your hair today, do you want your curtains open. Everything is up to the person."
- Although staff had received training of the MCA and DoLS some staff had limited knowledge about who had a DoLS in place. However, they told us they would go to senior staff or the manager for support or advice regarding DoLS. To ensure people were not unduly restricted
- There was information in people's care plans around likes, dislikes and choices.

Staff support: induction, training, skills and experience

- People told us staff were skilled at supporting them. One person told us, " They [staff] are very good and know what they are doing."
- Staff told us they received appropriate training, including face to face and completing training booklets. A staff member told us, "Since [manager's name] has been here they are on the ball, the training has been good, especially for the new staff." Another staff member told us, "The booklets are good for some training, they help you learn and understand things more."

- Staff told us they had completed an induction when they were first employed.

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

- A pre-admission assessment was carried out prior to people moving to the service to ensure their needs could be met and the care planned reflected people's individual needs and preferences.
- Staff we spoke with were knowledgeable about people's day-to-day support needs.

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

- There were systems in place, such as daily care records, and regular handover meetings to share information about people's progress.
- People had access to health professionals such as district nurses. People were supported to meet their oral healthcare and to maintain their health.
- A doctor visited the service weekly and people confirmed they saw the doctor when they needed to.
- A healthcare professional we spoke with during our inspection told us they had no concerns about people's care. They told us staff were helpful, knew people's care needs and followed any instructions they requested.

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

- Most people could make choices about what they ate by selecting food choices from a menu. One person told us about their meal, "That was really beautiful."
- Where people had undergone assessments from health professionals in relation to their food and fluids, we saw staff were following the guidelines.
- Specialist cutlery and eating aids were available for people who needed it, to promote their independence.

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

- People were supported in a purpose-built home.
- Corridors and doorways could accommodate mobility equipment and walking aids.
- The provider told us that recent decoration had taken place to make the environment more comfortable for people.

Is the service caring?

Our findings

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

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

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

- We observed positive interactions between staff and people.
- People and relatives told us staff were kind and caring. People's feedback about the staff was consistently positive. A person said, "The staff are very nice and friendly they do listen to you." A relative told us, "The staff are really very caring, they are first class." A second relative told us, "It's a lovely atmosphere here. The staff are busy, but people are well looked after and they look well looked after."
- Staff knew what might make a person feel unsettled and told us what they would do to prevent this happening and how they reassured people when they needed to.
- Care plans included information about people's diverse needs including information about religion, celebrations, life histories, wishes and preferences. Staff used this information to provide personalised care.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. "A person told us, "They [staff] knock my door. They always ask me first what I want doing. They [staff] are good."
- Staff ensured people's dignity and privacy were maintained. People had their own bedroom which enabled private personal space.
- Staff explained how they encouraged people to do some tasks for themselves to maintain some level of independence. For example, staff told us how they encouraged people to help with their own personal care tasks to maintain their independence. One person said, "I do what I can and they [staff] help me with the things I need help with."

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

- Relatives and residents meetings took place and the minutes of meetings showed people were involved in discussions about the running of the service and activities that took place.
- Relatives told us staff were quick to respond to any requests they made about family members care. A relative told us, "We think the staff are brilliant. They always keep us informed about everything."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- We observed on the morning of the first day of our inspection people sat around with very little to do. The manager explained that the staff member responsible for organising activities was not working that day and quickly arranged for some additional support to be provided by the afternoon. We saw improvements on day two of our inspection with different activities taking place for people to join in if they wanted to.
- There was an activities timetable displayed and this included arts and crafts, bingo and quizzes. Most people we spoke with were satisfied with the different activities taking place. People told us they had enjoyed shopping trips and pub lunches and entertainment events in the home. People told us lots of things took place in the run up to Christmas including parties and visits from a local school choir. One person told us how they were supported to do Christmas shopping and buy their family members Christmas present and how important this was to them. A relative told us, "The manager and staff worked really hard to make sure the home was beautiful over Christmas with lovely things going on to keep people entertained."
- People's personal beliefs and backgrounds were respected by staff. We saw people who practiced religion, were supported to do so and a monthly church service took place at the home.
- Relatives and people's friends said they always felt welcome at the home and staff encouraged and supported people to have positive relationships with their loved ones.

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

- Staff we spoke with knew what was important to each person.
- People's care plans included information about how they liked to be supported. Some records needed more detail and updating about people's care needs. For example, people's sensory needs and how these needs would be met had not always been recorded. The manager told us staff had recently taken part in report writing training and plans were in place to improve record keeping.

Meeting people's communication needs

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

- The manager understood their responsibility to comply with the Accessible Information Standard (AIS). They told us in their PIR that during the initial assessment people were asked about what format information should be provided in. They told us that Information could be made available in different formats such as, large print and easy read and audio and different languages.

- We observed staff communicating verbally with people. They spoke clearly and slowly when needed and checked people's understanding of what was being said. Care plans included information about people's communication needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. We saw records that showed complaints had been recorded and responded to. A person told us, "If there was something that I was not happy about I would speak to the staff, I would have no problem doing that. The staff are easy to talk to."
- People and their relatives told us if they had any concerns they would speak with staff or the manager and they were confident they would be listened to. A relative told us, "The manager is often around, and I would have no hesitation in speaking with them if I needed to."

End of life care and support

- The provider had policies and procedures in place to ask people about their wishes for their end of life care and to support them through this time.
- Some staff had completed specific training on how to support people effectively at this time and further training was planned.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection the key question has now deteriorated to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to assess, monitor and mitigate risks to people. However, these were not always updated following a change in need and followed through consistently and therefore risk management was not always robust. Risk assessments were not always specific about if a person needed staff support or could be left unsupervised when mobilising with a walking aid.
- There were systems in place to audit medicine management and practice. However, these systems had not identified some of the issues we found during our inspection. The provider's own medicine audits had identified improvements were needed to how the administration of people's creams was recorded. A new recording system was soon to be implemented but audits failed to identify that records were not being maintained as required until this transition took place. The audits failed to identify that for medicines given on an as required basis, the records lacked person centred information and when these medicines should be given to people. Where staff had needed to hand write medicine administration records the system in place had not always identified that these were checked for accuracy by a second staff member. The system in place for auditing non blister pack medicine had not always been followed.
- In October 2019 a medicine audit had been completed by the local authority and the recommendations and improvements needed had not been fully implemented at the time of this inspection visit.
- Systems in place to oversee maintenance and health and safety failed to identify that weekly checks of fire alarm and fire safety checks were three weeks overdue. Fire drills were taking place, but records lacked detail about the outcome of the drill and any learning or issues identified during these. The work place risk assessment had been reviewed but only to say that there had been no structural changes to the building and records did not show that other fire safety measures in place had been assessed as still adequate.
- The providers own system had not identified that the recruitment policy had not always been followed.

This demonstrated that the provider's systems in place to review quality were not always effective. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager responded positively to the inspection process and action was taken to make improvements at the service. For example, clarification was sought regarding changes in a person's care needs. In consultation with the provider staffing levels were increased on the day following our inspection to ensure people's safety.
- Improvements had been made to the monitoring and auditing of falls. Records of falls and incidents were

more detailed, and audits were more thorough. For example, the analysis looked at time of day of the fall and explored in more depth the possible cause and action taken to mitigate further occurrence.

- The manager understood their role and regulatory responsibilities. The latest CQC inspection report rating was on display throughout the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The manager had notified us of important events as required.
- The service had received a five star rating from the local authority for kitchen hygiene.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The new manager had been in post since May 2019. Most people, staff and relatives spoke positively about the manager and the improvements made.
- The manager and staff told us the structure of the day, meal times, staff shift patterns and the arrangements and timings of staff handovers were all being looked at. This was to ensure the home was run in the best interest of the people living there.
- Improvements had been made to the training and development of the staff team. The manager had also strengthened the staff supervision structure and meetings, so staff were clear about their role.
- The manager and provider told us they were committed to generating a culture where learning from mistakes took place in an open and inclusive way. Minutes of the meetings included information about where lessons had been learnt and where improvements needed to be made.
- Quality surveys had been completed and were generally positive, any issues raised had been explored.

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 provider was aware of their responsibilities under the duty of candour and told us relatives would be informed of any concerns or issues that had arisen. People and relatives, we spoke with told us that staff and managers were approachable and helpful.

Working in partnership with others; Continuous learning and improving care

- The manager told us they worked closely with health and social care professionals and the local authority. For example, in recent months the manager had worked with the local authority on improving the management of falls. The manager had also attended a falls management course and they told us this had been very helpful in reducing the number of falls within the home.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems in place were not always robust enough to demonstrate risks to people were effectively managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems in place to review quality were not always effective.