

WAASH GROUP LTD

The Beeches

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Beeches is a residential home providing accommodation for persons who require nursing or personal care for up to 23 people. The service provides support to people who have physical health needs and conditions such as Dementia. At the time of our inspection there were 18 people using the service.

The home is set out across 2 floors, each of which has adapted facilities. There were communal areas, a dining room and individual bedrooms, some of which had en-suite facilities.

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

People and relatives spoke positively about the care received from the staff team and the registered manager. People said they felt safe and happy.

Sufficient numbers of staff were available in line with people's needs. Feedback suggested on occasion staff were busy and the service could benefit from additional staffing. The provider reviewed the staffing levels to improve people's experience and ensure staff were available to support with activities.

People were protected from the risk of abuse by staff who were trained. One person said, "I do feel safe here." Improvements had been made to records associated with risks to people's care. People's care plans and risk assessments were detailed and person-centred.

People were supported by staff in a kind, caring and dignified way. Staff sought consent from people when offering care and people were encouraged to express their views and be involved in decisions about their care. Interactions with staff and people were positive and supportive. One person said, "It's the way they [staff] all talk very nicely to you, it's lovely."

The provider continued to make improvements to the home environment and people had been actively involved in these decisions. One person said, "I was given a choice of wallpapers to choose from for my room."

Governance processes had been imbedded into practice and the registered manager was using them effectively to drive service improvement. Any concerns or complaints were promptly investigated, and lessons learnt were shared with staff.

People, staff and relatives spoke positively about the culture of the service, the registered manager and the directors. The management team were present throughout the service and feedback indicated they promoted an open and supportive culture.

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

Rating at the last inspection

The last rating for this service was Requires Improvement (Published 8 June 2022).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We received concerns in relation to management oversight, staffing, recording issues and poor care. During the inspection, we found improvements had been made across key questions of Caring and Responsive and focussed the inspection on Safe, Caring, Responsive and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of 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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Beeches

Detailed findings

Background to this inspection

The inspection

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

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 1 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.

Service and service type

The Beeches is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Beeches is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed all the information we had received about this service since its last inspection. We requested feedback from stakeholders, including local safeguarding and commissioning teams. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 3 relatives about their experience of care provided. We gathered feedback from 10 staff members including the registered manager, 2 directors, deputy manager, kitchen staff and care staff.

We reviewed a range of records including 3 peoples care plans, risk assessments and medicines records. We looked at 2 staff files in relation to recruitment and training. We reviewed a variety of records relating to the management of the service, including policies, procedures and quality assurance records. Following the site visit, we reviewed further information and evidence from the provider including action plans, feedback forms, medicine records, care plans, training records, policies 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider followed safe recruitment practices and carried out appropriate recruitment checks to ensure the suitability of staff to meet people's needs.
- The provider was successfully encouraging different cultures in the staff team to promote equality and diversity.
- Staff were deployed effectively. Feedback indicated staffing levels were safe, but the service could benefit from additional staffing to ease the busy environment.
- The provider had recently increased staffing to accommodate for meaningful activities. This was being embedded into practice to improve people's experience.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and people felt safe. One person said, "I feel safe here, because they [staff] are all nice. They are here if I need anything at all."
- Staff received training and knew what procedure to follow if they had concerns. One staff member said, "I would make sure [people] are okay and then report straight to the manager."
- The provider had a safeguarding and whistleblowing policy which was accessible to staff.

Assessing risk, safety monitoring and management

- Staff assessed risks associated with people's care and were able to give examples of how they would support people safely. This was supported by our observations.
- Individual risk assessments were detailed and person-centred. Where people's needs had recently changed or new risks had been identified, this had been reviewed and records were updated.
- Improvements had been made to the environment relating to safety concerns identified at the last inspection. This included new fire doors and window restrictors.

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 service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- People received support to manage their medicines safely.
- The deputy manager was a medicines champion who had oversight of medication. The deputy manager and registered manager worked efficiently to ensure the safe management of medicines.
- People's medicines records were detailed and person-centred.
- The provider had a robust auditing process in place to address any inaccuracies or concerns.

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The provider's approach to visitors in the care home was in line with current government guidance and people were supported to have visitors. Visitors were encouraged to wear face masks.

Learning lessons when things go wrong

- The management team reviewed all accidents and incidents and recorded actions. These actions were appropriately followed up.
- Staff knew the process to follow for reporting accidents and incidents. One staff member said, "I would report to the manager."
- We found lessons learnt were shared with staff. The registered manager used information of concern to drive service improvement and develop staff's knowledge and understanding through supervisions and training.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people well and we observed positive and supportive interactions. One person said, "Its good, you definitely get respect, in the way that they [staff] talk to you."
- The culture of the service promoted a person-centred approach to care. We found the registered manager and directors to be present in the service and encouraging of this culture.
- People and relatives told us they felt supported. One relative said, "They [staff team] generally ask if you are happy with things, they do consult you."

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

- People were supported to express their views and be involved in decisions about their care. One person said, "[Registered manager] came around and asked is there is anything I want to change."
- The registered manager regularly contacted people and their relatives (where appropriate) and sought feedback to ensure care was personalised.
- People were able to have choice in their care. One relative said, "[Person] told me he would not want to live anywhere else. [Person] likes to do things his way and they [staff] help him do that."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respected their privacy. We observed staff encouraging people's privacy and independence in a kind and nurturing way.
- People's care records were detailed and person-centred to provide staff with clear guidance on how best to support people in ways they preferred.
- People told us staff respected their privacy. One person said, "I have a lock on my door now and I can lock it if I want to."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans were person-centred and included detailed information about how people preferred to be cared for. This information included people's likes and dislikes. One relative said, "[Person] has a lot of choice. She likes having her nails done and they [staff] do that for her."
- Staff demonstrated a good understanding of people's needs.
- Care plans had been updated based on needs changing and/or people's preferences, and all care plans were regularly reviewed.
- End of life care plans were detailed and included the preferences of the person and guidance for staff to support them in a dignified and caring way at this stage of life.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had improved multiple areas of the environment to support varied communication methods. This included a pictorial menu and activity board, dementia friendly decorations and easy read information located throughout the service.
- Staff knew people's communication needs well and we observed positive interactions taking place for people who were unable to verbally communicate.
- We observed staff using touch and hand gestures to support communication for people who couldn't hear well.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had regular contact with their family. One relative said, "[Person] gets very good care here, I like it as I [relative] and other family members can come when we want."
- The provider was developing their activities programme. Staff supported people to engage in independent activities of their choosing. We observed people completing crosswords and colouring. Other activities such as board games were available.
- We observed people being supported to make Halloween cards for their families.
- Relatives spoke positively about social opportunities. One relative said, "It was [persons] birthday and they

made it such a special day for her."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure and was using this effectively.
- The registered manager worked promptly to review and investigate complaints and actions were taken following complaints.
- People and relatives told us they were confident in raising any concerns. One relative said, "We do not have any complaints, if I need to speak to [registered manager], I would be happy to talk to them."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and provider were committed to providing a caring and person-centred service. The registered manager and directors knew people's needs well and engaged in the care provided.
- People told us the management and staff were friendly, kind and polite.
- Staff feedback was very positive about the culture of the service and how supportive the registered manager and directors were. One staff said, "I have learnt so much, there has been big improvements."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving 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 registered manager demonstrated a good understanding of their roles and responsibilities.
- The registered manager and directors, with support from a consultancy service had embedded robust quality assurance processes in the service and were using these to monitor quality and governance oversight.
- Where shortfalls or concerns were identified, the registered manager reviewed and adjusted practices to improve care. The provider was committed to learning and improvement and supported staff to engage in this ethos.
- The registered manager ensured the appropriate notifications were sent to CQC in a timely manner and in line with their legal responsibilities.
- The provider promoted an open and transparent culture in the service and the registered manager understood their responsibilities of duty of candour.

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

- The registered manager gained feedback from people and relatives. Recent surveys included positive feedback.
- Staff felt supported and could raise any issues with the registered manager. The registered manager was accessible and engaged proactively with staff throughout the shift.
- The registered manager was actively working with other professionals such as the local authority and infection, prevention and control team.

