Justcare Homes Limited

The Beeches

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected the service on 7 December 2016. The inspection was unannounced. The Beeches is registered to provide care and support for up to 26 older people. On the day of our inspection 13 people were living at the service and one person was at the service for short term respite.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we last inspected the service on 18 May 2015, we found a breach of the legal requirement related to good governance. We asked the provider to make improvements in this area and during this inspection we found that although some improvements had been made further improvements were still required.

We found that people's medicines were not stored, managed or handled safely. People could not always be assured that risks associated with their care and support would be effectively assessed and managed as risk assessments and care plans were not always up to date.

People were supported by staff who knew how to recognise and respond to abuse and systems were in place to minimise the risk of harm. People had access to healthcare and people's health needs were monitored and responded to. However, people could not be assured that they would be provided with effective support in relation to their nutrition and hydration as records were not always completed as required.

People were supported by staff who received training, supervision and support. Staff had the knowledge and skills to provide safe and appropriate care and support. There were sufficient numbers of staff available to meet people's needs.

People were enabled to make decisions about their support and were asked for their consent by staff providing care. Where a person lacked capacity to make certain decisions they were protected under the Mental Capacity Act 2005.

Staff were kind and compassionate and treated people with respect. People's right to privacy was protected. There were processes in place to deal with concerns and complaints if they were raised.

People and their families were involved in planning their care and support, and were enabled to make choices about their care and support. Staff knew people's individual preferences and tailored support to meet their needs. However, we found that people were at risk of receiving inconsistent support as staff did not always have access to up to date information about the support people required.

People were provided with the opportunity to get involved in activities but at times people lacked meaningful ways to spend their time.

The management team were open and friendly and people who used the service and staff felt supported and able to approach them with concerns. However, people using the service and staff had limited formal opportunity to give their views on how the service was run. There were systems in place to monitor the quality of the service however these were not always effective in bringing about improvement.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to safe care and treatment and good governance. 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?

Requires Improvement

The service was not consistently safe.

People's medicines were not managed or handled safely.

Risks associated with people's care and support were not always assessed in a timely manner.

People felt safe in the service and there were systems and processes in place to minimise the risk of abuse.

There were enough staff to provide care and support to people when they needed it.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People could not be assured that they would be provided with effective support in relation to their nutrition and hydration.

People were supported by staff who received training, supervision and support.

People were enabled to make decisions and where a person lacked capacity to make a certain decision they were protected under the Mental Capacity Act 2005.

People had access to healthcare and their health needs were monitored and responded to.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate. People were treated with dignity and had their right to privacy respected.

Staff understood how people communicated and people were provided with information in a way that was accessible to them.

People were involved making decisions relating to their care.

Is the service responsive?

Requires Improvement

The service was not responsive.

People were at risk of receiving inconsistent support as staff did not always have access to information about the support they required.

People were provided with the opportunity to get involved in activities but at times people lacked meaningful occupation.

People were supported to maintain relationships with family and friends and there were systems in place to deal with complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People were not meaningfully involved in giving their views on how the service was run.

There were systems in place to monitor the quality of the service however these were not always effective in bringing about improvement.

The management team were approachable and friendly and people and staff felt supported and able to share concerns.

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

We inspected the service on 7 December 2016. The inspection was unannounced and the inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit to The Beeches we spoke with nine people who used the service and the relatives of three people. We spoke with two members of care staff, the activities coordinator, the cook, the registered manager and a representative from the provider. We looked at the care records of four people who used the service, medicines records, staff recruitment and training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and the provider.

We observed care and support in communal areas. 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.

Requires Improvement

Is the service safe?

Our findings

Safe practices were not always followed by staff when administering medicines. We observed medicines being administered and saw that the staff member was easily distracted by conversations or activities going on around them, this increased the risk of error. In addition to this, the medicines trolley was left open and unattended on two occasions. This meant there was a risk that someone could access the trolley and either remove people's medicines or take medicines not prescribed for them unobserved by staff.

People could not be assured that their medicines would be administered in a hygienic manner. We observed one person who used the service who was having eye drops administered. The member of staff did not clean the person's skin prior to application and after applying the eye drops, they picked up a napkin from the table and wiped the person's face with it. We also observed that a member of staff did not follow good hygiene practices when handling other medicines.

People could not always be assured that they would be given their medications as prescribed. We found that medicine administration records (MAR) had not always been fully or accurately completed to show that people had received their medicines as intended, for example in three people's medication records we saw occasions where the administration of medicines had not been recorded. We also found that medicines had been signed for but not administered on two occasions as the tablets remained in the blister pack but had been recorded as given. This placed people at risk of not receiving their medicines as prescribed. In addition to this where people were prescribed creams for topical application staff did not always record the application of these creams as prescribed. This issue had been picked up by a recent medication audit but action had not yet been taken to improve practice in this area.

Handwritten changes to MARs were not always signed by staff. This is important to ensure that accurate information about people's medicines has been documented. For example we saw a handwritten change to the dosage of one person's medicine which not match the directions on the pharmacy label attached to the medicine. There was no signature on the MAR so it was not possible to identify who had made the change. This also meant it was not possible to determine what the correct dose was. Other handwritten entries on MAR charts were unreadable, we discussed this with the registered manager who informed us that some of these entries had been made by people's GP's, but action had not been taken by the service to rectify this issue.

Medicines were not always well organised. For example we found more than one box of the same medicine in use and where a person had only been given half a tablet there were multiple partial tablets left in the pack or loose in the medicines cabinet. This was not a safe way of storing medicines and increased the potential of a medicine error.

Each person had a profile detailing how to support them with medicines. However, these did not contain details of people's allergies or information about how the person preferred to take their medicines, which meant that staff did not have access to all the necessary information about how to support people to take their medicines safely.

People could not be assured that medicines were stored within the recommended temperature range for safe medicine storage. Although the temperature of the medicine room was recorded daily the reading from the thermometer was not correct. Records showed that this has been the case for approximately two months and had not been identified, consequently no action had been taken to address this. This could have had an impact on the efficiency of medicines. We spoke with a senior member of staff about this who told us, "I'm not sure if it's right, I just take the reading (from the thermometer) and write it down, I don't really think about it." Following our visit the registered manager informed us that a new thermometer had been purchased.

Controlled drugs which require separate storage arrangements due to their potential for misuse were stored securely in dedicated controlled drug cupboards. However, we observed that the cabinet was also used to store money and other items. It is important that only controlled drugs are stored in this cabinet to reduce unnecessary access to this area. The registered manager informed us that these items had been removed following our feedback.

The registered manager conducted monthly medicines audits, however records showed that these audits were not effective in identifying the issues found during our visit. We discussed this with the registered manager and provider who informed us that work had recently been undertaken to improve medicines management and acknowledged that further improvements were still needed.

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

Following our visit the register manager submitted an action plan which stated that staff would be provided with supervision in relation to medicines management and staff competency to administer medication would be reassessed.

People felt safe at the Beeches. All of the people we spoke with told us they felt safe, one person said, "I'd recommend it here. I am very safe here." People's relatives also felt that their relations were safe at the service. A relative we spoke with said, "We come every day and we see the way the staff are with people. They are really gentle and make sure that if somebody is moving around that they are doing it safely."

There were systems and processes in place to minimise the risk of abuse and care staff had received training in protecting people from abuse and avoidable harm. Care staff we spoke with had a good knowledge of how to recognise different forms of abuse and understood their role in reporting any concerns or allegations to the registered manager. Staff were confident that any concerns they raised with the management team would be dealt with properly. One member of staff told us, "I would report it to the management, if I needed to I would go to the county council or CQC. But I have no concerns, it's the best care home I have ever worked in." Another member of staff said, "I am confident if I reported something to [registered manager] she would do something about it or I could go to the owners." We saw records which confirmed the registered manager had taken appropriate action in response to previous issues and made referrals to the local safeguarding team as required.

Although care staff had received safeguarding training we found that other staff such as domestic and maintenance staff had not. We shared this with the registered manager and provider who informed us that a training session would be held for these staff to ensure that all staff understood their responsibility in relation to safeguarding.

People could not always be assured that they would be protected from risks associated with their care and

support as risk assessments and care plans did not always reflect people's changing needs. One person's support needs had increased significantly in the weeks prior to our visit, their risk assessments and care plan had not been updated to reflect this which meant that staff did not have access to accurate information about the risks associated with their care. For example the person's care plan stated that they were at moderate risk of falls and had not suffered any falls in the past twelve months. However records showed that this person had fallen three times in the past month, the care plan had not been updated to show what control measures had been put in place to mitigate this risk. Despite this we found that control measures had been implemented to reduce the risk of falls, such as a sensor mat in the person's room and frequent checks of the person when they were in their room. We also found that staff we spoke with had a good understanding of this person's current needs and we observed that the person was supported safely throughout our visit. Staff told us that they had been informed of changes verbally by the management team. Following our visit the registered manager informed us that this person's care plan had since been updated to reflect their current needs.

For other people plans were in place which detailed the risks relating to people's care and support and how these risks should be managed. When people had been assessed as being at risk of falling preventative measures were in place. We saw that mobility aids were left within people's reach and equipment was in place to reduce the possibility of falls and lessen the impact of potential falls. Staff carried out frequent checks on people throughout the day and night to ensure their safety and these were clearly recorded. One person who used the service told us, "I feel safe with them (staff). I do like to have a bath and they will only let me when there are two of them free so that I don't slip or fall." Although there were no formal systems in place to analyse patterns of falls and incidents we saw records that action had been taken to reduce the likelihood of future incidents.

Risks in relation to people developing a pressure ulcer were assessed and planned for safely. Pressure ulcer risk assessments were completed monthly and people who had been assessed as being at risk of developing pressure ulcers were provided with suitable equipment to reduce the risk, such as pressure reliving cushions and mattresses. We saw that this equipment was being used as specified in people's care plans. Records were in place which provided evidence that care had been provided in accordance with the care plans. For example, re-positioning charts were in place for people at high risk of developing pressure ulcers and these had been completed.

People could be assured that equipment was used safely by staff who had received training. We observed staff supporting one person to transfer using equipment and saw that staff were skilled and confident and provided the person with reassurance throughout.

People were protected from risks associated with the environment. We saw there were systems in place to assess and ensure the safety of the service in areas such as legionella and control measures were in place to reduce these risks. Staff had been trained in health and safety and how to respond if there was a fire in the service. There were personal evacuation plans in place detailing how each person would need to be supported in the event of an emergency such as a fire.

We received mixed feedback about staffing levels at the Beeches. Some people who used the service told us that they felt that there were not always enough staff. One person told us, "There aren't enough staff at night though because when you buzz for them they are sometimes ages coming. It's awful if you need the toilet but they must be busy somewhere else." However another person said, "I think there are enough staff but you could always do with an extra pair of hands."

Staff also had mixed views on staffing levels. Staff we spoke with told us that there were particular times of

day where staffing was more stretched. One member of staff told us that tea times were difficult as staff also had responsibility for the domestic duties at this time of day. However this member of staff went on to tell us that, "The residents come first. And it doesn't affect them, we just have a lot to do."

Although we received varied feedback regarding staffing levels during our visit we found that staffing levels were sufficient. People's needs were responded to quickly and there were staff available to give support throughout the day. As well as care staff there was an activity coordinator present throughout the day who also provided support to people as needed. The registered manager told us that due to a high number of vacancies within the home staffing levels were adequate or above that required. We also observed that the registered manager and other senior staff provided additional support at meal times to ensure that people got the support they required.

People could not always be assured that safe recruitment practices were followed. We found that the provider's application form did not require applicants to provide a full employment history which meant that the provider was not able to take all information into account when making a decision about recruitment. We shared this feedback with the registered a manager and provider and following the inspection the registered manager informed us that a full employment history had been requested from all staff. We also found that proof of identification was not retained in staff files. We spoke with the registered manager about this who told us that ID had been viewed as part of the recruitment process but not retained, they assured us that copies of ID would be kept in the future. Other steps had been taken to ensure people were protected from staff that may not be fit and safe to support them. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that references had been sought from previous employers.

Requires Improvement

Is the service effective?

Our findings

People could not be assured that they would be provided with effective support in relation to their nutrition and hydration. People's care plans detailed what support people needed with nutrition and hydration and the kitchen staff had access to details of people's dietary requirements. However we found that this information was not always kept up to date. One person's dietary requirements had recently changed and care records and records held by the kitchen staff had not been updated to reflect this change. Despite this we found that both care staff and the cook had a good knowledge of the person's dietary requirements and we observed that the person was served the correct diet. However the lack of up to date information posed the risk that the person may not receive the required support.

People's weight and BMI were assessed regularly to determine whether people were at risk of weight loss. However we found where changes or concerns were noted action was not always documented. For example one person lost just under five kilograms in three weeks, this had been recorded but there was no record of any action having been taken to prevent further weight loss. We spoke with the registered manager about this who told us that the person had seen their doctor but was unsure what advice had been given. We later spoke to a member of staff who informed us that the person was now prescribed fortified drinks, however this was also not recorded in the person's care plan. This inconsistency put the person at risk of malnutrition. We discussed this with the management team who acknowledged the omissions in recording but felt that despite this they provided people with effective support in relation to nutrition.

The registered manager told us in the PIR that fluid records were kept for people who were at risk of dehydration, in particular for people who had a catheter. However we found that fluid records were not kept for one person who had a catheter. We were also advised by the registered manager that this person had recently seen their GP who had advised frequent fluid intake. This lack of recording put the person at risk of dehydration and the possible development of infection. The registered manager informed us that fluid charts were implemented for this person following our visit.

People were not always supported in a way that facilitated effective nutritional intake. We observed a meal time and saw that two people were positioned next to each other by staff.
One of these people became increasingly agitated by the other person's behaviour. This resulted in the person choosing not to eat their dinner as they said they had been "put off it". A staff member approached the person and asked if they wanted an alternative which they declined. This person was then supported to move to another communal area of the home but we observed that they did not eat anything other food until tea time. This did not facilitate effective nutritional intake and may have been avoidable.

In spite of the above people we spoke with were positive about the quality and quantity of food on offer. One person told us, "The food is wonderful. I really enjoy my meals." We observed that on the whole mealtimes were sociable and relaxed and people were served freshly cooked food. There were also hot and cold drinks available throughout the day. People were given discrete and compassionate assistance to eat where needed and were supported at their own pace. People told us their choices about food and mealtimes were respected.

People were supported by staff who had received appropriate training. People who used the service felt that the staff team had the skills and knowledge to provide good support. One person told us, "Staff know what they're doing. They are well trained."

The registered manager told us that staff received a range of training and we saw records which showed that staff had up to date training in a number of areas including safeguarding, moving and handling and equality and diversity. Staff we spoke with told us they had been given the training they needed to ensure they knew how to do their job safely and were knowledgeable about systems and processes in the service and about aspects of safe care delivery.

The registered manager told us new staff completed the Care Certificate and we spoke with a member of staff who confirmed that they had completed the Care Certificate when starting work at The Beeches. The Care Certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care.

Staff were provided with an induction period when starting work at The Beeches. The registered manager told us that new staff were initially provided with information about policies and procedures and then undertook a period of shadowing alongside established staff members to learn about the people they would be supporting. Staff we spoke with told us that they felt competent to support people following their induction. We spoke with a member of staff about their induction who told us, "I did about a week and a half shadowing and read care plans."

People were supported by staff who had supervision and support. The registered manager told us that at present staff had supervision three times a year but they were trying to increase this to six times a year. Staff we spoke with told us that they felt supported and able to approach the registered manager at any time with any questions or concerns. One member of staff we spoke with about supervision said, "I had one (supervision) two weeks ago, we talk about training, concerns. [Registered manager] lets us express ourselves and listens to our personal worries too."

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. We checked whether the service was working within the principles of the MCA.

People were supported by staff who had an understanding of the MCA. Staff we spoke with were able to describe purpose of the MCA and had an understanding of what it meant for the people they supported. One member of staff told us, "It's about people having capacity to make decisions. Like [name of person who uses service] can't tell you what they want, such as what to wear so we have to make a decision for them." People's care plans contained information about whether or not people had the capacity to make their own decisions. Thorough assessments of people's capacity in relation to specific decisions had been carried out when their ability to make their own decisions was in doubt. If the person had been assessed as not having capacity to make a decision, a best interest's decision had been made and recorded.

A number of people had 'do not attempt resuscitation' orders in place. These had been completed appropriately by an external health professional and where possible these had been discussed with the person and their family.

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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager had made applications for DoLS where appropriate, these were awaiting authorisation from the local authority DoLS team.

People were supported with decision making. The people we spoke with told us they made decisions relating to their care and support, one person told us, "I can get up whenever I want." We spoke with one member of staff who told us, "People are always given choices, even if they can't tell us we always ask them." We heard staff asking permission before providing care and support, for example during meal times people were asked if they would like clothes protectors on and people's choices were respected. People's care plans provided information on how to support people with decision making to maximise choice and respect their rights.

People were supported with their healthcare needs. Staff we spoke with had a good knowledge of people's health related needs. For example, one member of staff explained how they had noticed a change in someone's condition and had raised this is the management team which had resulted in the person being admitted to hospital. However we found that care plans did not consistently contain adequate detail in relation to people's health needs. Whilst some people's care plans contained detailed information about health conditions other plans contained very limited or contradictory information. For example, one person had epilepsy, this was stated in their care plan but there was no information about the type of seizures the person experienced of what staff should do in the event that the person had a seizure. Although we found that this has not resulted in any impact on people as staff had a good knowledge of people's health needs, this did put people at risk of not receiving the appropriate support.

People were supported to attend appointments and access healthcare. The registered manager told us in the PIR that they worked closely with other health professionals to ensure people's health needs were met. Staff we spoke with told us that people were enabled to attend appointments as needed and the doctor visited people regularly. Records showed that people were supported to access the GP as needed and other health professionals such as dentists, opticians and hospital appointments and outcomes of appointments were recorded. We spoke with someone who used the service who explained that they had developed a condition on the day prior to our visit. They told us, "They (staff) have told me that the doctor is coming today."

Good

Is the service caring?

Our findings

The atmosphere at The Beeches was calm, relaxed and homely and people were supported by staff who were kind and caring. During our visit we saw many examples of warm, positive interactions between staff and people who used the service. All the people who used the service and their relatives that we spoke with told us that staff were extremely kind and caring. One person told us, "They (staff) really do help us and look after us." Another person said, "They (staff) are very cheerful and very nice." A relative of someone who used the service told us, "We have been really impressed here. It's so small and cosy that it really does feel like [relation]'s home." Another relative told us, "It's great here, I have no worries."

We observed respectful, friendly relationships between staff and people who used the service. One person who used the service told us, "Most of the staff have been here for years so you don't get lots of new faces. They know us and we know them." Another person talked about a particular member of staff and told us, "I like (staff member) very much. We all do. They are the life and soul of the party and they keep us all going." Staff said they enjoyed working at The Beeches and felt it was a good place. One member of staff told us, "I would recommend this place to anyone, the staff are so caring." They went on to say, "I treat people as I would want my own family to be treated." We saw staff encouraging and supporting people, taking their time and working at people's own pace.

Staff knew people well and it was clear that they had a good knowledge of people's support needs and their likes and dislikes. Staff were able to tell us about individual people, what previous employment people had done, where people had lived and about their families. A member of staff we spoke with explained that when they had spare time they would sit and talk to people about their memories and histories. People's care plans contained information about people's interests and preferences and some people's care plans contained detailed information about people's life history. The management team explained that the activities coordinator was working on developing life histories for every person who lived at The Beeches.

People were involved in decisions about their support. During our visit we saw that staff routinely checked with people about their preferences for care and support. We saw that people were offered choices about how and where they spent their time. Staff we spoke with had a clear understanding of their role in ensuring that people had choice and control.

Staff had a good understanding of people's communication needs and tailored their support accordingly. There was clear information in people's care plans about how people communicated and how staff should communicate with them. For example one person appeared to becoming anxious a member of staff quickly identified that they had forgotten to put their hearing aid in and so was struggling to communicate with others, the member of staff took swift action to locate the person's hearing aid which immediately put the person at ease.

No one who used the service was using an advocate at the time of our visit. Advocates are trained professionals who support, enable and empower people to speak up. During our visit we observed that there was no information displayed in the service and staff did not have an awareness of the purpose of

advocacy services, this meant people may not be enabled to access an advocate if they wished to. The registered manager explained that they had recently had contact with an advocacy service and were waiting for them to drop off some information leaflets to the service. They told us that that if they thought someone might need an advocate to help them speak up they would contact the person's social worker.

People's right to privacy was respected. People we spoke with told us that staff respected their right to privacy. A member of staff we spoke with described the actions they took to ensure people's privacy including, knocking on people's doors and ensuring doors and curtains were closed during personal care. We observed that people's privacy was respected throughout our visit. People were supported to spend time alone if they wished.

Whilst we observed that staff promoted people's dignity for the majority of our visit we also saw occasions where staff did not take action to ensure people's dignity. For example one person wore a clothes protector at lunch time, staff did not remove the clothes protector and consequently the person wore the clothes protector for the rest of the afternoon. Another person was sleeping in a communal area, due to their position they had a significant amount of bare skin exposed, they were left like this for an hour and during this period a meeting was held in the communal area which was attended by relatives of people who used the service. This did not promote the person's dignity.

We spoke with the registered manager about what was in place to ensure that people's dignity was respected and they informed us that they had a dignity champion whose role was to raise any concerns about dignity. However the registered manager went on to inform us that this member of staff only worked night shifts and consequently did not undertake any specific work in relation to their role as dignity champion. Following our inspection the registered manager informed us that dignity and respect would be addressed at staff handover meetings and observations of staff practice would be undertaken by the management team.

Requires Improvement

Is the service responsive?

Our findings

During our previous inspection we found that people were at risk of receiving unsafe or inconsistent support as their care plans were not kept up to date. During this inspection we found that although significant changes had been made to the care planning systems, care plans were still not kept up to date which meant people were still at risk of receiving inconsistent support.

Since our last inspection the provider had introduced an electronic care planning system, all care plans were held on this system and staff had access to paper copies. Care plans contained information about people's preferences, details of support they required and any risks associated with their care and support. Whilst some care plans were adequate and contained up to date information other care plans lacked detail and were out of date.

Information in people's plans was still not consistently accurate or up to date. The registered manager informed us that they reviewed care plans monthly however we found that plans were not updated in response to people's changing needs. For example, one person's support needs had changed significantly in the weeks prior to our inspection but their care plan had not been amended to reflect this. For example, their care plan stated that the person was able to walk with the assistance of a member of staff carer but we observed that the person was no longer able to walk and now used a wheelchair, this was not reflected in the person's care plan. Another person had very recently been diagnosed with an infection and although the registered manager had printed out information for staff this had not been included in the person's care plan.

We also found instances where plans contained contradictory information despite these having been reviewed. For example one person's care plan overview stated that they had high needs in relation to their nutrition whereas the nutrition section of the care plan stated they were low risk and did not detail any measures in place to prevent weight loss.

The content and quality of information in care plans was also inconsistent. For example some care plans contained in depth information about people's wishes for the end of their life where as other people's care plans contained very basic information. Care plans relating to people's health needs did not always contain an adequate level of detail to ensure the support was provided safely. Furthermore care plans did not always contain clear details of people's behaviour that could potentially impact upon others. This meant that staff did not always have access to information about how to support people safely and effectively. This presented a risk that people may not receive the care they required.

We spoke with one member of staff who told us that although they read care plans they found them hard to use and said plans could be confusing and contradictory. This put people at risk of receiving inconsistent support.

We shared this feedback with the management team and following our visit and the registered manager informed us that one person's support plan had been updated. However this did not provide assurances

that other care plans would be updated as people's needs changed.

This was an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the above people told us that they received the care they required and felt it was flexible to meet their needs and preferences. One person said, "You can have anything you want here." Another person told us, "You can go and have a lie down in your bed in the afternoon if you want to but I don't." Relatives of people who used the service felt that the staff team knew their relations well. Staff we spoke with had a good knowledge of people's support needs and we observed staff supporting people safely and confidently.

When possible people were involved in planning their own care and support. The registered manager told us that people were offered the opportunity to get involved in developing and reviewing their care plans. The relatives of people using the service were aware of care plans and told us they had been involved in developing and reviewing them. One relative told us, "The family were involved in setting up [relation]'s care plan and every time I come in the manager is around and asks if I'm happy with everything."

People were offered the opportunity to take part in social activities. The provider employed an activity coordinator on a part time basis who organised a range of activities within the home. Feedback about the activities on offer was positive, one person told us, "There is always something going on. We are always having lots of music and singing." Another person said, "Everybody likes it when we have a game with the ball. It gets people laughing." On the day of our visit, we saw people enjoying spending time with the activity coordinator who was providing group and one to one activities in the lounge area. People also told us about recent festive activities and celebrations they had enjoyed. One person commented, "They get us singing carols and that. On Remembrance Sunday we all went to watch the parade, it was lovely." Another person said, "We have been making things for Christmas. We have our winter tree which we decorated and we've made Christmas trimmings."

Despite the above we observed, and staff commented that when the activities coordinator was not on shift people sometimes lacked meaningful occupation. One member of staff told us, "People don't have enough to do when [activities coordinator] is not here as staff have to do it and we are normally busy." They commented that although staff put music and films on for people they often struggled to spend meaningful time with people as they were often interrupted by the need to provide personal care. During the afternoon of our visit several people spent a significant amount of time unoccupied in communal areas and we saw that much of the communication with staff, although friendly, was functional and task focused. During the afternoon one person started to repeatedly ask when tea time was. We asked the person if they were hungry and they responded "no", we asked them if they were bored to which they responded "yes". We shared this feedback with the management team and following our inspection the registered manager informed us that care staff would now be left with a list of planned activities to complete with people when the activity coordinator was not on shift, however this is did not address the issue that staff felt they did not have enough time to facilitate activities.

People were supported to maintain relationships with friends and family. People's friends and relations were welcome to visit and we saw a number of visitors on the day of our visit. We saw people's relatives and friends spending time with people in communal areas and making use of the facilities. People's relations spoke positively about the homely atmosphere at The Beeches.

People could be assured that complaints would be taken seriously and acted upon. People and their

relatives told us they did not currently have any concerns and said that they would feel comfortable and confident in raising an issue or complaint with the staff team of manager. One relative we spoke with told us, "There is nothing at all to complain about." We saw records of a previous relatives meeting where people had raised some concerns about communication and staffing levels, the registered manager explained that action was underway to address these issues.

Staff we spoke with knew how to respond to complaints if they arose and were aware of their responsibility to report concerns to the manager. Staff told us they were confident that the management team would act upon complaints appropriately. There was a complaints procedure on display in the service informing people how they should make a complaint.

Requires Improvement

Is the service well-led?

Our findings

During our May 2015 inspection we found that there was a lack of robust quality assurance processes. During this inspection we found that improvements had been made in this area however further improvements were still required.

Auditing and quality assurance systems were still not always effective in identifying areas for improvement. Although the registered manager conducted frequent audits they were not comprehensive which meant some issues had not been picked up. For example concerns we found in relation to the management of medicines had not been picked up in the medicines audit. We reviewed the medicines audit conducted by the registered manager and found that some areas such as the temperature of the medicines room and topical medicines records were not included on the audit so consequently these issues were not identified or addressed.

During our previous inspection we found that there was no system in place for analysing patterns of accidents and incidents across the service. During this inspection we found that no action had been taken in this area. Whilst we saw that action was taken in response to incidents such as falls on an individual level, overall trends of accidents and incidents across the home were not analysed, such as the location or timing of falls. This meant that opportunities may have been missed to identify ways of preventing future incidents.

Although people and their relatives were invited to regular meetings to discuss the running of the service we saw that people who used the service were not meaningfully involved in these. We sat through a 'residents and relatives meeting' on the day of our visit and observed that little attempt was made to involve people who used the service in the meeting. The meeting focused on feedback from relatives of people who used the services despite the fact there were a number of people who used the service who would have, with support, been able to contribute to the meeting.

This was an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider visited the home regularly and conducted a monthly quality assurance audit. This covered areas such as occupancy, staffing, care plans, health and safety and training. We saw that this audit was effective in picking up some issues identified during our visit. For example an audit conducted five days before our visit identified issues in the recording of medication administration. This had also been picked up in previous audits conducted by the provider, which suggested that action was not always taken to address issues found in audits. We discussed this with the management team who told us that they had recently made many improvements to the management of medicines but they acknowledged that there was still further work to be done. Following our inspection the registered manager informed us that they would be checking all action plans and these would be reviewed by the provider on a monthly basis to ensure that action was taken.

People who used the service were able to give feedback on the service in a biannual satisfaction survey. The

last satisfaction survey was carried out in May 2016 and the scores were positive. One issue had been identified from the last survey and records showed that action had been taken to address this.

There were limited opportunities for staff to get involved in the development and running of the service. We found that staff had not recently been given any formal the opportunities to contribute to the development of the service. Whilst staff did feel they could make suggestions about the service this was on an informal basis as there were no formal systems in place to support and enable staff involvement. Although senior care staff met on a weekly basis to discuss any concerns and changes in people's care, meetings for other staff were infrequent.

Despite this staff we spoke with told us they felt well supported and would feel comfortable in reporting any issues or concerns to the management team. One member of staff described a time when they had needed support from the registered manager, they told us, "The issue was resolved really sensitively."

There was a registered manager in post to manage the service. We checked our records which showed that the registered manager had notified us of events in the service. A notification is information about important events which the provider is required to send us by law. The registered manager told us that they kept up to date with best practice through attendance at a providers meeting run by the local authority, this gave them the opportunity to meet with other local managers and discuss what was and was not working.

The registered manager had worked at the service for a considerable time and had developed close relationships with both staff and people who used the service. People who used the service and staff were very positive about the registered manager. One person we spoke with said, "The manager is really kind and concerned about everybody here." Someone's relative told us, '[Registered manager] is wonderful. I can't praise her enough. She really does care about everyone here and she is very approachable. She listens to everything you tell her." Staff we spoke with were equally positive about the management team and the support provided by them. One member of staff told us, "They (managers) are fantastic, you can ask [registered manager] for anything," another member of staff commented, "[Registered manager] is really approachable."

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 Medicines were not managed or administered safely. Regulation 12 (f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Accurate, contemporaneous records were not maintained for people who use the service. Systems to monitor the quality of the service were not effective in bringing about improvement. People were not meaningfully involved in giving their views on how the service was run. Regulation 17 (1) (2) (c) (e) (f)