

Beech Hill Grange Limited

Beech Hill Grange

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Beech Hill Grange is a residential care home providing accommodation, nursing and personal care to 71 people at the time of the inspection. The service can support up to 74 people. The accommodation is provided in one adapted building with bedrooms on the ground, first, second and third floors.

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

Whilst we found quality checks of medication records had not always been completed in a consistent way by senior staff and managers, we found people were supported by trained staff to take their medicines when needed. Medication records were accurately completed and there were no missing entries.

Staff were recruited safely and there were enough staff to meet people's needs. Staff received on-going support, training and supervision to be effective in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff understood who to report concerns to as well as any new risks to people's health. People's support needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. Staff followed the infection control procedures the provider had in place. People were comfortable, relaxed and happy around care staff and staff understood how to keep people safe.

The environment was clean and staff observed and followed infection control procedures in line with national guidance for reducing the spread of COVID-19.

People's individual communication needs were considered to support them to be involved in their care. Staff had the necessary skills to carry out their role. Staff had regular training opportunities and training specific to people's individual needs was provided. Staff had very good knowledge and understood people's health conditions and the support they required.

Staff spoke positively about working for the provider. Systems and processes in place promoted a positive culture in the home. Staff worked with a wide range of stakeholders involved in people's care. These included occupational therapists, health professionals and safeguarding authorities. Staff understood their responsibility to be open and honest when things had gone wrong. The registered manager operated an 'open door' policy which enabled people, their relatives and staff to approach management to discuss any concerns they had.

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

Rating at last inspection

The last rating for this service was Good (published 21 December 2018)

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Beech Hill Grange

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 three inspectors. An Expert by Experience made calls to relatives on 12 May 2022. 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

Beech Hill Grange 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 registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider

information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service and nine relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, clinical lead, nursing staff, lead care workers and care workers. 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.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management and quality assurance of the service, including policies, procedures, safeguarding, accidents and incident were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse by staff who had regular safeguarding training and knew about the different types of abuse. One staff member told us, "I've had safeguarding training. Abuse can be in different forms such as physical, verbal, emotional and financial".
- The provider had safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "If I discovered a person had an unexplained bruise, I would speak to the resident to see if they could explain how it happened. I would also arrange for the on-duty nurse to check the resident and conduct observations. If required, we would then arrange for medical services to attend." Another staff member told us, "If I witnessed or became aware of any type of abuse, I would inform our manager. If I was unhappy with how the incident was managed, I would contact the local authority safeguarding team, CQC or the police."
- People and their relatives explained how staff maintained their safety. A relative told us, "[name of person] is very safe with the care they get from Beach Hill Grange. They take care of all the personal care. The quality of the care is quite a high standard. It's one of the better safer homes than most others".
- We found all identified safeguarding incidents had been reported to the local authority and CQC as legally required and investigated appropriately.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the staff were working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Assessing risk, safety monitoring and management

- Risk to people had been appropriately managed. There were robust risk assessments in place to guide staff to how they should support people safely.
- The provider assessed risk from both people and the environment, we found risk assessments contained the information for staff, informing them how to keep people safe. For example, we saw assessments to

manage the risk from people's anxious behaviours that put them and others at risk of injury. One person's care plan detailed instruction for staff to follow to reassure them when displaying distressed behaviour.

- Staff we spoke with confirmed identified risks and knew how to safely manage risks to keep people safe. One staff member, "Even when we are conducting a manual handling procedure, we are sometimes observed by one of the lead care workers to check we are doing it safely and with dignity".
- Risk assessments were regularly reviewed, and staff referred to these to ensure they supported people to reduce the risk of avoidable harm.
- People had individual personal evacuation plans (PEEPS) to ensure they were supported safely by staff in the case of an emergency.
- The home had a programme of daily, weekly and monthly checks in place to keep the premises, people, visitors and staff safe. This included fire safety checks, water checks, servicing and maintenance of all equipment.

Staffing and recruitment

- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check enables a potential employer to assess a staff member's criminal history to ensure they were suitable for employment
- Staff told us they had received an induction when starting work, and had the opportunity to shadow other staff and completed training.
- Our observations during the day, indicated there were enough staff on duty to support people with their care needs. People and their relatives told us there was enough staff to meet people's needs.
- Each person's staffing needs were pre-assessed on an individual basis, which were reviewed and updated regularly as people's individual needs changed.

Using medicines safely

- People told us they received their medicines when they needed them. One person told us, "I get my medication on time and when I need them."
- People's care plans detailed how they preferred to take their medicines including clear protocols for medicines given 'as and when' needed.
- The provider had procedures to ensure medicines were stored and managed appropriately and people received their medicines as prescribed. All staff trained in medicines were aware of and demonstrated they understood the procedures in place.
- Staff who administered medicines had been specifically trained to do so and the management team completed regular competency checks to ensure procedures were followed.
- Medicine Administration Records (MAR) noted all medicines were administered correctly and medicine count records accurately recorded the total of each medicine in stock.

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 Personal Protective Equipment (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.
- We were assured the provider had a system in place to check the vaccination status of staff and visiting professionals in line with the COVID-19 government guidance.
- People using the service were supported to maintain contacts with their relatives. A system was in place to support people to have visits from relatives and any other important people in their lives.

Learning lessons when things go wrong

- We found accident and incident records were completed and monitored by the management team to reduce the likelihood of reoccurrence. For example, people who had an unwitnessed fall had recorded details of the action taken by staff such as arranging medical attention, bodying mapping any injuries, implementing wellbeing checks and identifying any triggers or patters to reduce to risk of reoccurrence.

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 good. At this inspection this key question has changed 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.

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

- Medication audits were not conducted consistently. We found no impact; medication records we reviewed were accurate with no missing entries. Audits of medication records are important because it helps to ensure people are receiving their medication as prescribed. We raised this with the registered manager, and they acknowledged the audits had not been completed regularly and would now ensure regular audits would be implemented with the support of the clinical lead. The registered manager informed us they were in the processes of transitioning medication records to an electronic system and when completed will enable management to receive notifications of any errors or inconsistencies.
- Audits were completed for other aspects of the service, including, quality checks on care plans, risk assessments and the daily support people received.
- People were supported by staff who were trained and motivated to carry out their role.
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff training, skills and competence were regular monitored through observations of their practice and regular refresher training.
- Staff were aware how to raise a concern and told us they would do if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the service within required timescales.
- The management team had contingency arrangements in place to ensure the service delivery was not interrupted by unforeseen events. For example, the COVID-19 pandemic, we saw there were plans in place to ensure care tasks would be completed.

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

- People, relatives and all staff we spoke with told us they felt listened to and the provider was approachable. A relative told us, "I have a very good relationship with the manager". If I needed any support, I've confident of approaching any of the office staff". "I think they excel in the way they have a beautiful garden and have many activities". A staff member said, "We all contribute to good teamwork and support each other. Any concerns are always listened to."
- The staff and management team put people first and promoted their independence, enabling people to make choices about their lives.
- The provider told us they only took on care packages if they could meet people's needs and provide them

with good quality care.

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 management team understood their responsibilities around the duty of candour, they had a policy and procedure in place. The management team told us they understood their responsibility to be open and honest when things go wrong.

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

- The management team conducted monthly feedback sessions with people and relatives via electronic feedback forms and telephone calls, the responses we reviewed were positive. One relative told us, "'I think the company is a well-run ship. The management is right on the ball to make sure the staff are well trained and maintain a high standard of care and this is born out in reality. They really excel in the standards of care which is sustainable. I've every confidence in the management performing an outstanding service. I would absolutely recommend the service they are ten out of ten.'"
- People's views were sought daily when receiving support.
- We found there were regular meetings for staff and their views were encouraged. Staff told us they felt valued and their views were respected. One staff member told us, "The team meetings are very productive. We recently have transferred from care plan paper records to an electronic system. A lot of us were apprehensive about the change however we were able to discuss how we were feeling during meetings. We now really enjoy the new electronic system and are reaping the benefits."

Continuous learning and improving care

- The management team spent time working with staff on the floor to identify areas that may need improvement.
- The registered manager ensured they always kept up to date with changing guidance. The management team ensured staff were adhering to current guidance and best practice by carrying out spot checks. They also ensured policies had been updated to reflect these changes.
- Staff had completed training and they have access to continued learning so that they had the skills to meet people's needs.

Working in partnership with others

- The provider was working in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure that people were supported appropriately.