

Beechcroft Care Homes Ltd

Beechcroft - Torquay

Inspection report

Palermo Road
Torquay
Devon
TQ1 3NW

Tel: 01803327360

Date of inspection visit:
23 April 2021
29 April 2021

Date of publication:
30 June 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Inspected but not rated

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Beechcroft -Torquay (hereafter referred to as Beechcroft) is a residential care home registered to provide care and support up to 34 people, aged 65 and over. The service is over three floors, with access to upper floors by stair lifts and a shaft lift. At the time of the inspection there were 34 people living at the service.

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

People lived in a service which was being managed safely in line with current government infection, prevention and control guidance. Since our last inspection, improvements had been made to the way in which people's laundry was handled.

People now lived in a service which had been assessed for fire safety, and action had been taken to comply with fire regulations. Staff now had a good understanding of the signs of abuse, and of what action to take should they be concerned someone was being abused, mistreated or neglected.

People had their medicines managed safely, and risks associated with people's care were known and mitigated to ensure their ongoing safety with records now in place.

People were observed to be supported by suitable numbers of staff; however, some staff felt the service was understaffed. The registered manager told us they would take action to speak with staff about how they were feeling, and act as required.

The service now had a registered manager. The registered manager was passionate about getting things right for the benefit of people and was open and transparent when things had gone wrong. There was now an improved learning culture with investigations being carried out when complaints or concerns had been raised. Staff expressed they were well supported and since our last inspection told us they had seen improvements. Overarching governance systems were now in place to help monitor the ongoing quality and safety of the service. The registered manager had created a service improvement plan but expressed how their focus over the last year had been on managing the pandemic and keeping people safe. They shared how they were looking forward to focusing on the future.

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

Rating at the last inspection (and update)

The last rating for the service was Requires Improvement published on (4 September 2019) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Inspected but not rated

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Beechcroft - Torquay

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.

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

Inspection team

The inspection was carried out by one adult social care inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. The provider was not 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 contacted the local authority and Healthwatch Torbay. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

During the inspection

We observed staff interactions with people and spoke with one person who lived at the service, four care staff, the housekeeper, the chef, the administrator, the deputy manager, the registered manager and the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at risk assessments, policy and procedures and quality assurance records. We spoke with a social worker and a community nurse to obtain their views.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure an investigation was conducted into a possible case of abuse. This contributed towards a breach of regulation 13 (safeguarding) 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.

- Systems and processes operated effectively to ensure people were protected from abuse. Investigations were carried out in line with safeguarding policies and where improvements could be made, action was taken.
- Staff had received training in safeguarding and had a good understanding of the types of abuse and were confident about what action to take if they were concerned someone was being abused, mistreated or neglected.

Assessing risk, safety monitoring and management

At our last inspection the provider failed to provide care and treatment in a safe way to service users and failed to do all that is reasonably practicable to mitigate risks including the prevention and control of infections. This contributed towards a breach of regulation 12 (safe care and 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 12.

- People who had risks associated with their care, had risk assessments in place so staff knew how to deliver care safely. There was a system in place to ensure people's risk assessment were effectively reviewed.
- The registered manager worked with external professionals when a person's behaviour changed so the person could obtain the right support, such as a change to their medicines or an increase in staffing support.
- People who were at risk of weight loss or skin damage were safely supported.
- People lived in a service which had been assessed for fire safety. The provider had taken action to respond to fire requirements set out by the Fire Authority and had an audit in place to routinely check for ongoing compliance. Staff received fire training.
- The laundry area was safely managed, and soiled items were handled in line with infection, prevention and control procedures.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Staffing and recruitment

- Robust recruitment checks were carried out before staff started working at the service, to ensure they were suitable to work with people regarded as vulnerable. This included checking employment history and carrying out a Disclosure and Barring Service (DBS) check.
- There were enough staff to support people. Staff were observed to be visible and to respond to people when they needed support, call bells were answered promptly. However, some staff felt the staffing numbers needed reviewing because of people's changing needs, commenting "We share comments about staffing all the time." The registered manager explained how they had recently altered rotas so additional staff were working during busier parts of the day. However, they told us they would speak with staff about how they were feeling, and take any action required.

Using medicines safely

- People received their medicines safely; vitamin D was in the process of being administered in line with current government guidance.
- Medicines were stored safely.
- Staff had received training and had their ongoing competency assessed.
- There were robust systems in place to manage diabetic care.

Learning lessons when things go wrong

- The registered manager was open and transparent and was keen to learn from mistakes. In response to a recent safeguarding concern and complaint, action had been taken to use Quick Response (QR) codes, so night staff could accurately log when they were supporting people.
- A complaint logged helped to quickly identify themes and trends occurring, so that action could be taken promptly.

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. We have not changed the rating of this key question, as we have only looked at part of the key question.

At our last inspection the provider failed to ensure the service was providing person-centered care and meeting people's preferences in regard to their hygiene. This contributed towards a breach of regulation 9 (person-centred care) 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 9.

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

- People were now able to choose when they wanted their personal care needs to be met.
- Bathing and showering was based on people's wishes and preferences. Staff told us, people were offered the choice of a bath or a shower every day.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider failed to establish and operate effectively a system to assess, monitor and improve the quality and safety of the service, as it had failed to assess, monitor and mitigate some risks. In addition, the provider had failed to keep a complete and contemporaneous record of people's health and care needs. This contributed towards a breach of regulation 17 (good governance) 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 17.

- There was an auditing system in place to assess and monitor the ongoing quality of care and support, and the accuracy of people's care records.
- A computer-based auditing system highlighted when checks needed to be carried out throughout the month.
- The provider had an infection, prevention and control (IPC) lead who carried out a monthly independent check of IPC compliance.
- The provider had overview of the service and carried out their own checks to ensure the service was being managed in a safe way and in line with legislation and guidance. When improvements were identified, action plans were created with the registered manager, put into place and followed up.
- The registered manager told us they felt well supported by the provider, commenting "[The provider] has been amazing, absolutely amazing to work for.... she is always there if I need her, and she is always there without judgement."

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

- Staff told us the new manager had improved the culture of the service. Comments included, "She is so good, she makes it such a nice place to work", "She just cares, and it comes across.... I love working here."
- Despite the pandemic, staff told us morale was good and they enjoyed working at the service. One member of staff told us, "I felt comfortable from the moment I started working at the service."
- The registered manager described the culture of the service as, "The Beechcroft family." This was reiterated by staff and observed in staffs' interactions and approach with people.
- Staff achievements were celebrated and rewarded by the "Team member of the month" scheme.

- Staff told us they felt well supported, but for some, they wanted further training and development opportunities. We fed this back to the registered manager, who told us they would take action.

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

- The provider had acted on their duty of candour and had informed relevant people when things had gone wrong.

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

- Equality characteristics of people and staff were considered.
- The registered manager was working hard to involve people and staff in the running of the service, for example, people had recently been consulted on the design of the environment and menu choices were being adapted.
- In response to the registered manager's request, the provider was now carrying out their annual quality assurance survey more frequently, so that delivery on improvement actions could be demonstrated to people and staff, showing that their voices were being listened to, to affect ongoing change.
- A dreams and aspirations week had been held within the service, whereby people had shared what they wanted to achieve over the coming months by placing their wishes on a homemade tree. The plan was for each person's wish(es) to be facilitated and achieved by the help and support of people's families, friends and staff.
- The registered manager worked in partnership with external professionals for the benefit of people who lived at the service, which was confirmed by the local authority and a community nurse.

Continuous learning and improving care

- Complaints and mistakes were seen as an opportunity to learn and improve. The registered manager had a positive and pro-active approach in addressing concerns and tried hard to make changes in helping to improve people's experiences and expectations.
- The provider had made improvements since our last inspection which demonstrated a willingness to make changes to improve the service for people and staff.