

Sunny Okukpolor Humphreys

# The Beeches Nursing and Residential Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The Beeches Nursing and Residential Care Home is registered to provide personal and nursing care for up to 31 people. Care is primarily provided for older people and older people living with a dementia. At the time of the inspection there were 17 people using the service.

The service can accommodate people over two floors. There are communal lounge, dining areas and bathing facilities. At the time of the inspection the first floor of the service was unoccupied.

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

At this inspection improvements had been made in relation to risk. However, further work was needed. The provider continued to be in breach of regulation 12.

This inspection identified improvement had been made in relation to safety. However, the fire authority had visited and identified a number of actions needed to ensure fire safety. At the time of the inspection there was work still ongoing with fire safety.

Since our last comprehensive and focussed inspection of the service we found there had been improvements made with the safe management of medicines. However, further work was needed to update the providers policy and practice in relation to the management of medicines to incorporate current best practice.

We have made a recommendation about updating the policy and practice.

Accidents and incidents were recorded and analysed, and risk assessments were in place. The manager and staff understood their responsibilities about safeguarding.

There were enough staff employed and on duty at any one time to meet the needs of people. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff had the skills and knowledge to deliver care and support in a person-centred way. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice. At the time of the inspection, work was ongoing to strengthen the providers documentation related to mental capacity and to ensure that records evidenced how staff were following the principles of the Mental Capacity Act 2005.

People told us their privacy and dignity was respected and their independence encouraged. People and relatives were positive about the caring nature of staff and the service they received. People were able to participate in a range of activities if they chose to do so.

The management team were open and approachable which enabled people and relatives to share their views and raise concerns. People told us if they were worried about anything they would be comfortable to talk with staff or the manager.

The provider monitored quality, acted quickly when change was required, sought people's views and planned ongoing improvements.

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

**Rating at last inspection (and update)** At the last comprehensive inspection we rated the service as inadequate, (published November 2018). We found multiple breaches of the regulations. We took urgent enforcement action and placed conditions upon the provider's registration, including the suspension of admissions.

#### Exiting special measures

This service has been in Special Measures. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

#### Previous breaches

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made. However, the provider is still in breach of one regulation.

#### Why we inspected

This inspection was carried out to follow up action we told the provider to take at the last inspection.

We have identified a breach in relation to fire safety at this inspection.

#### Follow up

We will request an action plan from the provider detailing the action they will take to ensure fire safety. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive 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 Nursing and Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check 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.

#### Inspection team

The inspection team consisted of an inspector, an assistant inspector, two staff from the medicine management team 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 Nursing and Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been appointed and was in the process of completing their application.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before we visited the service, we reviewed information we held about the service such as when the provider told us about serious injuries or events. We sought feedback from the local authority and professionals who

work with the service. We used all this information to plan our inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We visited the service on 20 March 2019. During the inspection we spoke with six people who used the service and four relatives. We also spoke with the provider, manager, deputy manager, a nurse, six care staff, the cook, the handyman, the activities coordinator and the administrator.

We reviewed a range of records. This included eight people's care records and eight medicine records. We looked at two staff files in relation to recruitment and to review staff supervision records. We reviewed multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

#### After the inspection

We continued to seek clarification from the provider and manager to corroborate evidence found. We looked at training data, risk assessments, action plans and other records relevant to the management of the service. We spoke with a representative of the fire authority for an update on their findings following their inspection visit to check fire safety.

# Is the service safe?

## Our findings

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

Requires improvement: Some aspects of the service were not always safe. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At the last comprehensive and focussed inspections of the service the provider had failed to ensure that risks for people who used the service were adequately assessed. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made in relation to risk. However, further work was needed. The provider continued to be in breach of regulation 12.

- At this inspection we found improvements had been made. However, a legionella risk assessment of the service was not completed until after our inspection visit. The fire authority had visited and identified a number of actions needed to ensure fire safety. At the time of the inspection there was work still ongoing with fire safety.
- Safety checks on the premises were carried out. However, some water temperatures from sinks were slightly too hot. We received confirmation after the inspection to confirm action had been taken to address this and thermostatic mixing valves had been fitted to control the water temperatures.
- Risks to people's health, safety and well-being were managed and measures put in place to reduce or prevent these risks.
- The passenger lift had been serviced by a professional who was competent to do so

### Using medicines safely

At the last comprehensive and focussed inspection, the provider had failed to ensure that medicines management kept people safe. This was a breach of Regulation 12 (Safe care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 12.

- Improvements to the safe use of medicines had been made. However, further improvements were needed.
- The provider's policy for medicines management was not sufficiently detailed. This meant staff were not clear on the providers governance and expectations. For example, the policy failed to identify if the date of opening was to be recorded on liquid medicines which meant some staff recorded this and other staff didn't. Some medicines had a short date of expiry once opened. If staff didn't record the date of opening this

increased the risk of medicines being used after the expiry date.

- Medicine administration records including care plans provided enough information to ensure people received their medicines as prescribed. However, as and when required guidance was not always in place. Topical preparations including creams and medicines applied to the skin and pain-relieving patches did not always have body maps in place to assist staff on their appropriate use. Records did not always show that topical preparations had been administered as prescribed. For those medicines in the form of a patch application, records showed that patches had not been rotated in line with manufacturers guidance to prevent people suffering side effects.
- Medicines audits had taken place however the audits were not always completed in full and action plans required more detail to ensure learning and improvements could be monitored.

We recommend that the provider update their policy and practice in relation to medicines management to incorporate current best practice.

### Preventing and controlling infection

At the last comprehensive and focussed inspection, the provider had failed to protect people from the risks associated with inappropriate or unsafe care and treatment because the service was unclean and infection control was poor. In addition, people were placed at risk of harm due to poor maintenance of risks within the environment of the home.

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

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 12.

- Safe infection control systems were in place to help protect people from the risks of infection and cross contamination.
- We found improvements to the cleanliness of the service.
- Cleaning and refurbishment had been undertaken in communal areas, corridors had new flooring and paintwork. The service was free from odour.
- The kitchen was clean and had achieved a recent five-star rating from environmental health.

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

- Good recruitment procedures were in place to ensure suitable staff were recruited and people were safe.
- There were enough employed staff to meet people's needs. People and relatives told us there were enough staff on duty at any one time.
- The manager and staff were aware of their duty to raise or report any safeguarding incidents to ensure people were safe. Staff had access to a whistle blowing policy which detailed how to report any concerns.
- The provider worked closely with other relevant authorities to make sure people were protected from abuse and avoidable harm.

### Learning lessons when things go wrong

- The manager monitored and analysed accidents and incidents enabling any safety concerns to be acted on and to identify lessons learnt.

# 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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At the last comprehensive inspection of the service we found the manager and staff were not working within the principles of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 11.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were involved in decisions about their care. Staff knew what they needed to do to make sure decisions were taken in people's best interests.
- The management team were working to strengthen the documentation related to mental capacity to ensure that records evidenced how staff followed the principles of the Mental Capacity Act 2005.

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

At the last comprehensive inspection, the service needed redecoration and refurbishment. The environment was not dementia friendly. There was no cohesion in the design, theme or colour scheme. Signage around the service was poor. This was a breach of Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 15.

- The home environment met the needs of the people it supported.
- Since the last inspection significant improvement had been made to the décor. Corridors had been redecorated and had benefitted from new flooring. The refurbishment of bedrooms was ongoing. The manager was aware of the need to replace some equipment such as wardrobes.
- The manager told us they had ensured the service was dementia friendly by painting hand rails darker than the walls so there was a contrast to stand out more for people.
- Signage had improved and identified where key areas of the service were.
- A visiting professional wrote and told us, 'The home has been refurbished to a high standard providing a clean, safe and comfortable environment for the clients, visiting relatives and staff.'

Staff support: induction, training, skills and experience

At the last comprehensive inspection of the service the provider had failed to ensure staff had completed appropriate training and received supervision and appraisal. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 18.

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Staff had completed an induction and training programme and shadowed more experienced staff to get to know people who used the service before supporting them.
- Training was refreshed on a regular basis. Staff had opportunity for supervision and appraisal. Staff told us they felt well supported.

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

- People's nutritional and hydration needs were met. The service was trying out a new menu and adapting this based on people's preferences.
- When people required support with their meals, staff provided this safely and ensured people's choices were given and with the level of support required.
- People spoke highly of the food. They told us, "When I first came here I wouldn't eat, but now I enjoy my food, especially a full breakfast. I get weighed regularly at least once a week," and, "Food here is good."
- Staff worked with other health professionals to make sure people received food and drinks according to their needs. Care plans were updated following assessments by a speech and language therapist to reflect any recommendations and minimise risks for people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs and to attend appointments when necessary. For example, dentists, opticians, chiropodists and GPs.
- The provider worked in partnership with other organisations to ensure they delivered joined-up care and support for people.
- A visiting professional wrote and told us, 'As a clinician visiting the home on a regular basis I feel confident that the staff are fully informed and are able to give a full clinical history of clients symptoms. They accompany health professionals when visiting client's to offer support and to report any findings to relevant

staff within the home.'

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

- The provider has followed a condition on their registration and contacted the Care Quality Commission for approval before any new people had moved into the service.
- People's needs were assessed before they moved into the service to make sure staff could provide the care and support they needed. This assessment considered how people wanted to be supported and any needs in relation to culture, religion or ethnicity.
- Care and support was reviewed on a regular basis.

# 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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At the last comprehensive and focussed inspection, the provider had failed to ensure people's dignity was promoted. This was a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 10.

- People were encouraged to remain as independent as possible. One person told us, "I am encouraged to use my walker as it helps to keep me mobile. I wander up to the lounge for a game of bingo. When it's nice weather I go into the garden."
- Staff engaged with people in a dignified way and were observed talking people through moving and handling procedures.
- People's privacy was respected. One person told us, "I like to read in my room after dinner and they [staff] respect my quiet time."

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

- An equality and diversity policy was in place to ensure staff treated people with respect regardless of their sex, age, disability or beliefs. Equality and diversity training encouraged staff to promote a person-centred approach and ensure people's preferences, wishes and choices were respected.
- People using the service were also encouraged to engage with each other. Comments included, "The girls [staff] are friendly and take [person] to the dining hall as [they] become confused. They really do care for [person]" and "I don't get visitors, so the girls [staff] encourage me to join in most of the activities."

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

- Staff supported people to make decisions. Staff asked people's permission before carrying out any care needs such as personal care.
- People's preferences were valued; staff knew the people they cared for very well. One person told us, "All of the staff know me and my family."
- People were supported to access advocate services, who provide impartial support to people to make and communicate decisions.

## Is the service responsive?

### Our findings

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

Good: 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

At the last comprehensive and focussed inspection, the provider had failed to ensure that care records were sufficiently detailed to ensure the care and treatment needs of people were met. This was a breach of Regulation 12 (Safe care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 12.

- People's assessments and care plans were person-centred and contained details of people's choices and preferences. People's cultural and spiritual needs were considered as part of their initial assessment.
- People's needs were recognised, acted upon and recorded appropriately. Care plans showed people and their relatives were involved in planning their care and changes were made when needs or wishes changed.
- Staff had a good understanding of people's lifestyle, preferences and needs.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff identified people's information and communication needs by assessing them. People's communication needs were recorded and highlighted in their care plans.
- Information was provided in ways which people could understand, including large print and easy read (where pictures were used to aid people's understanding).
- Staff understood how people communicated. They knew how people expressed themselves, so recognised if people were in pain or how they indicated their choices.

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

At the last comprehensive inspection of the service the provider had failed to ensure there were enough activities and outings that were suitable for people who used the service. This was a breach of Regulation 9 (Person- Centred Care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 9.

- People were encouraged and supported to take part in activities. The provider employed a part time activity co-ordinator to plan activities and outings for people.
- New games and activities had been purchased. People told us they enjoyed the activities Comments included, "I like to play cards and dominoes", "There are arts and crafts", "There is a notice board and there is something different every day" and "We went to Seaham for fish and chips."
- During the inspection we saw a game of bingo taking place. However, some work was needed to ensure people could engage with this activity more independently. For example, one person was unable to mark the small bingo cards and a staff member was completing this for the person. We pointed this out to the manager for them to take action.

Improving care quality in response to complaints or concerns

- People felt able to share any concerns with staff who supported them. People and relatives knew how to make a complaint and felt they would be listened to by the management team. Comments included, "I would ask to speak to the manager and tell [them] what's wrong" and "I live locally and so I know most of the staff, so I would speak to them first. The managers know me and my sister and she would complain."
- The management team encouraged an open culture where people and their relatives felt able to raise issues.

End of life care and support

- Compassionate care was provided at the end of people's lives. People had been asked how they would like to be supported at the end of their lives and wherever possible these preferences were met. Staff worked closely with other healthcare professionals, so people could stay in the home rather than being admitted to a hospital if that was their wish.
- At the time of the inspection there was no one in receipt of end of life care.

# 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

Requires improvement: 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 the last comprehensive and focussed inspection quality monitoring was poor and the provider had failed to seek adequate feedback from people and relatives to improve and monitor the quality of the service. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 17.

- The service did not have a manager who was registered with the Care Quality Commission. At the time of the inspection the manager was completing their application to apply for registration. This situation is a ratings limiter for the well led key question.
- The manager understood their role and responsibilities.
- The quality of auditing was much improved. The provider had used external auditors to assess the quality and safety of the service. In addition, improved internal quality monitoring had taken place and regular audits had taken place for infection control, medicines and other areas.
- There were regular management meetings where service improvements were discussed and planned. People benefited from a management team who were committed to on-going improvements.

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

- Staff morale was good. Staff told us the manager was very approachable and lead by example.
- The manager regularly worked with staff to provide care and support to people. This allowed people and staff to see the manager as an active presence and enabled the manager to recognise issues and areas for development within the service for immediate improvement.
- People, relatives, visiting professionals and staff complimented the leadership of the service.
- A visiting professional wrote and told us, 'The manager ensures regular team meetings are implemented, and is frequently available to discuss any relevant issue and welcomes feedback from all agencies. The manager is very professional, efficient, courteous and has the necessary skills, qualifications and experience to provide good leadership.'

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 demonstrated a commitment to deliver a safe and high-quality service.
- The manager submitted notifications of significant events such as incidents and accidents that had occurred in a timely manner.
- The principles of the duty of candour were embedded within the management team's practice. The manager was open and honest in response to any complaints and worked in partnership to make improvements. Staff people and relatives told us the manager was approachable.

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

- The management team spent time with people, relatives and staff at meetings or at reviews of care. This allowed them to gain people's views and involve people in any changes being made to the service.
- People could feed back on the quality of the service via surveys.
- The service worked in partnership with other agencies. Staff worked with other health and social care professional to review people's needs and care.
- The provider had used feedback from our last inspection to make improvements to the service and the care people received.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	There was non-compliance with fire safety. Further action was needed following a visit from the fire authority.