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The Beeches Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

Care service description

The Beeches Residential Home provides accommodation and personal care for up to eighteen adults with a learning disability. There were seventeen people living at the service at the time of the inspection. The accommodation is over two floors, with some bedrooms on the ground floor and some upstairs. There is a communal lounge, large dining room/activities room and a garden to the side and rear of the home.

Rating at the last inspection

At the last inspection, on 11 and 12 December 2014 the service was rated Good overall and Requires Improvement in the 'Safe' domain.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 11 and 12 December 2014. Two breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of Regulation 19 of the Health and Social Care Act Regulated Activities Regulations 2014, Fit and proper persons employed and Regulation 13 of the Health and Social Care Act Regulated Activities Regulations 2014, Management of medicines. We undertook this announced focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Beeches Residential Care Home on our website at www.cqc.org.uk.

Why the service is rated good

At this inspection we found the service remained Good overall and is now rated Good in the Safe domain.

The service has a registered manager who was available and supported us during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Comprehensive checks were carried out on staff to ensure they were fit and suitable for their role.

Medicines were managed and stored appropriately. Staff had received up to date training in how to administer medicines and their competency had been checked to ensure people received their medicines as intended by their doctor.

The service had taken reasonable steps to make sure that people were safeguarded from abuse and protected from risk of harm.

Risks to people's safety were assessed and managed appropriately. Assessments identified people's specific needs, and showed how risks could be minimised. Regular health and safety checks were undertaken of the environment and equipment. People and staff took part in fire drills to ensure they knew what to do if a fire should occur. Each person had a Personal evacuation plan, setting out the support and any equipment they needed to leave the building safely in the event of a fire.

There were systems in place to review accidents and incidents and make any relevant improvements as a result.

Staffing levels were regularly assessed to make sure that there were enough staff on duty during the day and night to meet people's individual needs.

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.

Comprehensive checks were carried out on staff before they started to work at the service and there were enough staff available to meet people's needs.

Medicines were stored and recorded appropriately. Staff had received training to ensure they were competent in administering medicines.

The provider had taken reasonable steps to protect people from abuse.

Risks to people's safety and welfare were assessed and managed effectively.

The Beeches Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This focused inspection took place on 13 February 2017. We gave short notice of our inspection visit. We contacted the service on the day of the inspection because we needed access to some confidential records to which only specific staff had access. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our inspection on 11 December 2014 had been made. The inspection was carried out by one inspector.

Prior to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned a PIR within the set time scale.

We spoke to people we met at the service and they varied in their ability to communicate with us. We spoke to the registered manager and deputy manager and looked at two care plans and associated risk assessments; the files of the four most recently employed staff at the service; medicines records and health and safety checks.

Is the service safe?

Our findings

Staff were available to ensure people were safely supported in their daily lives. This included moving around their home, eating and taking part in activities. This support consisted of physical support, guidance and keeping a discreet eye on people to ensure their well-being and safety. One person chose to spend a proportion of the day walking around the service. This person could become frustrated if they met people walking at a different speed from themselves. Staff observed this person in a way that kept them and other people safe, whilst enabling to continue to take part in this activity which they enjoyed.

At our last inspection on 11 December 2014, recruitment practices in operation were not sufficiently robust to ensure people's safety. At this inspection improvements had been made.

Potential applicants completed an application form and attended an interview, where their suitability for the role was assessed. A number of checks were carried out to ensure that staff recruited to the service were suitable for their role. This included obtaining a person's work and/or character references, their employment history, including the reasons for any gaps in their employment, and Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

At our last inspection on 11 December 2014 staff had not received up to date training in how to administer medicines safely and their competency in administering medicines had not been assessed on a regular basis. At this inspection improvements had been made. There was a system in place for making sure all staff that administered medicines had the skills and knowledge to do so. They had received medicines training and a member of staff who had undertaken medicines at a higher skills level, had assessed their competency to do so safely. The competency check included checking their skills and knowledge and observation of the staff member administering and recording medicines.

Medicines were stored securely in a dedicated medicines room to which only senior staff had admission as they were the key holder on shift. Medicines were well organised to minimise the risk of any errors in medicines administration. Most medicines were administered using a monitored dosage system or "blister packs". This meant that the name of the medicine and the person for whom it was prescribed was written on each medication. This helped to ensure that people were given the right medicine as prescribed by their doctor. If new medicines were prescribed, the name, dosage and frequency of the medicine was checked for accuracy by two staff before it was written on to the medicine administration record (MAR). Audits of medicines management were undertaken quarterly which identified any shortfalls. At the last audit it was identified that there was no expiry date on a lotion, so it had been returned to the pharmacy.

At our last inspection on 11 December 2014 it was recommended that the service sought advice and guidance from a reputable source, about ensuring people's individual needs are taken into consideration in the event of a fire. At this inspection advice had been sought and each person had a personal emergency evacuation plan (PEEP) which set out the specific physical support, communication and any equipment each person needed to be safely evacuated in the event of a fire. This information was clearly recorded and

contained a photograph of each person, so it would be easy to understand by fire professionals, not familiar with the service. People and staff took part in regular fire drills to make sure they knew what to do if a fire occurred. It had been identified that some people had not responded immediately to the fire alarm sounding and they had received additional information and guidance around the importance of doing so. There was a plan of regular health and safety checks of the environment and equipment to ensure people lived in a safe environment and that equipment was safe to use. These included visual checks of rooms to ensure that they did not present any hazards and that they were clean and hygienic; ensuring that electrical and gas appliances at the service were safe; and checks that fire equipment was fit for purpose. An external company had also assessed the home's fire safety.

Accidents and incidents were reported to the registered manager. Each month they reviewed this information to see how many accidents had occurred, any action that had been taken, and to identify any specific causes. This was so that any trends or patterns could be identified and action could be taken to reduce the occurrence of any of these events. For example, soft padding had been placed on a corner of the medicines cabinet as staff had accidentally hit their head on it.

Each person's care plan contained individual risk assessments. This was to ensure that risks to people's safety in their everyday lives were identified, and that action was taken to minimise these risks. These included risks when people were undertaking household tasks, went out in the community, in mobilising and due to any behaviours. Clear and detailed guidance was in place about any action that staff needed to take to make sure people were protected from harm. A procedure had been put in place to ensure that any changes in a person's care needs were also made in the person's associated risk assessments. Care plans and risk assessments were updated monthly to make sure they contained the relevant guidance for staff.

People were supported by staff who had received training in how to recognise and respond to any sign of abuse. The service had been proactive in taking the necessary steps to safeguard people. Advice had been sought from a wide range of health professionals in relation to one person who was presenting behaviours that may harm themselves or other people. This included the community nurse, mental health team, psychologist, psychiatrist, speech and language therapist and occupational therapist. The service had acted on this advice and as a result this person had calmed and the number of incidents had reduced. However, the registered manager told us this person had been unsettled for the last few days. The occupational therapist was due to visit in the week following our inspection to look at ways of engaging them in positive activities and the registered manager contacted the relevant professional after the inspection to gain the necessary support due to this change in their behaviour. The local authority had been kept informed throughout and assessed there was no need to raise a safeguarding alert as the service had already put the necessary support in place to safeguard people.

People's abilities varied, with some people only requiring prompts to attend to their personal care and one person requiring two staff to attend to their care needs. There were four staff on duty during the day and one waking and one sleeping night staff. The deputy manager was actively involved in supporting people and each shift was led by a senior care staff. The pace of the service was relaxed and staff were always around to prompt and support people when it was needed. The registered manager had made alterations to the staffing team so that staffing was more flexible to benefit people. They had recruited part-time staff so there was a larger pool of staff available when needed to support people to go out and to cover staff absences.