

# Care Care Care Limited

# The Beeches

## 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 ●

# Summary of findings

## Overall summary

Our inspection took place on 2 November 2018 and was unannounced.

At our last inspection in September 2017 we rated the service as 'Requires Improvement', and identified two breaches of regulation in relation to safe care and treatment and need for consent. On this inspection we looked to see what action had been taken to make sure the service had achieved compliance with these regulations.

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

The Beeches provides accommodation and personal care for up to 23 older people, some of whom were living with dementia. The accommodation is over two floors, with a passenger lift to provide access. There are communal lounges and a dining room on the ground floor.

There was a registered manager in post when we inspected the service. 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.

People told us they felt safe living at The Beeches. Premises were well maintained and staff understood how to recognise signs of potential abuse and their responsibilities to report these. The home was clean and well maintained. Improvements had been made to make sure medicines were managed safely.

Staff were recruited safely and received training and support appropriate to their role. People told us there were enough staff available to meet their needs safely and in a timely fashion.

When accidents occurred we saw these were reported and investigated appropriately. The registered manager audited accidents to look at ways in which the risk of reoccurrence could be minimised.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Improvements had been made in relation to the process for making decisions in the best interests of people who lacked capacity and conditions on Deprivation of Liberty Safeguards were being met.

People told us they enjoyed the food at the home and had plenty of choice. We saw the food was of good quality and people were supported to enjoy the mealtime experience. Visitors were invited to share a meal with their relative.

People were supported to access health and social care professionals when needed. A visiting district nurse told us they were very happy with the health care provided at The Beeches.

People and relatives were unanimous in their praise of the standard of care provided. Our observations during the inspection confirmed this.

Some care plans required further development to demonstrate the person-centred approach we observed.

People told us they enjoyed the activities provided at the home.

Processes were in place to make sure complaints were managed appropriately. People told us they would not hesitate to speak to staff if they had any concerns.

Systems were in place to monitor and improve quality and safety in the home, including audits, meetings and surveys. The management team had responded well to suggestions made at the previous inspection to improve the auditing process.

People who lived at the home, relatives and staff were complimentary of both the registered and deputy manager.

We found sufficient action had been taken to comply with regulations identified as being breached at the last inspection and did not identify any breaches of regulation on this inspection.

## 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.

People told us they felt safe.

Recruitment of staff was safe, and there were enough staff to meet people's needs safely.

Risks to people's health and safety were managed well.  
Medicines were managed safely.

### Is the service effective?

Good 

The service was effective.

The registered manager made appropriate applications for DoLS where people were identified as lacking capacity. Conditions attached to authorisations were met.

People told us they enjoyed the meals served at the home.

Staff received good training and support.

### Is the service caring?

Good 

The service was caring.

People and relatives were unanimous in their praise of the care provided at the service.

People were treated with dignity and independence was encouraged.

### Is the service responsive?

Requires Improvement 

The service was responsive but improvements were needed.

Care documentation required development to demonstrate the person-centred care provided at the service.

People told us they enjoyed the activities at the home.

Systems were in place to manage complaints and concerns.

**Is the service well-led?**

**Good** ●

The service was well led.

Systems were in place to monitor safety and quality at the service.

Opinions of people involved with the service were sought as part of the quality improvement process.

People had confidence in the management of the service.

# The Beeches

## 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.

The inspection took place on 2 November 2018 and was unannounced. The inspection team consisted of an adult social care inspector 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 we reviewed all the information we held about the service. This included past inspection reports and information notified to the Care Quality Commission by the provider. We also contacted other bodies including the local authority commissioning and safeguarding teams, the fire and rescue service and Healthwatch. Healthwatch is an independent body which represents the views of people who use health and social care services in England. We did not receive any information of concern.

Before our inspection we sent 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 returned it to us in August 2018.

During the inspection we looked at records relating to the provision of personal care and the running of the service. These included three care plans, medicines records, three staff files and other evidence which showed how the service was managed. We spoke with the registered manager, deputy manager, chef, and three members of care staff. We spoke with nine people who used the service, and four visiting relatives. We also spent time making observations around the service, including all communal areas, some bathrooms and some people's rooms.

# Is the service safe?

## Our findings

When we inspected The Beeches in 2017 we rated this key question as 'requires improvement' and we said the service was in breach of regulation 12 Safe care and treatment. This was because we found the management of medicines in the home was not always robust and we had concerns in relation to infection control because the same moving and handling slings were being used for different people.

When we looked at systems for managing medicines during this inspection we found improvements had been made. We saw storage of medicines was secure and checks were up to date to make sure medicines were stored at recommended temperatures. Most medicines were delivered in blister packs for each person for administration at set times with others delivered in boxes and bottles.

The registered manager told us daily checks were made to make sure the amounts of tablets available tallied with the amounts recorded as received and administered. We checked a sample of three boxed medicines and found the amounts to be correct.

Medication administration records (MARs) had been appropriately completed to show medicines, including topical medicines such as creams and lotions, had been administered as prescribed.

Some medicines are prescribed on an 'as and when' (PRN) basis. We found protocols to help staff understand if a PRN medicine was needed had been improved since the last inspection and included information about the medicine, why it might be needed and how often it could be given.

MARs showed improvements had been made in relation to the recording of administration of topical medicines such as creams and lotions.

Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw controlled drug records were accurately maintained.

Systems for managing the risks in relation to infection control had been improved. Individual moving and handling slings had been purchased and we saw good standards of cleanliness throughout the home.

This meant the service had taken appropriate action and were no longer in breach of regulation.

People told us they felt safe at The Beeches. One person said "Oh yes I feel very safe here , I can do as I please within reason, I do what I want most of the time the staff are very good to me and they help me if I need help but I manage on my own most of the time and that's as I like it , they always come in and check on me and make sure I'm ok." Another said "Yes I feel safe here, I have a bell here and I can ring if I need anything and they come pretty quickly, so I'm ok."

A visiting relative said "Oh definitely, yes they do look after (person) very well, (person) came here on respite a couple of times and settled well, I felt that (person) was looked after properly and now I can go home and know that (person) is safe and looked after, that's a big relief for me, and (person) appears content which is

the main thing isn't it?"

We found recruitment practice was safe. Background checks were made which included relevant references and checking with the disclosure and barring service (DBS). The DBS is an agency which holds information about people who may be barred from working with vulnerable people. Making checks such as these help employers make safer recruitment decisions.

Since the last inspection the registered manager had obtained a dependency tool to help assess the number of staff needed to make sure people's needs were met safely. The registered manager and deputy manager told us they checked this weekly to make sure it was an accurate reflection of people's needs. Staff told us there were enough of them to meet people's needs and people we spoke with confirmed this. One person said, "Oh yes I think there are enough staff to look after everyone you don't have to wait if you ask for something."

Staff we spoke with understood about different forms of abuse and told us they would not hesitate to report any concerns they had if they thought somebody was at risk. We saw appropriate referrals were made to the safeguarding authority.

Accidents and incidents were recorded and reported as appropriate and analysed by the registered manager and deputy manager to look for any possible themes and trends where action could be taken to reduce the risk of reoccurrence.

Personal risk assessments were in place for people identified as being at risk. For example, a person identified at risk of falling had an associated risk assessment and care plan in place.

Personal emergency evacuation plans (PEEPS) were in place. They identified the support people would need and how they might react to emergencies. For example, if they would be frightened or confused.

Systems were in place to check environmental safety on a weekly basis and we saw up to date certificates and records to show the provider ensured routine testing and maintenance was kept up to date. This included equipment used to provide care such as hoists, fire systems, and gas and electricity installations.



# Is the service effective?

## Our findings

When we inspected The Beeches in 2017 we rated this key question as 'requires improvement' and we said the service was in breach of regulation 11 Need for consent. This was because care plans lacked robust assessment of people's capacity to make specific decisions, there was an inconsistent approach to recording best interest decisions on the person's behalf and conditions on people's Deprivation of Liberty Safeguards (DoLS) were not always being met.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked what improvements had been made, 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.

We saw two of the five people with DoLS had conditions relating to the regular review of their care plans. We saw these conditions were being met. The registered manager and deputy manager told us how they involved appropriate people where best interest decisions needed to be made on behalf of people who lacked capacity to make the decision themselves. For one person this included an advocate. Although improvements had been made, including recording of assessment of people's capacity, which meant the service had achieved compliance in this area; the registered manager and deputy manager acknowledged they might benefit from some further training in relation to MCA and DoLS to help them to continue to improve.

People told us they were supported to make choices and these were respected. One person said, "I like my own company I don't like to be disturbed, and the staff know that and respect my wishes." We saw staff offered people choices throughout our inspection. For example; where people wanted to be and what they wanted to do.

An induction process was in place for new staff and the registered manager told us any new staff would be supported to follow the care certificate which is a set of standards for social care and health workers to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care.

Staff told us they received plenty of training which supported them in their roles. The training matrix showed

all staff were up to date in all areas of training including; moving and handling, safeguarding, medication and fire safety. One member of staff told us they were interested in undertaking further training in a particular area and was confident the registered manager would support them.

Records showed staff had supervision meetings every other month. Staff told us these meetings were beneficial but they could go to the registered manager or deputy manager at any time and felt well supported by them.

We saw people were supported to access health and social care professionals when this was needed. One person told us they had mentioned to staff about a problem with their teeth and a dental appointment had been arranged. We spoke with a visiting district nurse who told us the service worked very well with them. They said, "The care here is marvellous, they really look after people."

People we spoke with were very complimentary about the food they received at the home. One person said, "I can't fault the food I've no complaints at all about it." Another said "There is always a choice they ask you in the morning what you would like and they made me pancake because they know I like them that was very kind."

A visitor told us the food was very good and their relative enjoyed it. They said "I can tell. (person) eats it all up, they ask (person) what they would like to eat and it's all freshly cooked I think, they always offer me something to eat if I'm visiting at lunchtime so I've tasted it and it's lovely, they are very kind here."

People were offered sherry before lunch and during the meal we saw people were offered choice of where to sit, choice of the meal and, where needed, staff sat with people to offer discreet support. We saw special diets were catered for and drinks and snacks were available to people throughout the day.

## Is the service caring?

### Our findings

All the people we spoke with told us staff were caring. One person said, "They are very respectful and nice people who look after me." Another said, "Yes they are all very kind and caring never found anyone who has been rude to me in any way they have all treated me with respect." A third person said, "I've been here 18 years and they look after me very well."

A visiting relative said of the care "It's been exemplary."

Staff spoke fondly of people living at the home and clearly knew them well. People had clearly been supported in their personal care needs.

None of the people we spoke with could tell us about any involvement they may have had in the development of their care plans but people told us staff were respectful of their choices and always listened to them. We saw that since the last inspection the registered manager had tried to encourage, where appropriate, the involvement of people's relatives in the care planning process.

People gave us examples of how staff supported them to retain their independence. Two people told us how staff encouraged them with their mobility and another person's care plan detailed how staff to support the person to be as independent as possible with their personal care.

Some people have specific needs or preferences arising from the seven protected characteristics of the Equality Act 2010. These are age, disability, gender, marital status, race, religion and sexual orientation. The deputy manager gave us examples of how the service had previously supported people with these characteristics and confirmed people were informed of their right to receive visitors in private. We saw one person living at the home originated from a different country but spoke English fluently. We asked if staff did anything different for this person. The registered manager and deputy manager told us staff had learned a few words in the person's first language but had not done anything else. They welcomed our suggestions about ways in which they might acknowledge and celebrate this person's culture.

Our observations were that staff treated people with a caring and respectful approach. We did however note where some improvements could be made to ensure people's privacy, for example, more robust screening in shared rooms. The registered manager was most accepting of our observations and said they would take immediate action.

We saw people were asked to comment about the care they or their relatives received in six monthly surveys. All the comments we saw were positive with one person saying, "You've saved my life, I'm in your debt forever" and a relative saying "I'm very happy with The Beeches, my mother could not be in a better place".

## Is the service responsive?

### Our findings

Documentation showed that people's needs were assessed before coming to live at The Beeches to make sure staff could meet their needs and that it was the right environment for them.

We looked at care files for three people. Each file included a range of care plans covering areas such as personal care, sleeping, nutrition and mobility.

We found care plans varied in content and quality. Some care plans were very detailed about the support the person needed, how staff should provide the support and the person's preferences. For example, one person's care plan in relation to their personal care gave detail about their abilities and how staff should support them to retain these abilities whilst aiding where the person needed it. Another care plan for a person's mobility included details about which professional to involve if any issues arose.

Other care plans lacked detail. For example, we had been informed that a person had previously been on bed rest to promote healing of their pressure sores but the district nurse had said the person could now get up for short periods. This was not detailed in the related care plan and the skin integrity care plan had not been updated to say the pressure sore had healed. Another care plan for managing a person's constipation only gave details of the medicine they needed for this and did not detail the need for healthy diet and fluid intake.

We noted one person did not have a care plan in place for nutrition. When we asked the registered manager about this they said it was because their nutritional assessment had not highlighted any issues. We saw the assessment which did indicate that if no risks were identified, the development of a care plan was not needed. We discussed with the registered manager how a care plan for nutrition could also detail people's preferences and how to maintain their current healthy state.

In the three care files we looked at we did not see any care plans in relation to people's spiritual needs or end of life planning.

All the care files we reviewed included a page titled 'Life History' but we found none of these had been completed. Life histories are important for helping staff get to know and understand people and use them to encourage conversation and memories particularly for people living with dementia. We discussed life histories with the registered manager who agreed they would be beneficial particularly to new staff. Although life histories had not been completed, our observations throughout the day were that the staff understood people's needs, their likes and dislikes and differing personalities.

People we spoke with gave examples of how staff were responsive to their needs. For example, always responding quickly to their call bells, arranging medical care when needed and listening to their problems and finding solutions. However, one person told us "Well I go to bed when I'm told which is earlier than I'd like to really, however I do understand that there a lot of people to get ready for bed." We asked people about activities. They told us one of the care staff takes on the role of activity coordinator

on some days and people came in to provide entertainment. One person said "They do have activities about twice a week I liked the knitting. They try to motivate you we have a carer that does things with us I was making lots of spiders for Halloween." On the day of our inspection people had chosen to watch a film and staff were engaging people in games and conversation. The registered manager was organising for people who wished to attend, a concert at a local school.

We noted the music playing in the dining room at lunchtime was at a volume which might have made it difficult for people to use the mealtime as an opportunity to engage in conversation. A care worker noticed this and reduced the volume.

Visitors told us they were welcomed to the home and were invited to have a meal with their relative or friend.

We saw there were processes in place to ensure complaints were recorded and responded to appropriately, although none had been received since our last inspection. People told us they would be happy to speak to staff if they had any concerns and were confident they would sort things out for them.

## Is the service well-led?

### Our findings

There was a registered manager in post at the time of our inspection. There was also a deputy manager in the home, and out of hour cover was provided by the management team so that staff always had someone on call if they needed advice.

People and their relatives gave positive feedback when asked about the management of the service. One person said "My son thinks the boss is wonderful he's completed a questionnaire on my behalf about the home. The manager is involved in day-to-day things and she's very pleasant I've no qualms about being here and would recommend it to anyone."

We spoke at length with the registered manager and the deputy manager. They told us how they worked closely together to make sure people received safe and high-quality care. The registered manager gave us examples of action they had taken when they felt staff were not working to the standards they expected. The commitment of the management team to the wellbeing of people who lived at the home and staff was demonstrated throughout our inspection.

All the staff we spoke with told us how well they were supported by the registered manager and the deputy manager. They said they could go to them with anything and could rely on their support.

We saw systems were in place to measure and monitor safety and quality in the home and the registered manager had responded to issues highlighted at the last inspection to improve the way auditing was completed. Documentation showed a number of audits were completed, many on a weekly basis. This included such as environmental safety, medicines management, staffing and accident analysis.

The registered manager told us the provider visited weekly to make sure auditing was up to date and of a good standard.

Opinions of people involved with the service were sought. We saw questionnaires for people who used the service and their relatives were sent out every six months with staff surveys and surveys for professionals involved in the service sent out annually. We saw only positive feedback from these surveys.

We saw evidence of partnership working. For example, the deputy manager told us how they had engaged with the 'Red bag' initiative introduced by the local Clinical Commissioning Group to improve the experience of people who needed to be admitted to hospital.

We found the registered manager and deputy manager to be open, transparent and demonstrate a willingness to accept suggestions throughout the inspection process.