

Victorguard Care Limited

# The Beeches Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Beeches Care Home is a care home providing personal and nursing care to older people and people living with dementia. The service accommodates up to 60 people over two floors in one building. At the time of the inspection there were 26 people living at the home.

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

Improvements were needed to make sure medicines were managed safely.

People felt safe at The Beeches. When we asked people about this one said, "I'm really well looked after." A relative of a person living at the home said "Yes (person) is (safe). The care staff are very good."

Risks to individuals were appropriately assessed and managed and people were safeguarded from the risk of abuse.

There had been considerable improvements in the standards of cleanliness and management of infection control. We were assured that systems were in place and guidance being followed to minimise the risk of spread of infection within the home.

Recruitment was managed safely, and rotas indicated there were enough staff on duty to meet people's needs safely. Some of the people we spoke with felt there had been occasions, particularly at weekend, when there were not as many staff available.

People who used the service, relatives and staff provided good feedback about their experience. People said they felt safe and staff were caring and kind.

There had been changes in the management team at The Beeches. Environmental improvements were taking place and the new manager had taken steps to involve people who lived at the home and staff in the development of the service.

Systems to monitor and check the service had been improved. The manager used auditing to learn lessons about what had gone wrong and where improvements could be made.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update:

The last rating for this service was inadequate (published 30 April 2021) and there were breaches in the regulations 12 and 17. 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 some improvements had been made and the provider was no longer in breach of regulation 17, although remained in breach of regulation 12.

This service has been in Special Measures since April 2021. During this inspection the provider demonstrated that improvements had 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.

We carried out an unannounced focused inspection of this service on 17 February and 16 March 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, and good governance.

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 of Safe and Well-led which contain those requirements.

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 Inadequate to Requires Improvement. 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 The Beeches on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report. You can see what action we have asked the provider to take at the end of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from inadequate to requires improvement. 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 The Beeches Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach of regulation<sup>12</sup> (Safe Care and Treatment) in relation to safe management of medicines.

Please see the action we have told the provider to take at the end of this report.

#### 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 well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# The Beeches Care Home

## 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 two inspectors and a medicines inspector. An Expert by Experience made telephone calls to people who lived at the home and their relatives to gain their views about the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission at the time of this inspection. The manager was in the process of applying to CQC for registration. Registered managers along with the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The site visit to the care home was unannounced. Inspection activity started on 15 October 2021 and finished on 29 October 2021. We visited the care home on 21 October 2021.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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

We spoke with two people who were using the service and 12 relatives of people who used the service about their experience of the care provided. We spoke with six members of staff including the manager, four members of the care team and a member of ancillary staff. Discussions with people who used the service and relatives were via telephone calls.

We reviewed a range of records. This included three people's care records and eight people's medication records. We looked at three staff recruitment files. A variety of records relating to the management of the service, including some policies and procedures, were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has 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.

### Using medicines safely

At our last inspection the provider had failed to manage medicines safely.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some action had been taken but not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Guidance and records were not always in place to support the safe administration of topical medicines including creams and patches. We found that guidance was missing for where creams should be applied and there were gaps in the administration records. Patch application records were sometimes incomplete therefore there was no assurance that the patches were rotated in line with manufacturers guidance.
- Where medicines were prescribed 'when required' or with a variable dose guidance was missing on how the medicine should be used. If when required medicines were administered records were not always completed in line with the provider's policy.
- Stock balance discrepancies found by staff during the process of medicine administration were not always escalated for investigation.
- The information on how people take their medicines had not always been updated when their needs changed.
- The records for fridge temperatures showed that the maximum temperature was over the recommended temperature, so we could not be sure that medicines were stored safely.

We found no evidence people had been harmed, however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager was receptive to our feedback and took immediate action to address the issues we identified.

### Preventing and controlling infection

At our last inspection the provider had failed to make sure effective prevention and control of infection procedures were in place. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate and robust action had been taken to address this and the provider was no longer in breach of this section of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- 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 somewhat assured that the provider's infection prevention and control policy was up to date. The infection prevention and control policy we were provided with had the name of another of the provider's services on it. We also noted the policy referred to Scottish rather than English standards and legislation.
  
- We were assured that the provider was taking all necessary precautions to meet shielding and social distancing rules.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider had safe systems in place for admitting people safely to the service.
- We were assured that the provider was accessing COVID-19 testing for people using the service and staff.

Assessing risk, safety monitoring and management

At our last inspection we found risks to people's health and safety were not always identified, assessed and mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate and robust action had been taken to address this and the provider was no longer in breach of this section of regulation 12.

- Risks to people's health and well-being had been assessed and risk assessments developed.
- Risk assessments were in place in relation to COVID -19.
- Personal emergency evacuation plans (PEEPs) were in place.
- Systems were in place to ensure environmental safety.

Learning lessons when things go wrong

At our last inspection we found lack of learning increased risks to people using the service. This was a breach of regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate action had been taken to address this and the provider was no longer in breach of this section of regulation 17.

- The manager used auditing and observations to identify where there were issues and make changes. The manager had identified that reporting and recording systems, which meant that performance and communication in relation to such as incidents, accidents, safeguarding referrals and reviews were

ineffective. A new much more effective system was introduced.

- The manager had identified issues with communication between members of the team. Staff were upskilled and supported to resolve this. A member of staff told us how they had benefitted from this.

#### Staffing and recruitment

- People's dependency levels were used to calculate staffing levels.
- Staff rotas showed there were enough staff on duty to meet people's needs safely.
- Feedback from people in relation to staffing was mixed. Some felt there were enough staff whilst others felt there were times, particularly at weekend, when staff were 'stretched'. One person told us, "The staff are always busy and never have time to talk."
- Recruitment processes were safe with all required checks completed before new staff started employment. Some documentation in relation to recruitment was held electronically by the HR department and was not accessible to the manager. This was addressed during the inspection.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. Staff had received safeguarding training and knew what to do if they thought somebody was at risk.
- Safeguarding referrals had been made to the local authority as needed.
- Safeguarding events were analysed to help identify and address any common themes.

# Is the service well-led?

## Our findings

### 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.

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

At our last inspection we found significant shortfalls in relation to management of the service. This was a breach of regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate and robust action had been taken to address this and the provider was no longer in breach of this section of regulation 17.

- Since the last inspection there had been changes in the management team. A new manager had been in place for approximately four months. They were in the process of applying to CQC for registration as registered manager. They were supported by a compliance officer and nominated individual, both new to the overview of the service.
- Systems and processes for monitoring quality and safety were mostly robust and effective. The manager had introduced changes to the auditing system and continued to review them for efficiency. We did however find that issues identified in the services own medication auditing systems, had not been addressed and the issue with the infection control policy had not been identified.
- Staff were very positive in their views of the manager. They gave us examples of how they had been supported to develop in their roles.
- The manager was clear about their regulatory requirements and had notified us appropriately about significant events within the service. They were open to and supportive of the inspection process.
- The manager was aware of their responsibilities to report concerns to safeguarding, the CQC and other relevant agencies.

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

- People who lived at the home were involved in meetings where their views about the service were sought. People were also asked for any suggestions they had for the agenda. A suggestion by the manager about setting up a residents' committee had been welcomed.
- Regular staff meetings were held to keep staff up to date with developments. Minutes demonstrated an inclusive team approach to improving the quality within the home
- Surveys were used to gain the opinions of people living at the home, their relatives and staff. Responses from a recent survey for people living at the home were being analysed and a 'You said, we did' response was being prepared. Feedback from other surveys was not available at the time of our inspection.
- People differed in their responses when we asked if their opinions had been sought. Some said they had but others said not.
- Staff we spoke with felt supported by the manager. They said they had been supported to develop their understanding of their role and to access further training and professional development.

#### Working in partnership with others

- The service had been working collaboratively with the local authority and the infection control team to make improvements at the service.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems for managing medicines were not always safe