

Justcare Homes Limited

The Beeches

Inspection report

59 High Street
Mansfield Woodhouse
Mansfield
Nottinghamshire
NG19 8BB

Tel: 01623421032

Date of inspection visit:
15 October 2019
16 October 2019
17 October 2019

Date of publication:
19 December 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Beeches is a residential care home providing personal and nursing care to 14 people aged 65 and over at the time of the inspection. The service can support up to 26 people. The service provides support to older people, some of whom may be living with dementia, in one adapted building.

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

People were not consistently protected from the risks associated with infection. Risk assessments and associated care plans did not consistently contain clear information about risks associated with people's needs. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The provider had not ensured that assessments of people's capacity were carried out in accordance with the MCA.

For people who needed support to communicate their views, there was inconsistent support. People who could express their views verbally were able to get involved in conversations about how they wished their care to be provided. The provider had not taken steps to ensure that people were given information about their care and support in ways which were accessible for them. People and relatives were not consistently involved in reviews of people's care. People's care plans regarding end of life care were basic and not personalised. With regards to the adaptation, design and decoration of the premises, the provider had plans to carry out redecoration and refurbishment.

The service was not consistently well-led. Checks and audits did not always identify issues we found on this inspection.

People felt their care was safe, and relatives felt family members were supported safely. There were enough staff to keep people safe. People received their prescribed medicines safely. People said staff always treated them with respect, and relatives confirmed this. Staff respected people's right to confidentiality.

People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination.

People and relatives were positive about staff skills and experience. People and relatives knew who managed the service and felt they could speak with staff or management at any time to ask questions, raise concerns, or give positive feedback. Staff were clear about their roles and responsibilities towards the people they 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 Inadequate (published 14 May 2019) and there were multiple breaches of regulations. The provider completed action plans after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/ sustained and the provider was still in breach of regulations.

This service has been in Special Measures since 14 May 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Beeches

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and one 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. Their area of expertise was in the care of older people and the care of people living with dementia.

Service and service type

The Beeches is a 'care home'. 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 service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager was in the process of registering with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Our inspection was informed by evidence we already held about the service. We sought the views of Healthwatch Nottinghamshire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also sought the views of external health and social care staff, and commissioners from the local authority. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group. Commissioners also undertake monitoring of the quality of

services.

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the inspection visit we spoke with three people who used the service, and two relatives. We spoke with three staff who provided personal care. We spoke with the manager, deputy manager, activities coordinator and maintenance staff. We also spoke with the provider's Nominated Individual (NI). The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at a range of records related to how the service was managed. These included five people's care records and we looked at how medicines were managed. We also looked at three staff recruitment and training files, and the provider's quality auditing system. We 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.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. 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.

At our last inspection we found the provider had not ensured people were prevented from risks associated with infection, had not ensured risks associated with people's needs were managed safely, and had not ensured medicines were managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

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

- Risk assessments and associated care plans did not consistently contain clear information about risks associated with people's needs. For example, one person had diabetes which was managed by diet. There was no information about how staff should support the person to monitor and maintain their health. Another person's records had conflicting advice about the texture of food they needed to reduce the risk of choking. The manager and deputy manager confirmed that the information was available to staff, but it was split across their electronic records system and paper-based records. Staff confirmed they referred to the electronic system, and not paper records to give them the information they needed about people's care. However, staff were knowledgeable about how to manage risks associated with people's assessed needs. Essential information was not readily available to staff, and this put people at risk of harm. The provider agreed they would take action to ensure all the information on people's paper records was transferred to the electronic system.
- Risks associated with the service environment were assessed and mitigated. The provider had systems in place to ensure regular checks on equipment and the environment. This included fire safety system checks and checks on care equipment such as hoists and slings.
- There were plans in place to guide staff in what to do in an emergency, and staff knew what the plans were. For example, if there was a fire or power cut. Each person had their own personal emergency evacuation plan with up to date information about people's mobility and support needs.

Preventing and controlling infection

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

- People were not consistently protected from the risks associated with infection. There were areas of the building that were in need of repair and redecoration. For example, where paint in bedrooms and communal areas was chipped or damaged, this made it difficult to ensure they were cleaned effectively.
- There were several areas where shelving and ornaments had dust coverage or had surfaces which were difficult to clean effectively. Where areas of the building décor were not kept free of dust, there was risk of contamination lingering. The provider and manager agreed the need to ensure that cleaning schedules

covered the regular cleaning of these areas to control and infection risk.

- Staff wore personal protective equipment when carrying out personal care with people.

Staffing and recruitment

At our last inspection we found the provider had not ensured there were sufficient staff to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- There were enough staff to keep people safe. People and relatives felt there were generally enough staff to meet their needs.
- The registered manager reviewed staffing levels regularly, and, when necessary, increased staff numbers to ensure people's needs were met. Our observations showed us that people were supported by enough staff. This included when people needed support to eat, needed reassurance, or wanted to participate in activities.
- Staff told us, and records showed the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This ensured staff were of good character and were fit to carry out their work.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found the provider had not ensured systems and processes were always established and operated effectively to prevent abuse of people. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- People felt their care was safe, and relatives felt family members were supported safely. One person said, "Of course I feel safe otherwise I would go home." A relative said, "Yes, I definitely do feel [family member] is safe in here."
- Staff understood the principles of safeguarding and felt confident to raise concerns within the service, and to external bodies when needed.
- The manager and deputy manager reported any allegations or abuse to the local authority safeguarding team and notified us about this. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

Using medicines safely

- People received their prescribed medicines safely. People told us staff supported them to get their medicines when they needed them. Staff received training about managing medicines safely and had their competency assessed. Staff told us, and evidence showed that medicines were documented, administered and disposed of in accordance with current guidance and legislation.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. We saw documentation to support this and saw where action had been taken to minimise the risk of future accidents. Learning from incidents was shared with staff.

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 Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The provider had not ensured that assessments of people's capacity were carried out in accordance with the MCA. For example, three people's capacity assessments were not decision specific, and did not record what the best interest decisions were. We spoke with the provider about this. They confirmed the records would be reviewed and updated to ensure they met the principles of the MCA. We recommend the provider ensures that capacity assessments are carried out in accordance with the MCA.
- People and relatives said staff got permission from people before offering personal care. Staff understood the principles of the MCA, including how to support people to make their own decisions.
- The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications for a number of people. Conditions associated with people's DoLS authorisations were met and reviewed regularly.

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

- People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. For example, staff used nationally recognised best practice guidance to identify and monitor people at risk of developing pressure ulcers or at risk of malnutrition.
- Assessment of people's needs, including in relation to protected characteristics under the Equality Act were considered in people's care plans. Staff also had access to current information about a range of health conditions to ensure they were providing the right care.

Staff support: induction, training, skills and experience

- People and relatives were positive about staff skills and experience. One relative said, "I don't know what

training the staff are having, but they are tip top and they always seem to know what to do." Staff had good knowledge of people's needs, and said they had enough time to read people's care plans. The provider had recently introduced a new electronic system for recording care given, and staff were positive about this. They said it was quicker to record care given, and easier to access care plans and risk assessments.

- Staff had an induction when they started work, and regular supervision, where they could get feedback on their performance and discuss training needs. Records we looked at supported this.
- The provider ensured there was regular communication between staff and management, so key information about people's care needs and the running of the service was routinely shared. Related meetings were recorded, so staff and the provider could see what was discussed, and what action needed to be taken.

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

- People were supported and encouraged to have a varied diet that gave them enough to eat and drink.
- People told us the quality and variety of the food was good. Records showed there was a varied menu, with options available for people with specific dietary requirements. We noted that the menu on display was difficult for some people to read and asked the manager to review how information about food was shared with people more effectively.
- People who were at risk of not having enough food or drinks were assessed and monitored, and where appropriate, advice was sought from external health professionals.
- Staff, including kitchen staff, knew in relation to people's health conditions who needed additional support to eat, or any special diets, to ensure they received adequate nutrition. For example, fortified diets, appropriately textured food or thickened drinks. However, the information available to kitchen staff did not consistently contain up to date information about people's dietary needs. Staff confirmed the information in people's care plans was up to date. We asked the manager to ensure that information about people's current dietary needs was available to all staff.

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

- People had access to GP and dentist services. One person said, "If anything is wrong, you tell the staff and they will get the doctor."
- Relatives said staff contacted them if their family member needed external healthcare services. Care records showed staff regularly contacted health professionals for advice if they were concerned about people's well-being.

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

- With regards to the adaptation, design and decoration of the premises, the provider had plans to carry out redecoration and refurbishment. People's individual bedrooms were personalised, but the décor of some bedrooms was worn and in need of redecoration.
- Consideration needs to be made for the better use of signage in the building, particularly for people with dementia or a visual impairment.
- Bathing and shower facilities were designed to be fully accessible for everyone. This meant people were able to make choices about their personal care and promoted independence in bathing and showering.

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 Requires Improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People who could express their views verbally were able to get involved in conversations about how they wished their care to be provided.
- For other people who needed additional support to communicate their views, there was inconsistent support. For example, staff supported one person, who had a hearing impairment, to communicate in writing. We saw staff wrote down questions or options for the person, and always made sure they had writing materials with them to facilitate this. Other people at the service, who needed support to communicate their views, were not offered any alternative ways of communicating with staff. This meant there was a risk that some people could not participate in making decisions about their own care.

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

- People and relatives spoke positively about the staff team. One person said, "The staff are nice, and they are kind to us." Another person said, "The majority of staff are very thoughtful and if you want them to do anything for you they will. They also encourage independence."
- Throughout our inspection, we saw staff engaged people in conversations and activities. Whether this was chatting or doing an activity, there was lots of laughter and good-humoured conversations between people and staff.

Respecting and promoting people's privacy, dignity and independence

- People said staff always treated them with respect, and relatives confirmed this. This included respecting privacy by knocking on doors before entering, and ensuring intimate personal care was done with dignity. Staff had a good understanding of how to ensure people's dignity in care and had training in this.
- People were supported to spend private time with their friends and family. Relatives told us they were able to visit whenever people wished, and there were no restrictions on visiting times. Staff told us, and records confirmed people were supported to maintain the relationships that were important to them.
- Staff respected people's right to confidentiality. Staff understood when it was appropriate to share information about people's care. We saw staff did not discuss people's personal matters in front of others, and where necessary, had conversations about care in private. Staff understood when it was appropriate to share information about people's care. Records relating to people's care were stored securely.

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 Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

End of life care and support

- No-one at The Beeches was receiving care at the end of their lives at the time of our inspection. However, we looked at how end of life care was planned. We noted that people's care plans regarding end of life care were basic and not personalised, beyond information about their resuscitation status and any known funeral plans. There was no evidence of people's views (or relatives views where appropriate) about how people wanted to be supported as they approached the end of their life. Staff confirmed it was not clear whether some people and relatives had not been asked, or if they had not wished to discuss it. We asked the manager to ensure they clearly recorded whether people had been asked about end of life care, and they agreed to do this.

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 provider had not taken steps to ensure that people were given information about their care and support in ways which were accessible for them.

We recommend the provider ensures that people are offered information about their care in ways that meet their communication needs.

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

- People were not consistently involved in planning and reviewing their care. Staff told us, and we saw people were supported to express their opinions about their daily lives, but this was not consistently evidenced in care records. For people who were less able to communicate verbally, there was not always evidence how staff sought their views, wishes and aspirations. Although staff we spoke with were knowledgeable about people's individual preferences and lifestyle choices, this information was not always recorded. This meant important information about people was not consistently available to all staff. There was a risk people's views and information about their lives were not available to support staff in providing care.

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

- People said they generally enjoyed the activities in the service. The provider had recently employed an activities coordinator. There was a range of activities offered within the service, but opportunities outside the service were limited.

- The service had developed links with a local school and nursery, and occasionally did activities together, such as singing and crafts.

Improving care quality in response to complaints or concerns

- People and relatives felt able to raise concerns and were confident issues would be dealt with.
- The provider had a complaints policy and procedure in place. Since the last inspection there had been no formal complaints. The manager confirmed that any issues were immediately dealt with, so they were resolved quickly.

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 Inadequate. At this inspection this key question has now improved 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.

At our last inspection we found the provider had not ensured systems and processes were not always operated effectively to assess, monitor and improve the quality and safety of services and to assess, monitor and mitigate risks relating to health, safety and welfare of service users. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had not been made at this inspection and the provider remained in breach of Regulation 17.

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

- The provider undertook audits of aspects of the service to review the quality of care, and identify areas where improvements were needed. However, we identified areas where audits had not picked up issues. For example, checks on daily care records and care plans had not identified where there were gaps in recording people's personal care, or inaccurate information in care plans and associated documents. There was no action plan arising from care plan audits, and therefore no way of having a consistent approach to resolve issues we identified on this inspection.
- Checks on cleanliness had not identified areas of the building that were unclean. This meant there was a risk issues with the quality of the service would not be identified and action taken to improve.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulations 2014).

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to and well supported. They had regular supervisions and comprehensive training which ensured they provided the care and support to the standard the provider set.
- The provider was displaying their ratings from the previous inspection, both in the service and on their website, as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and relatives knew who managed the service and felt they could speak with staff or management at any time to ask questions, raise concerns, or give positive feedback.
- The provider and manager had a clear idea of how they wanted the quality of the service to be, and they communicated this to staff. The staff team were motivated to care for people, taking pride in the work they did. Staff felt involved and confident to give feedback and make suggestions on improving care.
- The provider visited the service regularly. They completed quality checks of their own which were then

shared with the manager and deputy manager to action any necessary improvements. We saw these always involved talking with people, visitors and staff. However, these checks had not identified the issues we found on this inspection.

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 manager ensured there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and us, if they felt they were not being listened to or their concerns acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives and staff told us the provider held regular relatives' meetings to seek feedback and provide information about service developments. People and relatives' views were also sought using questionnaires. The results of feedback and surveys was collated and used to influence forward planning.

Working in partnership with others

- Records and discussion showed the provider worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers, pharmacists, GP's and community nurses.

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 17 HSCA RA Regulations 2014 Good governance The provider had not ensured systems and processes were not always operated effectively to assess, monitor and improve the quality and safety of services and to assess, monitor and mitigate risks relating to health, safety and welfare of service users.