

Care Care Care Limited

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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Our inspection took place on 25 September 2017 and was unannounced.

At our last inspection we rated the service as 'Good', and did not identify any breaches of regulation.

The Beeches provides accommodation and personal care for up to 23 older people, some of whom were living with dementia. The accommodation is over two floors, with a passenger lift to provide access. There are communal lounges and a dining room on the ground floor.

There was a registered manager in post when we inspected the service. A registered manager is a person who has registered with the Care Quality Commission 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.

People told us they felt safe living at The Beeches. Premises were well maintained and staff understood how to recognise signs of potential abuse and their responsibilities to report these. Premises were well maintained. However, we found medicines were not always managed safely, and identified a breach of regulations.

Staff were recruited safely and deployed in sufficient numbers to provide safe care and support, and the registered manager planned to work with the provider to develop a tool to help calculate safe staffing levels based on people's needs.

When accidents occurred we saw these were reported and investigated appropriately.

People's capacity to make decisions was not always well recorded, and where best interests decisions were required there was not always documentation in place. The registered manager was recognising when applications for Deprivation of Liberty Safeguards (DoLS) were needed, however we saw one DoLS had conditions attached to the authorisation which were not being met. We identified a breach of regulation associated with this.

People told us they enjoyed the food, however we saw people did not always receive effective support at mealtimes. We observed the lunchtime meal was not well organised, and the registered manager was candid in raising this with us before we gave feedback.

We saw people were supported to access health and social care professionals when needed.

Staff received an effective induction and had good access to on-going training. Supervision and appraisal meetings were regular and meaningful. People told us they had confidence in the staff's ability to provide effective care.

People and relatives told us the staff were caring, and we made observations that confirmed this. We saw a good approach to maintaining people's privacy and dignity, and staff we spoke with knew people well.'

The provider assessed people's needs before they began using the service, and used this information to write a series of individualised care plans, which were kept up to date. Care plans reflected people's individual needs and preferences, although we did not see evidence of people or their relatives being involved in this process.

There was a programme of activities and relatives confirmed activities took place.

We saw there were processes in place to ensure complaints were managed appropriately, and people and their relatives told us they would be happy speaking with the registered manager if they had any concerns.

We received good feedback about the registered manager. Staff described them as approachable and said the registered manager regularly worked alongside them providing care.

There were a number of systems in place to monitor and improve quality in the home, including audits, meetings and surveys. Although audits were up to date we discussed some changes which could be made to strengthen this activity.

During the inspection we identified two breaches of regulation. You can see what action we told the provider to take at the back of the full version of the report.

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.

Stocks of some medicines did not balance with records of administration (MARs), and there were incomplete records for some controlled drugs. Some MARs had gaps, meaning accurate records were not always kept.

Recruitment of staff was safe, and we concluded they were deployed in sufficient numbers.

Risks associated with people's care and support were well assessed. There was guidance in place to show staff how these risks could be minimised.

Requires Improvement 

Is the service effective?

The service was not always effective.

The registered manager made timely applications for DoLS, however was not meeting the conditions attached to one authorisation. People's capacity to make decisions was not always robustly recorded, and best interests decisions were not always made appropriately.

People told us they enjoyed the meals served at the home, but we observed the lunchtime service and found this was not always well managed.

Staff had a good level of training and on-going support. People told us they had confidence the staff knew how to provide good care.

Requires Improvement 

Is the service caring?

The service was caring.

Care plans were personalised and staff knew people's needs and preferences well. People told us staff were caring.

Staff demonstrated they understood the importance of respecting people's rights, privacy and dignity.

Good 

Observations we made showed staff interacted with people regularly, and in caring ways.

Is the service responsive?

The service was responsive.

Care plans showed how care and support should be provided for people and were kept up to date.

There were systems in place to ensure complaints were recorded and responded to appropriately. People and their relatives told us they would be able to speak with the registered manager if they had any concerns..

There was a programme of activities in place in the home, however we saw a lack of engagement on the day of our inspection.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The registered manager had a wide-ranging programme of audit in place, however these had not always been sufficiently robust. We identified breaches of regulation during the inspection.

There were good systems in place to engage people, their relatives and staff in the running of the home, such as meetings and surveys.

We received good feedback about the registered manager. People, their relatives and staff said the home provided good care.

Requires Improvement ●

The Beeches

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.

The inspection took place on 25 September 2017 and was unannounced. The inspection team consisted of an inspector and an expert-by-experience, with experience of supporting someone who used this type of service.

Before the inspection we reviewed all the information we held about the service. This included past inspection reports and information notified to the Care Quality Commission by the provider. We also contacted other bodies including the local authority commissioning and safeguarding teams, the fire and rescue service and Healthwatch. Healthwatch is an independent body which represents the views of people who use health and social care services in England. We did not receive any information of concern.

Before our inspection we sent 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 it to us in May 2017.

During the inspection we looked at records relating to the provision of personal care and the running of the service. These included four care plans, medicines records, four staff files and other evidence which showed how the service was managed. We spoke with the registered manager, deputy manager, chef, and four members of care staff. We spoke with three people who used the service, and four visiting relatives. We also spent time making observations around the service, including all communal areas, some bathrooms and some people's rooms. We also 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

At our last inspection we rated this key question as 'requires improvement.' We said in our report that we had seen improvement in environmental risk assessments and to the maintenance of the décor. At this inspection we found improvements in these areas had been maintained, however we identified a new breach of regulation, which means we have rated the service as 'requires improvement' in this key question again.

People we spoke with told us staff supported them with their medicines, and that they got them on time. We saw storage of medicines was secure and tidy, and checks were up to date to show the room was kept at a safe temperature. There was suitable storage for medicines which needed to be kept at a low temperature. Most medicines were delivered in blister packs for each person for administration at set times, for example morning or teatime. When we checked blister packs we saw administration of these was up to date.

We looked at the management of medicines in the home, and found this was not always robust. For example, we looked at the management of controlled drugs. These are medicines which require additional secure storage. We found two controlled drugs in the secure store which had not been entered into the controlled drugs book on delivery. Some medicines were in individual boxes and stocks of these did not always match the MAR. This meant not all medicines could be accounted for.

The MARs for creams and ointments, also known as topical medicines, were not always completed correctly. There were a large number of gaps where no administration had been recorded. Staff should always record any instances of people refusing medicines, where medicines are not needed and if any medicine is wasted, for example because it is dropped on the floor and cannot be given. The member of staff administering medicines on the day of our inspection told us, "The gaps are probably where something has not been required, but it's [MAR] not completed properly."

Some medicines are prescribed on an 'as and when' basis. These are also known as 'PRN'. We found protocols in place to help staff understand if a PRN was needed, for example for pain, were not always sufficiently detailed. They lacked information to help staff understand the need for PRN if the person could not explain for themselves. This can include changes in presentation and expressions or phrases the person may use. This meant staff may not always be able to respond to people's need for PRN medicines.

When we observed staff using slings for hoisting people, we asked how they were able to identify which sling belonged to which person. They told us they used the same sling each time. This could result in poor infection control and a risk of accidents occurring due to people being moved in a sling of inappropriate size. We brought this to the attention of the registered manager and asked them to take action to address this.

We concluded the provider was in breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they felt safe living at The Beeches. One person said, "I do feel safe here. Absolutely. I have never had any problems." Another person told us, "I feel totally safe living here." Relatives we spoke with said they felt people were safe at the service. They told us they had not witnessed any incidents which had caused them concern.

We saw a range of risk assessments in people's care plan, such as those for falls, nutrition and hydration and skin integrity. We saw these were kept up to date, with appropriate changes made to care plans when people's risk level changed. Staff were provided with guidance to show actions they could take in order to minimise any risks.

We found recruitment practice was safe. We saw copies of application forms and notes made during people's interviews on file. The provider had made background checks including identity, asking for relevant references and checking with the disclosure and barring service (DBS). The DBS is an agency which holds information about people who may be barred from working with vulnerable people. Making checks such as these help employers make safer recruitment decisions

We asked people and their relatives if there were always enough staff on duty. One person told us, "There do seem to be enough staff but they are overworked." None of the people who used the service expressed concerns about staffing levels. Most relatives confirmed they also thought there were enough staff, however one relative told us, "Maybe they could do with more sometimes, but generally they are fine."

The deputy manager discussed staffing with us. They told us they did not use agency staff, as they were able to cover any gaps on rotas with their own staff. This meant people would always be familiar with the staff on duty. Staff we spoke with told us they were always deployed in sufficient numbers to meet people's care and support needs. One staff member told us, "Some shifts can be demanding, but we can manage." We looked at rotas for the previous month which showed staffing levels had been consistent. The registered manager told us they did not use a dependency tool. This is a way of calculating safe staffing levels based on people's care and support needs. They told us they would liaise with the provider in order to source or develop a dependency tool.

Staff we spoke with could describe how to identify potential abuse, and understood their responsibility to report their concerns. They told us they would report to the registered manager or deputy manager, and were confident appropriate action would be taken. Staff knew they could also make reports to other bodies such as the local authority safeguarding team or CQC. People and relatives we spoke with said they had no concerns about staff practice.

We looked at records of accidents and incidents which showed the provider was recognising potential safeguarding incidents and reporting to the safeguarding team and CQC as required. The registered manager and deputy manager were knowledgeable about which things they needed to notify to the CQC.

In the PIR the provider told us, 'We do environmental risk assessments, we have a programme of re-decoration. Management check premises on a weekly basis to ensure equipment and premises are safe. Water temperatures are check monthly, we have 6 monthly fire safety training and alarms are tested weekly. Staff are encouraged to report any risk identified to management to record it in the Managers communication book.' We saw evidence during the inspection this was the case.

We saw the home was kept clean, and saw evidence there was a rolling programme of re-decoration in place. There were up to date certificates and records of checks in place to show the provider ensured routine testing and maintenance was kept up to date. This included equipment use to provide care, fire

systems, and gas and electricity installations.

Is the service effective?

Our findings

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 told us they were offered choices, and gave some examples of this. One person said, "Yes, the staff are lovely here. They do respect me, especially in the bathroom. I prefer a shower to a bath." A relative told us, "They definitely understand [my relative's] needs and preferences."

Staff we spoke with gave examples of how they offered choice, for example when asking people whether they wished to get up or what they wanted to wear or eat.

We found care plans lacked robust assessment of people's capacity to make specific decisions. For example, one person's care plan contained a capacity assessment for administration of one specific medicine, but not for other decisions such as the choice to live at The Beeches or to consent to care and support. Where people lacked capacity to make decisions there was not always an appropriate record of consent. For example, in one care plan we saw the person had consented to bed rails being fitted to their bed, however a capacity assessment stated they did not have capacity to make other decisions about their care. There was no capacity assessment for the decision to fit bed rails. Other care plans we looked at showed consent was frequently recorded as, '[name of person] unable to sign.'

Where people lacked capacity there was an inconsistent approach to recording best interest decisions on the person's behalf. In one care plan we saw the person's family had been involved in assessing their capacity, however the documentation for recording the best interest decision was not completed. One care plan we looked at showed the person did not wish to have contact with family members, however we saw instructions for staff which included contacting members of the family to provide information about the person. This meant the person's wishes were not always being respected.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us there were four people with an authorised DoLS in place, and the provider had submitted further applications as necessary. We saw one person's DoLS had conditions in place, however we found these were not being met. We saw the provider had been asked to undertake capacity assessments and, where required, hold best interest decision meetings relating to key areas of the care plan. We did not find evidence of decision specific capacity assessments having been carried out and there were no records relating to best interest decisions. The registered manager sent us an email confirming action

had been taken to address this on the day after our inspection.

We concluded the provider was in breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people and relatives whether the staff had the skills to meet people's care and support needs. One person said, "The staff do seem to have the right skills and they do listen to me." A relative told us, "I'm confident that the staff understand all [my relative's] needs."

We saw evidence which showed staff underwent a structured induction. We saw there were records of observations of practice which were used to evidence why sections of the induction had been successfully completed, and that the process lasted several weeks. Staff undertook training in moving and handling, food hygiene, fire procedures, diet and nutrition and dementia.

We looked at the overview of training which showed what training staff had received, and when it was due to be refreshed. The deputy manager showed us there were reminders put in the management diary to ensure training was booked when needed. Staff told us they had a good range of training, and could ask for additional training if they felt it was needed. They told us the registered manager acted on their requests.

Staff received support in the form of supervision and appraisal meetings. Holding these meetings enables staff to discuss their performance and identify any additional training they may need. We saw there was a regular programme in place, and records showed staff had regular supervision and appraisal. We saw detailed records were kept to show what had been discussed and what actions could be taken. Staff we spoke with told us they found the meetings useful and felt able to speak honestly.

One relative told us they felt respite care was effective. They said, "When [name of person] comes back to the home from our house she always smiles and says 'I'm going to have a lie in tomorrow.'"

We saw people were supported to access health and social care professionals when this was needed. We saw care plans contained access to a variety of support including GPs, district nurses, opticians and chiropodists. One person told us, "If I wanted to see my GP I would ask the manager." Another person said, "It's easy to get to my GP, in fact I have just organised my flu jab."

People and their relatives were mainly positive when we asked about the meals served at The Beeches. One person told us, "The food is very good. I can't say I have a favourite, everything is good." Another person said, "The food is good, we are offered choices." Relatives also gave mainly positive responses about the meals, although one told us their relative said they did not like the food. One person told us the staff gave refreshments to their family when they visited. They said, "My family like to come here and they always have a cup of tea and biscuits when they come."

We spoke with the chef and found they were knowledgeable about people's dietary needs. They had access to clear information which helped them provide meals suitable for a range of needs, for example for people who needed the texture of their food altering to ensure it was safe for them, and people who required specific diets for cultural, spiritual or health needs. We saw people were given drinks and snacks during the day.

People ate their lunchtime meal in the dining room or lounge. We made observations in both places. We saw people in the lounge were served meals on a tray, however they were served with their hot pudding at the same time as their main course. This may have been confusing for people living with dementia, and

meant people's puddings may not have still been hot when they wanted to eat them. We asked a member of staff about this and they said, "That's how we have always done it, but now you mention it I don't know why." We brought this to the attention of the registered manager and asked them to take action.

We found the lunchtime service in the dining room was not always well managed. There were no menus to enable people to ask for an alternative meal if they had changed their mind. We saw people were asked the day before each meal what they wanted, which can be challenging for people living with dementia. People did not always receive assistance with their meals in a timely way. For example, we saw one person struggled to eat their meal independently but staff did not notice this. We saw the person tried to use their cutlery but gave up without completing their meal. When they were served a pudding we saw they were able to eat this with a spoon. The registered manager raised with us during the inspection that they felt the lunchtime experience did not always reflect people's normal experience. They discussed possible causes with us, and told us how they would ensure this was an isolated example.

Is the service caring?

Our findings

In the PIR the provider told us, 'Residents choose what time they want to get up and to bed, this is recorded in their care plans, they choose what to wear, when to shower or bath and are assisted by care staff. All residents lacking capacity are supported to look their best and are encouraged to wash and dress appropriately. Staff promote independence and encourage people to assist with personal cares, effective care planning ensures staff are caring and supportive. During the inspection we made observations which confirmed this was the case.

People and their relatives gave positive feedback about the caring nature of the staff. One person said, "Yes, I think they [staff] care about me. They care about everyone." Another person told us, "They [staff] care about me." People told us their visitors could attend at any time and were made to feel welcome. One person told us their relative enjoyed the good atmosphere in the home. Relatives also told us the service was caring. One relative said, "They can have a laugh and a joke with [name of person]. Sometimes she is not even bothered about talking to me when I come." Another relative told us, "I feel the staff care passionately about [my relative]." One visitor told us non-care staff also had a good rapport with their relative.

Our observations showed the majority of staff interactions with people were positive. This can mean, for example, the staff member was focused on and showed interest in the person, the staff member demonstrated they knew the person well, or we saw the person enjoyed the interaction. All the people we included in our SOFI had interaction from staff at some time during the period we were making observations.

People we spoke with could not tell us about their involvement with their care plans. Relatives were aware people had care plans, but gave no examples to show how they had been involved in writing them. We saw information in care plans which evidenced the staff had spent time getting to know people's personalities, preferences and dislikes. Staff we spoke with were able to tell us in detail about people they supported, and spoke about them with fondness.

We saw people looked well presented with hair styled and clean clothing. Staff we spoke with understood the importance of maintaining people's privacy and dignity, and gave examples of how this was done. These included keeping people covered during personal care, respecting individual's rights and choices, and ensuring they knocked on bedroom doors before entering. During the inspection we observed staff were respectful and engaging when interacting with people.

People confirmed the staff were respectful and protected their privacy and dignity. One person said, "They treat me with absolute kindness and respect. Without this place I would be gone now." Another person told us, "They respect my privacy and dignity. Of course they do." One relative told us the staff ensured their relative's privacy and dignity were respected when personal care was given during their visits

Is the service responsive?

Our findings

In the PIR the provider told us, 'Monthly review of care plans, liaise with outside agencies such as residents own GPs, my therapy, community dieticians. Contact district nurses to ensure effect pressure care and correct equipment in place. Discuss with residents and families any concerns they may have regarding care delivered, act upon any suggestions raised at residents and family meetings. No complaints as we have an open door policy and any issues are dealt with immediately.' During the inspection we saw evidence this was the case.

We saw the provider carried out an assessment of people's needs before they began using the service. This meant they were able to be sure they could provide the care and support people needed. From this a series of care plans were written to show how those needs would be met, including those for nutrition, personal care, falls, communication and people's psychological and emotional needs.

People and their relatives were not able to tell us how they were involved in reviewing care plans to ensure they reflected people's current needs, although we saw staff did this monthly. One relative told us, "I have not been involved with her care plan, and haven't had any discussions about it." Another relative said, "I'm not too involved [with the care plan]. I leave it to the management." However, people's relatives did tell us they were happy the staff kept them up to date with any changes in people's care needs. One relative told us the service responded well to requests from them. They said, "If [name of person] needs their nails cutting I just mention it. If there is anything [which the staff need to act on] we sort it."

One relative told us they were confident staff responded to medical conditions appropriately. They said, "[My relative] had some sort of bug and they made sure they kept her segregated. They made sure she was ok." Another relative told us, "They took [name of person] to the hospital and called me immediately. The manager stayed with her until she was discharged."

People we spoke chose not to tell us about their experience any of the activities organised in the home. One person said, "As far as activities go, I don't bother." A relative told us, "[Name of person] takes part in many activities; exercising, music, skittles. All sorts of activities." Another relative told us, "With regards to activities, [name of person] is not really bothered." During our SOFI observations we saw the television was on in the lounge, however no one was asked what they wanted to watch, and people showed little interest in the programme. People we were observing spent most of their time either looking around the room, asleep or withdrawn. The activity on the day of our inspection was 'hairdressing', which is part of personal care. Although we saw people who visited the hairdresser enjoyed the experience, there was no alternative activity for people to engage with.

We saw there were processes in place to ensure complaints were recorded and responded to appropriately, although none had been received in the time since our last inspection. Relatives we spoke with understood how to raise concerns. One relative told us, "I do know how to complain and if I had any concerns I would talk to the manager." Another relative said, "I have never had occasion to complain, but if I did want to I will go straight to the manager."

Is the service well-led?

Our findings

In the PIR the provider told us, 'Management receive positive feedback from residents during residents and families during meetings. Management are assessable at all times during the day and on call 24/7. The manager will work shifts on the floor on a regular basis ensuring residents' needs met and they are treated with dignity. Observational audits completed during shift, management include night staff in discussions concerning the service, keeping them up to date on any changes, this is by management seeing individuals at start of the night shift. No complaints in the last 12 months as concerns dealt with effectively. Weekly meetings with the service provider to discuss the business and any concerns that we may have.' During the inspection we saw evidence this was the case.

There was a registered manager in post at the time of our inspection. There was also a deputy manager in the home, and out of hour cover was provided by the management team so that staff always had someone on call if they needed advice.

People and their relatives gave positive feedback when asked about the management of the service. One relative told us, "I think the manager is lovely. I can talk to her at any time." Another relative said, "The management and leadership is first class. I haven't had any problems at all." All relatives we spoke with said there was good communication between them and the managers in the home. One relative told us, "I am delighted with the level of communication. They always keep me informed."

Staff also gave positive feedback about leadership and their experiences of working at The Beeches. One staff member told us, "[The manager] has a heart of gold and will always help out." Another staff member said, "We all get on well, it's a good place to work." Staff we spoke with told us they thought there was a good quality of care and would recommend the home as a good place to live and work.

People and their relatives told us they were happy with the quality of care provided. One relative told us another family member had visited from overseas and said they had, "Gone home happy" after seeing the care their relative received. Another relative told us, "I wouldn't take [name of relative] anywhere else."

We saw evidence the registered manager had systems in place to measure and monitor quality in the service, however these had not always been effective. For example, a medicines audit carried out before our inspection had not identified gaps on MARs and issues with stock balances. The registered manager told us about changes they would make to this audit following our inspection feedback. Other regular audits carried out included those of pressure care, continence, care plans, cleaning and accidents and incidents. We saw they were detailed and recorded actions to be taken, which were signed off once completed.

The registered manager involved people, their relatives and staff in the running of the home. We saw there were regular meetings involving people and their relatives, and an annual questionnaire was sent out. We looked at the records of the most recent survey, carried out in May 2017. We saw feedback was overwhelmingly positive in all areas. One person's relative had commented, 'The management and staff are all very caring people. We couldn't ask for a better care home for our relative.'

A staff survey had also been carried out in March 2017. Feedback was again overwhelmingly positive, with staff commenting in particular on the support they received from the managers and their colleagues, their ability to contribute ideas to improve the service, training and being kept informed about the service.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Assessments of people's capacity to make decisions were not always robust, and best interests decisions were not always recorded appropriately. The provider was not meeting the conditions attached to the authorisation of one person's DoLS.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not always well managed. Two controlled drugs were not properly recorded and stocks of medicines did not always balance. Records of administration had a number of gaps, and PRN protocols were not sufficiently detailed.</p> <p>Slings used for moving and handling were communal.</p>