

Anchor Trust

# 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?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

The Beeches is a care home that provides accommodation and support for up to 54 people with a variety of physical conditions, disabilities and long term conditions. Some people living at the service were living with dementia. People 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 home is set over two floors and divided into four separate living areas. Each living area has its own lounge and dining facilities. At the time of our inspection 45 people were living in the home.

This inspection took place on 5 March 2018 and was unannounced.

There was a registered manager however they had been on maternity leave since August 2017 and were not due back at the service until later in 2018. 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 and associated Regulations about how the service is run. The acting manager, who was overseeing the service in the absence of the registered manager, assisted us with our inspection. We have referred to the deputy manager as the acting manager in our report.

Safeguarding concerns had not always been notified to CQC which is a requirement of registration. We also found that records in relation to people were not always up to date. The Beeches was clean and people received the medicines they required, however we found some poor medicines management processes. We have made a recommendation to the registered provider. People told us they felt safe living at The Beeches and staff were able to give us examples of what might constitute signs of abuse.

Although quality assurance audits were carried out to check the quality of the service, we found these did not always identify shortfalls. However, there were other audits undertaken which were robust and we found actions raised were addressed.

People could take part in activities if they wished and staff actively encouraged this. The acting manager had developed new activities within the service to help people feel included. However, people told us they would like to go out of the service more.

People and staff told us there were sufficient staff to care for people and we did not see people having to wait for their care on the day. Recruitment processes were in place to help ensure that there were only suitable staff working at the service. Accidents and incidents relating to people were recorded and action taken to help mitigate reoccurrence and staff discussed events for lessons learnt.

Regular fire checks and fire drills were carried out to help ensure staff would know what to do in the event of an emergency. Individual fire information was available should the emergency services require it.

People who were unable to make their own decisions had the necessary processes carried out to help ensure that any decisions made for them were made in their best interests. Before people moved into the service their needs were assessed to ensure staff could provide the care they required. People were supported to eat a good range of nutritious foods and staff recognised people's dietary needs.

People were cared for by staff who had access to relevant training and the opportunity to meet with their line manager on a regular basis. People were also cared for by staff who took time to involve health care professionals to help ensure people remained healthy and received effective care.

People were supported to make their own decisions and remain as independent as possible. Staff showed people respect and recognised that people may wish privacy at times. People were supported and enabled to spend time with those close to them and staff showed people empathy and attention when they needed it. There was a close, friendly atmosphere within the home. Relatives were greeted warmly by staff and they only had good feedback for us in relation to the care their family members were receiving. People's rooms were personalised to their individual tastes.

People's care records contained information about their needs and guidance for staff to help support them to provide responsive care. In the event that a person required end of life support the acting manager told us they worked closely with the relevant agencies. If people felt the need to make a complaint there was a procedure in place for them to follow.

There was a good working relationship between the acting manager and staff and staff felt supported. People were involved in the running of the service and invited to give their feedback on the care they received.

The acting manager was proactive in relation to any shortfalls we identified and they had a clear vision of how they would like to improve the service. The culture within the staff team was good and staff worked well together and were aware of their responsibilities to demonstrate team work. The service worked in conjunction with other agencies to help provide good care to people.

During our inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made two recommendations to the registered provider. You can see what action we told the provider to take at the back of the full version of the report.

## 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 received the medicines they required.

Staff understood their responsibilities in relation to safeguarding people from abuse.

People lived in an environment that was clean and hygienic.

People's individual risks had been identified and where people had accidents staff took action to help prevent reoccurrence. Some records relating to people were not contemporaneous.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked at the service.

In the event of an emergency people's care would continue with the least disruption.

### Is the service effective?

Good 

The service was effective.

Staff followed the legal processes in relation to the Mental Capacity Act (2005).

Staff had the opportunity to meet with their line manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

People were involved in choosing what they ate and people's dietary requirements were recognised.

People had access to healthcare professionals to support them to regain their full health and staff worked with in line with national guidance.

People's needs were assessed before moving into the service and

the service was adapted to meet people's needs.

### Is the service caring?

Good ●

The service was caring.

People were supported to make their own decisions and they told us they were cared for by kind, caring staff.

People's privacy was respected by staff and staff were respectful towards people.

People were encouraged to be independent and maintained relationships with people close to them.

### Is the service responsive?

Good ●

The service was responsive

People had opportunities to socialise with other people and participate in activities if they chose to. However, people did not always have the opportunity to go outside of the service.

People's care records contained information about their care needs and guidance for staff.

Complaint procedures were available for people and complaints were investigated.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Statutory notifications to CQC had not always been submitted as required by law.

Quality assurance checks were completed by staff and the registered manager, however these did not always identify shortfalls within the service.

People and staff were encouraged to be involved in the service and give feedback on the care.

Staff felt supported and valued by senior management and told us the culture within the staff team was good.

# 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 was planned to check whether the provider was 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 was an unannounced inspection that took place on 5 March 2018. The inspection was carried out by three inspectors and an Expert by Experience. An Expert by Experience is someone who has experiencing of caring for a family member or friend living in this type of service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

The provider had previously submitted to us their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with eight people and three relatives. We also spoke with the deputy manager, the chef, the activities lead and six care staff. In addition the provider's district and area managers were present during our inspection.

As part of the inspection we looked at a range of records about people's care and how the service was managed. We looked at eight care plans, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at six staff recruitment files.

# Is the service safe?

## Our findings

There was a risk that people's medicines were not stored in the most appropriate way. We found that staff were not routinely recording the temperature in at which the medicines were stored. We also found some out of date items in one of the first aid boxes. We raised these issues with the acting manager and regional area manager who said they would address them.

People told us they knew what their medicines were for and a relative told us they would be informed if there was any change to their family member's medicines. One person told us, "If a pain killer is required at any time I ask and I get it." People received the medicines they required. We found that each person had a Medicines Administration Record (MAR). This contained their picture for identification, details of any allergies they had, information about their GP and their prescription details. We did not find any gaps in people's MARs which indicated they had received the medicines they needed. In addition where people had 'as required' medicines there were protocols in place giving guidance to staff on what the medicine was for, how a person would display they needed it, what the dosage was and what the maximum was they could have over a 24 hour period.

People's records did not always contain up to date information or show evidence of people receiving the care they requested. One person's care plan recorded they could say, 'inappropriate comments' at times, but there was no further information on what these might be, or how staff should respond to this. This same person had epilepsy and although there was information in place on what might trigger a seizure there was no guidance for staff on what to do should they have one. For example, at what point would they call the emergency service. A second person was noted as requiring a food and fluid chart however there was not one in place. When we asked staff about it they told us this person no longer needed one. Two people had no life story in their care plan although they had lived at The Beeches since the beginning of the year. We noted three people's care plans had exactly the same wording in relation to their religious beliefs which meant this care plan was not individualised to the person. One person was noted as, 'would like a bath every other day'. We saw that this was not happening. For example, their records showed that during a period of two months on seven occasions it was four days or more between baths. Another person was noted as, 'would like to have a bath twice a week'. Their records showed that on 10 occasions during a period of 15 weeks this did not happen. A third person was last supported to have a bath on 22 February 2018. This person told us they would like a bath every day. People told us they felt it was because there was a lack of staff in the morning. It was unclear however whether some of this was down to poor record keeping. Following our inspection the area manager sent us evidence to show they had addressed most of these shortfalls.

We recommend the registered provider ensures that robust medicines management process are followed by staff and that contemporaneous records are held for each person.

We found The Beeches to be clean and hygienic and saw housekeeping staff working throughout the day in all parts of the home. People told us they saw staff wearing gloves and they were satisfied with the cleanliness of their room. We did find during the morning however that one laundry room area had not been

cleaned for a while. There was dried washing powder over the floor and the machines and the sink were dirty. The impact to people was low because the room was locked however we raised this with the acting manager and by the end of the day the room had been cleaned. We also found a sluice room (room where soiled equipment is washed) on the ground floor that was out of order. A staff member told us this had been fully functional before they went on annual leave and until it was operational again staff used other sluice rooms.

Staff told us they had received training in infection control and they were able to explain about the use of personal protective equipment such as gloves and aprons. They also said they needed to use red bags for soiled items going to the laundry. One staff mentioned the importance of washing their hands before leaving the sluice room and wearing aprons when preparing food.

We saw that staff had a policy in relation to safeguarding and whistleblowing and staff had received training. Staff were able to give us examples of what may constitute a safeguarding concern and what they would do about it. A staff member told us, "We all do e-learning about safeguarding and we have to do this every year." Another staff member said, "I would always report any safeguarding to the manager, but I could also report them to the CQC, Surrey safeguarding and the police if I did not think action had been taken." A third staff member told us, "If a customer is putting themselves in danger, you would have to report it." They also knew of the Anchor whistleblowing policy stating that us they would report any abuse they witnessed by another member of staff.

Where people had accidents these were recorded with good detail of the incident, together with any actions taken by staff. The acting manager audited the number of accidents that occurred in the home to look for trends. Anchor had recently introduced a 72-hour falls observation form which we saw in people's care plans. This prompted staff to observe and record a person's behaviour for a period of time following a fall. Where accidents or incidents had occurred which had a serious impact to people these were discussed at team meetings for lessons learnt. For example, following a medicines error the service changed their processes so medicines coordinators started to write expiry dates on all bottled medicines alongside the opening date to reduce the risk of a similar error.

People told us they felt safe living at The Beeches. One person said, "Absolutely so because someone is always around." A relative said, "Yes, I am quite happy she is very safe, especially when she becomes verbally aggressive. Staff know how to deal with this."

People were helped to stay free from risk because staff understood people's individual risks. We observed people using mobility aids when walking around the service. One person smoked and we saw a risk assessment had been drawn up in relation to this. The person had also been provided with a smoking apron to help reduce the risk of them receiving a burn. A second person had suffered several falls during a short period of time. We read that an occupational therapy referral had been made and staff told us they had decorated this person's walking frame to identify it and as such encourage the person to remember to use it. A relative told us their family member had sensors in their room because they were at risk of getting out bed and falling. Another relative said, "She feels very safe at the home and she is always keen to come back here when we have taken her out for the day." A staff member told us, "I always keep an eye on people. I make sure the stair door is shut and people's sensor mats are on. We just need to be aware of everyone." A second member of staff told us, "I make sure cabinets in the kitchenette are locked, the dishwasher door is not left down and people are using their walking frames."

People told us they did not wait for assistance. One person told us when they rang their call bell, "They (staff) do come quickly." Another person said, "I've never noticed a shortage (of staff)." A relative said there



were always at least two members of staff on duty. They did say there were times when they felt staff were stretched but felt they coped well. We saw staff were busy during the morning but we did not see anyone waiting for their care. Staff were very attentive to people and assisted them promptly when they needed it. During the morning there was a 'floating' member of staff who assisted across all living areas. A staff member who was acting in this role for the day told us it was busy but much needed additional support to staff in the morning when the majority of personal care was being carried out. When they were rostered in a living unit they said, "The floating staff member is really useful."

People were protected from being cared for by unsuitable staff because the registered provider carried out appropriate checks to help ensure they employed only suitable people to work at the service. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

People's information in relation to the assistance they would require in the event of an evacuation was kept in a folder for easy access for the emergency services. Staff were able to explain what to do in the case of any emergency. They were aware of people's individual personal evacuation plan and who required the support of one or two members of staff to safely evacuate them from the building. Staff were also aware that there was alternative accommodation available if the home became unusable.

## Is the service effective?

### Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that staff understood the principals of the MCA in relation to deciding whether or not a person had the capacity to make a specific decision, however we noted in one person's care plan there was missing documentation. One person had a motion sensor in their bedroom (so staff could see if they got out bed during the night). Although there was a best interests discussion recorded in their care plan there was no mental capacity assessment relating to this. One other person did not have a best interests discussion in relation to them living in the home although we did see a mental capacity assessment had been completed. In addition, this person had a sensor mat in their room (to alert staff if they got out of bed) but there was no evidence of the legal requirements being followed in relation to either of these. Following our inspection the area manager sent us evidence to show that this had been addressed for this person.

We recommend the registered provider ensures the legal requirements in relation to consent are followed consistently.

Staff had a good understanding of the MCA. One staff member said, "We have to assume that everyone has the capacity to make decisions unless it is proved that they are not able to." Another staff member told us, "We would have a best interests meeting with the person's family, GP and other important people in their lives and would then make a DoLS application. This has to be in the least restrictive way though." A third member of staff said, "At different times of the day people can have different levels of capacity." We observed staff asking people for their consent before they carried out any tasks. One person was still in their nightwear half way through the morning and we heard staff ask if they could support them to get dressed. We found where people had capacity they had signed their consent to care.

A relative told us they felt staff were well trained because, "They are all very caring." People received care from staff who had access to relevant training. Anchor Trust runs a comprehensive training programme for new and existing staff and as such we were assured that staff would receive the training they required to support them in their role. Staff confirmed they had received statutory training as well as additional training such as dementia. One staff member told us they had done, "The Mental Capacity Act, dementia, fire evacuation and many others that I am unable to remember just now." A second member of staff told us they had shadowed an experienced staff member, worked in all living areas and acted as the 'floating' member of staff as part of their induction into the role.

Staff received regular supervisions and appraisal. Staff confirmed they had supervisions. One staff member

told us, "I seem to have supervision every two weeks – it's almost too much." They told us this was an opportunity to talk about their roles, people living at The Beeches and any training needs they had. They also told us they had an appraisal each year which covered all aspects of their role. Another staff member said they had had a couple of review meetings since starting work at the service and as such they had targets to work towards to see how they were progressing in the role.

People were very positive about the food they were provided with. One person described the food as, "Absolutely marvellous." Another person told us, "I can't fault it." A relative said, "I have no complaints about the food. [Name] always has a choice of meals and she can have whatever she wants. She gets plenty to drink and eat during the day." Everyone told us they felt there was plenty of food on offer. Some people had taken part in food tasting sessions for proposed new dishes to add to the menu. People told us they only had to ask for a drink and they would get one. We did notice that not everyone had water jugs in their room and we fed this back to the deputy manager at the end of our inspection. Following our inspection the area manager sent us evidence to show new water jugs had been ordered for each person.

People were given a choice of foods and staff were aware of people's likes, dislikes and dietary requirements. The chef told us they knew people's individual preferences and showed us they kept a list of those. We spoke to them about one person in relation to their dietary needs and the chef was aware of this. People were weighed regularly to help ensure staff could monitor any signs of illness due to weight loss or weight gain and a staff member told us, "If we have any concerns about people's weights then we would make an appointment with the GP." We also found that staff had referred people to appropriate professionals in relation to their eating. One person had difficulty swallowing so the speech and language therapy (SaLT) team was called in to assess them and consequently recommended a pureed diet.

People were able to choose what they ate and where they ate their meals. We saw the dining areas were set out nicely and people were encouraged to eat together at lunch time in order to socialise. Staff were attentive and were at hand to support people as they required it. Where people required support to choose their meal staff showed them two plated up dinners to assist with this. One person did not want either of the meals so staff asked what they wanted. "Beans on toast" was the answer and we observed staff make this for them. Another person also did not like the look of the food so staff made them marmalade sandwiches at their request. Some people asked to eat their lunch in their room. We saw staff respected this. Those people were provided with their meals at the same time as those eating in the dining room.

People told us the GP visited regularly as well as a dentist and an optician and staff took advice from external professionals in relation to people's needs. People said staff enquired about their health and one person said, "They (staff) keep an eye on us." People felt that staff encouraged them to do chair exercises to help keep them well. People were supported to regain and maintain good health as staff provided responsive care and ensured people had access to health care professionals when they needed it. For example, one person who could be distressed from time to time had a positive support plan put in place which had been written by a health care professional.

Before people moved in to The Beeches their needs were assessed to help ensure staff could provide the care they required. We read information about one person who had recently moved in. This was supported by a report from their previous service. Together with their and their initial assessment this formed their care plan and we found relevant information had been transferred over. A relative told us they had been involved with the pre-admission assessment and the care plan for their family member. Two people who had recently moved in had been supported to have a staggered move involving care staff from their previous service. The Beeches was adapted to meet people's needs. The Beeches was divided into four living areas. Each had its own dining and lounge areas. There was a lift between floors and corridors were spacious enough for people

to be able to walk safely down them with mobility aids. People had their own en-suite bathrooms on the same level as their bedroom and where people had difficulty remembering where their room or the bathrooms were signs had been put up so they could recognise them.

Staff followed national guidance to support them to provide responsive care. We saw the service had signed up to receive medical device alerts and as such action upon them when appropriate. This included a recent alert in relation to inhalers.

# Is the service caring?

## Our findings

People told us they received care from kind staff. One person said of staff, "Lovely and very caring." Another person told us, "They have a sense of humour." People said that day and night staff were the same in that respect. Relatives also told us they felt staff were kind and caring.

People were cared for by staff who showed them respect and promoted their privacy and dignity. We heard staff knock on people's doors before entering and we saw that people could return to their rooms or sit in quieter areas of the home if they wished. One person told us, "The staff are very considerate." A relative said, "Staff always respect my wife's privacy and dignity. They knock on her door before entering her bedroom. They make sure that she is always clean and tidy even though she could be difficult at times to dress." We saw throughout the day people looking well dressed. One person had untidy hair during the morning and we saw a short while afterwards staff had combed and tied the person's hair into a neat plait. We watched as different staff entered a living area and saw that they took the time to greet people. A staff member told us, "I always make sure people are washed and feel freshened up."

People lived in an environment that was personalised to them. Each person's room was individual and contained their own belongings and furnishings. People told us they could personalise their rooms as much as they wished. One person told us they loved their room saying, "Particularly because it looks out onto the garden and I can see the birds."

People were supported in their independence and could make their own decisions. We saw people moving around the home during the day and move between different living areas. People told us they did not feel restricted in any way and two people were enabled to go out independently to meet family or to go into town. One person said, "I have complete freedom." Staff told us they encouraged people to do what they could for themselves. A staff member told us, "We encourage the residents to choose what clothes they would like to wear for the day and what meals they want to eat. We encourage them to wash parts of their body by themselves." Another staff member told us that one person liked to dust their own room so they let them.

People lived in a friendly environment. During the day we heard staff and people chatting and laughing. There was a good atmosphere within the home which demonstrated people were comfortable in staff company and staff knew people well. People told us that staff listened to them and they felt they knew them. When we arrived we noticed one person sitting in the deputy manager's office chatting to them. The deputy manager took their time with the person and did not rush them in order to come and meet us.

People were cared for by staff who were attentive and showed care and patience towards them. Staff spoke to people in a calm manner showing concern about them. We heard a staff member chat quietly to one person whilst stroking their hand. They sat at the person's level and faced them showing that they were interested in what they had to say. One person was refusing to take their medicines. The member of staff spoke gently to the person offering lots of encouragement and reassured the person that their medicines would help make them better. After some gentle coaxing the person took their medicines. Another person asked for their husband and became worried. Staff talked to them in a kind manner, crouching so that they

were at eye level with the person. Staff knew that this person's husband had passed away but they skilfully took their mind off it by saying, "You come from..." and then named the place they used to live and calming them down by asking what the shops were like there. A staff member told us, "We talk to the residents on a daily basis, we get to know them well and will change how we attend to them if they ask."

People maintained relationships that meant something to them. We observed one visitor sit and have lunch with their family member and we were told that that staff supported them to do this around three times a week. We saw visitors and family members were welcomed into the service during the day.

## Is the service responsive?

### Our findings

People told us they would know who to speak to if they were unhappy about anything. One person said, "I would go downstairs to the reception desk." Another told us, "I would go to the manager." There was a complaints procedure available for people. This gave information to people on how to make a complaint. We read three complaints had been received since the last inspection and they had all been resolved in line with the provider's policy and procedures. We also read that the service had received a number of compliments. These included, 'mum is doing much better' and, 'would like to thank staff who are responding to his altered needs and are taking great care of him.'

People had access to activities should they wish them and staff recognised people's interests. A relative told us, "Staff provide sing a longs, art and craft, puzzles and painting. They also have external entertainers coming in."

We saw one person playing the piano during the morning in their living area. A staff member was assisting them in finding the sheet music. Everyone sitting in the immediate vicinity was listening to them play and they clapped when the person had finished. Another person had just completed a jigsaw puzzle. We spoke with them about it and they told us they enjoyed doing puzzles as a pastime. During the morning a coffee morning was held and five people participated. We observed them leaving this and there was lively chatter between everyone. It was evident they had enjoyed themselves. We saw one of the housekeeping staff was very involved with people and spent time with them during the day. We saw the housekeeper had a good relationship with people.

One activities co-ordinator was on duty each day. They told us they organised quizzes, jigsaw puzzles, board games, seated exercise, reminiscences and exploring information on iPads. We noted people's interests were recorded in their care plan. For example, one person was noted as liking sport. However, people told us they would like to go out more often. One person told us, "We would like to go out more." A third commented, "We would like to go to the garden centre, a museum or the seaside." The activities co-ordinator confirmed that external trips did not happen and they had not happened for a number of years. We raised this with the deputy manager at the end of the inspection who told us they were actively recruiting a minibus driver in order to start external trips.

We recommend the registered provider ensures people have the opportunity to access their wider community.

People's care records included information in relation to people's mobility, nutrition, medication, risks and emotional needs. One person sometimes became anxious and we read that when they touched their face or head this was their way of expressing their anxiety. Staff were advised to give this person reassurance through this period to make them feel secure. Another person got distressed from time to time and staff knew that in order to reassure them they would need to provide them with one to one attention. We noted in one person's pre-assessment they were recorded as only drinking coffee. We found this had been transferred to the person's nutrition care plan. This same person had epilepsy and there was a description of

the types of triggers that could induce a seizure, such as lack of sleep, stress or flashing light. People told us they could choose their preferred time of going to bed. One person said, "I don't like going to bed early so they let me stay up until later." Staff told us they got to know people by reading their care plans and chatting to them. One staff member said, "During meal times it's easy to have a chat with people." A relative said their family member could not say if they wanted any changes to the care plan but they could ask for them. They told us, "Staff always keep me informed about the care plan and any changes that have been made."

Although no one was receiving end of life care the deputy manager told us that us they had previously had involvement from the Twilight nurses, hospice and district nurses and as such would involve them again when appropriate.



## Is the service well-led?

### Our findings

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. For example, serious injury or safeguarding events. However, we found the registered provider had not always notified CQC of safeguarding concerns that had occurred. We read of three separate incidents that were potential abuse. These included one person grabbing another on the arm causing that person to scream and become frightened, one person shoving another resident in the back unprovoked and one person going into a person's room during the night whilst they were in bed. Another person was recorded as being found with a large scratch on the right hand side of their face (with no known cause).

The lack of notification of other incidents within the service is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Quality assurance audits took place however these did not always identify shortfalls. Infection control audits had been carried out on 31 January and 28 February 2018. However, neither had identified that the laundry room was dirty. However, other audits took place to help ensure the service provided was of a good quality. A medicines audit had resulted in some actions and we saw that these had been addressed. This included making sure everyone who had 'as required' medicines had a protocol in place. A service support visit in January by the district manager showed no outstanding actions from the December 2017 visit. In January they recorded that some staff were not wearing name badges and recruitment continued to be an issue. We talked to the district manager about both of these who told us name badges were on order and that Anchor's human resources team were supporting the service to attract new staff. Although Anchor's dementia lead had noted in relation to people's care plans, 'some history information limited' which we had found to be the case as well the remainder of their visit to the service had been positive. We read a fire service visit and external medicines audit had been carried out and actions had been addressed.

People described the home as, "Warm and friendly." A relative said, "The home ticks all the boxes for me. It is a pleasant home and in nice surroundings." People were able to tell us the acting manager's name. Everyone felt the staff were friendly and approachable. A relative told us they felt the home was well managed.

The acting manager was proactive in finding ways to improve the service. Since taking over managing the service they had introduced a 'wish tree'. This was displayed in the lobby of the home and people were invited to fill in cards with their wish and hang them on the tree. We read a variety of 'wishes'. We talked to the acting manager about how they felt they could achieve some people's wishes, for example, a cruise and they told us they would hold a themed day in which people could feel like they were participating in the real thing. Each month a new wish would be granted. They had also introduced a puzzle club and overall felt the activities had improved.

We found management demonstrated that they valued all staff as part of the team as they had encouraged the housekeeper to keep their own records of what they had done during the day in relation to interaction

and observations of people. It was clear to us that this was important to this member of staff. They told us, "It was silly for me to start trying to fill in what I'd done with people in their care plans, so I now keep my own book." Another staff member also told us they felt part of the team although they were not front line care. They said they enjoyed working at the service.

People were encouraged to give their feedback and suggestions. People said there were residents and relatives meeting. They also said they remembered completing a questionnaire about the service. A relative told us there were two-monthly resident and relatives meetings where anyone could make suggestions about the home. They also said they had filled in questionnaires for the home. Following lunch the chef checked with people that everything was satisfactory with the meal people had just had. We asked people the good things about living at The Beeches. One person told us, "The pleasant atmosphere and the lovely garden."

Yearly surveys were carried out and we looked at the feedback from the 2017 survey. This showed the home had increased their positive score from 938 to 974 out of a possible score of 1,000. There had been an increase in positive feedback on areas such as staff and care, home comforts and quality of life.

Staff felt supported and enjoyed working in the home. One staff member told us, "We get on well with both the manager and acting manager. They are both very approachable and always walk on the units." Another staff member said, "We have a more dedicated staff team." A third told us they enjoyed working at The Beeches. They said, "I do a bit of everything. Sometimes I do caring and help out in the kitchen as well." A fourth member of staff told us, "I like it here. I like the building, the company and the people. We support each other and whatever I need (the manager) helps me."

Staff were encouraged to get involved in the running of the service as regular staff meetings were held. Staff stated they had monthly staff meetings with the acting manager where they discussed people living at the home, each other's living units, the laundry, care plans, training and any lessons to be learnt. We read at the last meeting staff had talked and were reminded about recording fridge temperatures and wearing red tabards when administering medicines. We asked staff what had changed as a result of discussions in a staff meeting and were told by one staff member, "We were able to have murals painted on the walls in the unit and staff numbers have increased."

The culture and communication within the staff team was good. We observed staff working in a competent and organised manner. Staff consulted with each other to make sure all of the tasks were completed. Staff were aware of the visions and values of the service. One member of staff told us, "We promote the health and wellbeing of all people and to give the best care to people."

The service had started to look at working with other agencies to support care provision. This included external agencies such as the Quality Care Home team (multidisciplinary team) to look at best practice. The Quality Care Home team offers advice and support to care services covering areas such as medicines management and food and nutrition. Training events for staff were planned in look at people's nutritional needs, for example.

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 18 Registration Regulations 2009 Notifications of other incidents  The registered provider had failed to notify CQC of significant events within the service.