

Care Concept HCP Ltd

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Beeches is a residential care home providing accommodation and personal care to up to 22 people. The service provides support to older people including people living with dementia and people with physical disabilities. At the time of our inspection there were 21 people using the service.

The service is set across 3 floors and has a mix of both ensuite bedrooms and shared bathrooms. It has kitchen and laundry facilities, a shared lounge and dining room and conservatory space as well as a large garden. There is an office onsite.

The service is also registered to provide personal care to people in their own homes. At the time of the inspection, no people were receiving this service. The provider told us they intend to be resuming this service in the near future.

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

Since the last inspection a new registered manager had been appointed. Changes and improvements to systems, processes and the environment had been made. People told us improvements had been made and this had a positive impact on the quality of care and the environment. Some of the changes were yet to be fully implemented or embedded.

People told us they felt safe living at The Beeches because staff treated them well, were kind and regularly checked on them during the night. Staff knew how to keep people safe and what to do if they had any concerns. Some staff were not sure about what all types of abuse looked like or who they could report to externally such as CQC.

Risks to people's health and welfare were assessed but accompanying guidance for staff about risks to people's health or mobility needed to be clearer.

People were mostly supported to safely administer and manage their medicines. However, there were some discrepancies that had not been identified during audits. The registered manager was aware of these and had already put additional measures in place to address this with the staff team.

People were supported by staff who were trained in all aspects of their role. People and relatives felt staff were knowledgeable about how to support them in ways they preferred. People felt there were not always enough staff to spend time with them or to take them out. The provider was in the process of recruiting more staff.

People had access to health professionals who worked closely with the staff and management team to ensure all health concerns were investigated straight away. People with specific dietary requirements had clear guidance for this and all staff were aware of how to support them safely.

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.

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

Rating at last inspection and update: The last rating for this service was inadequate (published 19 May 2023) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 19 May 2023. During this inspection the provider demonstrated improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. When we last inspected The Beeches on 20 February 2023 breaches of legal requirements were found. This inspection was undertaken to check whether they were now meeting the legal requirements.

We undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 team consisted of 1 inspector and 1 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. Inspection activity started on 23 October 2023 and ended on 02

November 2023. We visited the service on 23 October 2023.

What we did before inspection

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

We used the information the provider sent us in the provider information return (PIR). 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 and 10 of their relatives. We spoke with 6 staff members including the registered manager, senior care staff, care staff, catering staff and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 2 professionals who knew the service.

We reviewed 8 people's care records and 5 people's medicines records. We looked at recruitment records for 2 staff members. We reviewed policies and numerous audits and quality assurance records.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked this was a suitable communication method, and people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with 1 person to tell us their experience.

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.



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 inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection, the provider had failed to ensure that medicines were managed safely and risks relating to the health, safety and welfare of people and the service environment were robustly managed, monitored and assessed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we served a warning notice requiring the provider to make improvements.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider assessed people's individual risks to ensure they were safe. Equipment was regularly serviced and fire safety and other health and safety checks were in place. However, the assessments were lacking sufficient guidance for staff about how to manage risks in a personalised way.
- For example, a risk assessment for catheter care did not explain how to empty it or list signs to look out for early indication of infection. People's diabetes risk assessments recorded generic information about safe blood glucose levels but not normal range of blood glucose levels for individuals. People did not always have written guidance from health professionals for how to safely support safe moving and handling transfers from one chair to another.
- However, the registered manager did review risks regularly and updated care plans when anything changed. The provider had introduced an electronic care planning system. This meant changes to risks could be updated in care records immediately and staff had instant access to information via handheld devices. People and their relatives told us they felt people's needs were being managed and people were well cared for in relation to risks.
- Medicines were managed safely. There was written guidance to show staff how people preferred to take their medicines. Protocols for medicines prescribed on a when required basis (PRN) were in place. Staff carried out checks of people's medicines and their records. There was a system in place to report incidents and investigate errors relating to medicines.
- We identified minor discrepancies in the stock count of medicines which suggested people might not have received their medicines as prescribed. However, this had not resulted in harm to anyone, and the registered manager was aware of the issues and had already taken prompt action to address them.
- People told us they received their medicines on time and felt they were correct. A relative told us, "[My family member] has medicine daily. They are regularly reviewed and staff are very quick to respond and speak to the GP if they feel the dose needs to be changed."

Staffing and recruitment

At our last inspection, the provider had failed to undertake safe recruitment procedures. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Improvements to staff recruitment procedures had been made. This meant background checks of prospective staff were fully completed to ensure their suitability to the role prior to commencing their employment. This included conducting Disclosure and Barring Checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff on shift to meet people's care needs, however, at busy times this did leave people in communal spaces without staff for long periods of time. By using CQC's observational tool (SOFI) we could assess the impact to people of this lack of interaction compared to when staff had time to talk to people. During busy periods for staff, most people became withdrawn or slept. When staff had time to speak to people about non-task related topics, people became significantly more alert and we observed lots of laughter and joking.
- People told us they sometimes had to wait for staff to be free to help them when they called. We observed staff working hard to meet everyone's needs. People also told us they would like more staff to enable them to go shopping, the garden centre or to chat and do puzzles.
- We shared the impact of time when staff had less availability with the provider. The provider agreed to review staffing levels in the service and is in the process of employing staff to support people to spend their time in ways they wish.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider encouraged visiting without restriction. People and relatives told us they could come and go when they chose to and were always made to feel welcome. A relative said, "[Staff] have not really said anything about restrictions, but they only said to avoid mealtimes and late evenings sometimes. I just go when I want."

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to keep people safe. Staff had a good understanding of safeguarding and what abuse might look like. However, some staff were less confident about forms of abuse such as

institutional abuse, discrimination and modern slavery. Some staff were also unclear about who they would report concerns to external to the service provider such as CQC or the local authority safeguarding team. This meant there was a risk not all forms of abuse would be recognised and reported by all staff. We spoke to the registered manager about this during our feedback session and they will be following up with staff to ensure their awareness of all safeguarding.

- The registered manager conducted audits and observations of staff practice and addressed any concerns identified straight away. The registered manager understood the need to report to the relevant authorities when things went wrong and was open about what had happened and what action they had taken.
- People told us they felt safe. One person said, "I feel safe because [staff] help me mingle with other people." Another person told us they felt safe because, "[Staff] just look after me." A relative said, "I think [my family member] feels safe. They know they can call staff at any time and there is someone there 24 hours a day in case they need help with anything." Another relative told us, "[My family member] walks with a frame but [Staff] would still escort them. They feel safe that there is someone there when they are on the move. [Staff] are all caring and that makes them feel safe as well."

Learning lessons when things go wrong

- The registered manager and staff reflected when things went wrong to identify the cause of the problem and what they could do to resolve it. They recorded their findings after each incident or accident and following a review of audit outcomes. They put action plans in place and shared information with the staff team to support them to understand ways to improve systems or practice.
- Relatives told us staff and management were very open with them and always kept them informed of incidents or changes to reflect on what else could be done to improve the care for their family members.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

At our last inspection, we recommended the provider follow best practice guidance to improve the environment to ensure it is dementia friendly in line with their refurbishment schedule. The provider had made improvements.

- The provider had made changes to the environment since the last inspection and some aspects of the service were more dementia friendly. There were more pictorial formats for information and bedroom doors made memorable for people. The provider had also completed a lot of repairs and redecoration to make it safe.
- There was no negative impact to people due to works not yet completed on the maintenance schedule. We discussed with the registered manager, when considering further improvements for the remaining decoration schedule, to look at tools to use for reducing falls risk and aid orientation such as colour and more signage. People were able to find their way around the service to the correct rooms.
- People and relatives were aware of the environmental improvements and happy with the changes made. One person told us, "I chose the wallpaper (in their bedroom) myself and have brought all my own 'nick-knacks' and photographs to make it feel like home." A relative said, "The building is always tired, the interior has been done up and now nicely painted." Another relative told us, "The food is cooked on site, it always looks good, and they have invited me for lunch but I couldn't stay."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- Information from assessments was used to inform care plans and risk assessments. The service had introduced an electronic care planning systems meaning changes and updates could be made and be instantly available to all staff. Staff had a good knowledge of people's interests and how they liked their care to be delivered.
- People and relatives told us they did not always feel involved in the formal assessment or review process but did have regular informal chats with the management team and were always informed of changes or any concerns. Some people had not lived in the service long enough for a formal review but this was an area the registered manager agreed to review.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff completed training relevant to their roles and the needs of people they were supporting. Staff felt supported and told us they had regular supervision with a member of the management team. They had a good induction which included the opportunity to shadow more experienced members of staff.
- Staff told us they did not have the opportunity to reflect on training they completed and discuss their learning to identify knowledge and skills gaps. However, the registered manager did conduct observations of practice and spot checks of knowledge in the way of written quizzes to help identify if a staff member required further learning and development.
- People felt staff were well trained, they told us staff knew how to support them in the bathroom and made sure they were comfortable and well. Relatives were also happy with staff's knowledge of their family member's needs. A relative told us, "The staff seem very helpful, they interact well with people; they talk to them all the time."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet.
- Staff monitored and reviewed the food and fluid intake of people who required this. People's weight was regularly taken and any concerns raised with the relevant health professional. Where people required specific diets, Speech and Language Therapists (SALT) assessed their needs and gave guidance for staff. Staff were aware of these dietary needs. A staff member told us, "A person is on a level 4 soft diet but on liquid level 0, normal drinks. We have to blend their food and we make sure at least 1 carer is around them at all times when they are eating."
- People told us the food was very good and they could make changes and had choice. One person said, "The food is alright, I always eat a lot. If I asked for treacle pudding, they would soon come up with one." Another person told us, their lunch was, "Beautiful."

Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- The provider used an agency to provide additional staff to fill any shortages in staffing levels. The provider and the registered manager worked together with the local authority contracts team to review progress on improvements and discuss any concerns in relation to people's care needs.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives, access healthcare services and support.
- Senior staff made referrals to health professionals when needed such as physiotherapists and district nurses to ensure people had the correct equipment and treatment in place. Staff supported people to access a variety of health professionals to meet their care needs such as dentists, hospital specialists and their GP.
- Staff supported people to be independent when managing their health conditions where people had the mental capacity to do this safely. A person told us, "[Staff] help me to see a doctor if I need it." Another person said, "[Staff] have supported me to have treatment in hospital."

Ensuring consent to care and treatment in line with law and guidance

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The provider was working in line with the Mental Capacity Act.
- Staff had a good understanding of how to support people to have choice and check consent. A staff member told us, "It is about understanding the individual and knowing they can make a safe choice for themselves and if they retain the information and answer correctly. Their level of understanding would impact part of the mental capacity assessment." Where people were assessed as not having the mental capacity to make a decision, best interest processes had been followed and DoLS applied for. The registered manager had recorded very detailed records of the mental capacity assessments. They demonstrated a good understanding of the principles of the MCA.
- People told us they had choices and staff respected these. Some relatives had Power of Attorney (POA) for their family member and others were in the process of applying for this. All relatives told us they were involved in supporting their family member's decision making except where people had the mental capacity to do this for themselves.

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 inadequate. At this inspection the rating 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; Continuous learning and improving care

At our last inspection the provider failed to ensure effective governance systems were in place. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we served a warning notice requiring the provider to make improvements.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager and staff team had a good understanding of the requirements of their roles. The registered manager had implemented numerous auditing and quality assurance measures that were able to be updated and adapted when reflecting on what worked well and what was lacking in the electronic systems. Audits and observations of staff practice were taking place as well as unannounced spot checks both day and night.
- Outcomes of audits were analysed and themes identified by the registered manager who then added to their improvement plan to use the information to learn lessons and improve the quality of care provided. The audits had identified any areas for improvement we found at the inspection and what action was being taken to address them.
- The provider did not currently record evidence of their quality assurance checks. However, they were aware of progress and actions required to continue to improve the service and were in regular contact with the registered manager and local authority to discuss concerns. They shared with us an audit form they intend to put in place shortly to ensure they have a good oversight of the service moving forward. Not all plans were yet fully embedded or complete.
- People told us they liked the staff team and the registered manager and could talk to them. One relative said, "The times I have spoken to the [registered] manager they have been lovely; I feel I have confidence in them." Another relative said, "I don't know who the overall provider is; but the manager is very pleasant and always there if I need to speak to them. They are not as visible as the other staff but their office door is open during the day and they are definitely approachable."

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

- There was a positive and open culture in the service and a desire to provide person entered care. However,

systems did not always support a personalised approach to care and the registered manager was in the process of reviewing people's records to see how this could be improved.

- Some people and relatives said there were not currently enough staff to support them to follow their individual interests and hobbies. Additional staff were in the process of being recruited to address this.
- Other people and relatives were happy with what was being provided and the standard of care given to their family members. A relative told us, "[Staff] used to do quizzes and [my family member] goes on trips but often [my family member] prefers to watch TV, as that's what they did at home." Other relatives spoke of the positive culture of the service due to staff approach. Other relatives told us, "[Staff] are brilliant, I can't fault them, they are very good with my [family member] and I am happy. I think they are very welcoming to me indeed". And, "Excellent, [staff] are all very caring and friendly and [my family member] likes them all. The staff are pleasant and we are happy they are so caring."

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

- The provider understood their responsibilities under the duty of candour. The provider apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- The registered manager understood their need to be open and share information and outcomes with the relevant people when something had gone wrong. They reported all concerns to the relevant people and organisations and shared outcomes with people, their relatives and the staff team. They were open with us about plans for continued improvements and the development of staff.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Staff and people surveys were used to gauge feedback about the service. The staff understood how to communicate using different methods to include people who needed to read what was being said or who needed staff to speak loudly. The registered manager produced a newsletter to keep people updated about the service and a 'you said, we did' form to explain how their feedback and suggestions had been used to better the service.
- Not all relatives said they had received surveys or feedback forms but they all said they were asked verbally about their views and felt confident to speak up. One relative told us, "I get updated every day from senior care staff." Another relative said, "[Staff] communicate very well; they are good at explaining and answering any question I ask them."

Working in partnership with others

- The provider worked in partnership with others.
- The staff team worked with a variety of health professionals to ensure people's needs were being met. They also worked with the local authority to continue to develop areas previously identified as requiring improvement. Professionals gave positive feedback about the improvement they had found in the service and care delivery under the management of the new registered manager.