Cygnet Learning Disabilities Midlands Limited

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence, and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Beeches is a residential care home providing personal care to 11 people at the time of the inspection. The service can support up to 12 people.

People's experience of using this service and what we found
People were not always supported by enough staff to meet their care needs. The provider's assessment of the minimum safe staffing levels did not include some people's support needs. Staffing issues meant people did not always receive the one-to-one support they needed.

The provider's safeguarding process was not always consistently applied, and an incident of alleged abuse was not notified to the CQC and local authority safeguarding team by the provider. This is something the provider is required to do.

People's living environment had improved since the last inspection and was now clean and hygienic. Staff had improved the hygiene and homeliness of some people's bedrooms, which we had raised concerns about at the last inspection. People were protected by the provider's COVID-19 infection prevention and control measures.

People's individual risks were identified by the provider and care plans were personalised and comprehensive. People were supported by the provider's multi-disciplinary care team who had increased their presence in the care home since our last inspection.

People's prescribed medicines were managed, recorded, and administered safely. People's individual risk assessments and care plans had been reviewed and updated to ensure they provided an appropriate guide for staff.

People were supported by staff who had received the necessary training to be able to safely meet their care needs. Staff knew how to support them safely and in line with their individual risk assessments and care plans.

People were supported to eat and drink enough to be healthy. Following a recent death of a person, the provider had reviewed and enhanced their support for people who may be at risk of choking on food.

People had access to various activities within the care home and also access to a vehicle for trips out to activities in the community.

People's relatives told us that communication with them, from the service, had recently started to improve.

Right Support
People did not always receive person-centred care due to staffing issues; and some people's specific support needs were not always clearly identified in their care plans. The service enabled people to access specialist health care support from the provider's own in-house multi-disciplinary care team.

Right Care
Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.

Right culture
The service had recently started to become more open with external agencies and the families of the people they supported. However, that change in approach was not yet fully embedded. Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and the provider reviewed those incidents to see how they might be avoided or reduced.

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 5 October 2021) and there were five breaches of regulations. The provider completed an action plan after the last inspection to show what they would do, and by when, to improve.

This service has been in Special Measures since 5 October 2021. During this inspection the provider demonstrated improvements had been made in some areas. Although we found the provider was still in breach of one regulation 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
We undertook this focused inspection to check whether the Warning Notices we previously served in relation to Regulations 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has changed following this focused inspection and is now rated Requires Improvement.

The inspection was also prompted, in part, by notification of a specific incident; following which a person using the service died. This incident is potentially subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident. The information CQC received about the incident indicated concerns about the management of people's choking risks. This inspection examined those risks.

We also assessed whether the service is applying the principles of Right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

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

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a continuing breach of regulation 18 in relation to staffing levels at this inspection.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

Requires Improvement

The service was not always safe

Details are in our safe findings below.

Is the service effective?

Good

The service was effective

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led

Details are in our well-led findings below.

Beeches

Detailed findings

Background to this inspection

The inspection
This was a focused inspection to check whether the provider had met the requirements of the Warning Notices in relation to Regulation 17 (Good Governance) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Beeches is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 as they had recently left their position. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. Day to day management support was provided by an acting manager, who was also the provider's deputy operations director. Additional management support was also provided by the deputy manager.

Notice of inspection
This inspection was unannounced.

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 and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. 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
During the inspection we spent time observing how care and support was given to people. We spoke with eight staff, including the acting manager, deputy manager, cook, domestic supervisor, administrator, and care staff. We reviewed a range of records. This included elements of four people's care records, three staff files and multiple medication records.

We used the Quality of Life Tool which is designed to support the corroboration of all sources of evidence gathered during inspection.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We asked the provider to give us additional evidence about how the service was managed. We looked at training data and quality assurance records. We spoke with the local authority adult social care commissioning team and a social worker who was conducting safeguarding enquiries about the service. We received feedback from four relatives of people who live at the service and 10 staff members.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now 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.

The purpose of this inspection was partly to check if the provider had met the requirements of the warning notice we previously served which related to staffing.

At our last inspection the provider failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed in order to meet the needs of people receiving care. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider continued to be in breach of regulation 18.

Staffing and recruitment

- Since the last inspection the provider had implemented ongoing staff recruitment to recruit additional staff and had been using agency care staff to maintain staffing levels. However, this had not always been effective.
- People continued to not always be supported by enough staff. Staffing levels did not always match the assessed care needs of people. People did not always receive the support they required; which increased potential risks and limited their activities within the care home and in the community.
- The provider's assessment of the number of staff required to provide safe care for people did not always reflect the reality of people's support needs. The provider had risk assessed the minimum number of staff required to keep people safe during periods of staff vacancies or unexpected staff absences. However, the assessment did not always take into account the behavioural characteristics of some of the people living at the Beeches. This was raised with the acting manager who told us they would review their minimum safe staffing level risk assessment.
- Everyone living at the Beeches required one-to-one staff support for most of each day. However, staff told us some people were often 'paired up' with other people due to the shortage of care staff. A staff member told us, "All the residents should receive their one-to-one care, but some don't get it, and when they are paired up with another person they are often left on their own."
- People's care support at weekends was particularly affected as the catering staff did not work on those days. A staff member told us, "Support staff, allocated to a resident, are still expected to cook for 24 plus people twice a day, which pulls them off the floor." Another staff member told us, "You are having to walk back and forth from the main kitchen to care for your resident, and check that everything is cooking safely." The inspector raised this with the acting manager who told us they would review their catering staff arrangements.

● Ancillary staff cover was not always maintained. Since the last inspection, the provider had increased the availability of cleaning staff which meant they now worked Monday to Saturday. However, cleaning staff did not work on Sundays, which meant care staff also had to carry out those important cleaning tasks, which further reduced the number of staff available to provide care support to people.
● This meant there were times when people did not receive the support they needed and were at increased risk of receiving unsafe care.

The provider failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed in order to meet the needs of the people receiving care. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities)

● Staff were safely recruited. The provider undertook pre-employment checks to help ensure prospective staff were suitable to care for people. The provider ensured staff were of good character and were fit to carry out their work.

At our last inspection the provider failed to ensure consistent systems and processes were in place to safeguard people from the risk of abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) 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 13.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong.
● Staff were trained appropriately in how to recognise, and report potential abuse. However, staff told us about an allegation of abuse where their previous registered manager had not notified the local authority safeguarding adults team, or the CQC. The inspector raised this with the new acting manager who immediately took the necessary action and notified the local authority safeguarding team about the abuse allegation.
● A similar issue had been found at the previous inspection and the provider had assured us they would learn the lessons and take action to prevent recurrence. The failure to notify CQC about such incidents impedes the Commissions ability to monitor the quality of care at the service.
● Improvements were seen in the completion of incident reports by care staff. This supported the provider's ability to review incidents, identify possible causes, and take steps to keep people safe.

At our last inspection the provider failed to ensure the proper and safe management of medicines; that adequate hygiene arrangements were in place to reduce the potential for the spread of health infections; and that all reasonable steps were taken to mitigate the individual identified risks of people receiving care. This was a breach of regulation 12 (Safe care and treatment) 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 12.

Preventing and controlling infection
● The service had improved their infection, prevention and control measures to keep people safe. The provider had employed a domestic supervisor who co-ordinated the cleaning of the premises. Cleaning staff

were available on-site Monday to Saturday. However, on Sundays the cleaning tasks were required to be carried out by care staff, which had an impact on the availability of care staff to support people.
● The care home premises appeared clean and hygienic. Since the last inspection extra cleaning and monitoring arrangements had been implemented. This was especially important in respect of those people whose behavioural characteristics meant they regularly required their bedrooms and ensuite toilets to be cleaned a number of times each day.
● The service prevented visitors from catching and spreading infections.
● The service followed shielding and social distancing rules.
● Staff used personal protective equipment (PPE) effectively and safely.
● The service tested for infection in people using the service and staff.
● The service promoted safety through the layout of the premises and staff's hygiene practices.
● The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
● The service's infection prevention and control policy was up to date.
● The service supported visits for people living in the home in line with current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

The Government has now changed the legal requirement for vaccination in care homes, but, at the time of the inspection, the service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Assessing risk, safety monitoring and management
● People were protected from identified individual risks. Following the recent death of a person at the care home, the provider had reviewed their arrangements for ensuring staff understood how to support people, who required a modified diet, due to their known risks of choking on certain types of food.
● Staff knew how to safely support people during incidents. Since the last inspection the provider's multi-disciplinary team (MDT) had begun reassessing people's support needs and had updated some people's positive behavioural support plans, which were a guide for staff. We witnessed an incident where staff successfully de-escalated a person's behaviours and redirected them to an activity they could safely engage in.
● Staff confirmed to us that the provider's MDT had been more present in the care home in recent months. However, a staff member told us, "One of the service users needs moving on. We aren't able to meet their needs." Another staff member told us. "It's very rare for any of the MDT to actually work alongside us with any of the residents. I have repeatedly asked for the MDT to come and help us support a resident who struggles to communicate anything, but this is yet to happen."
● The issue of MDT assessments and support for people, and care staff, was raised with the acting manager. They told us, in addition to increasing the presence of the MDT members in the care home, the provider had introduced a queries/suggestions box so care staff could write down any concerns or questions for the MDT; who would review and respond to them when they were next at the care home.
● People were able to access a safe outdoor space. Since the last inspection the provider had refurbished an outdoor area designed to be safe for people who were known to be at risk from eating non-food items. This helped reduce the risk of harm to people.
● People's care records helped them get the support they needed because it was easy for staff to access the necessary guidance. Staff kept accurate, complete, legible and up-to-date records, and stored them

securely.

Using medicines safely

● The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff ensured that people's medicines were regularly reviewed by prescribers. Since the last inspection the provider had clarified the communication links between the provider's own medical practitioners and people's own local GPs, to reduce the potential for prescribing errors.

● Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating, when medicines were given covertly, and when assessing risks of people taking medicines themselves.

● People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Since the last inspection the provider had enhanced their monitoring of the way people's prescribed medicines were managed.

Good

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has changed to Good. This meant, at the time of this inspection, people's outcomes were found to be good, and people's feedback confirmed this.

At our last inspection the provider failed to ensure the care and treatment of service users was appropriate, met their needs and reflected their preferences. This was a breach of regulation 9 (Person-centred care) 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 9.

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

- People's individual risk assessments and support plans were not always aligned. For example, a person's risk assessment had not identified a potentially serious risk which was referred to in their support plan. This inconsistency increased the likelihood of inappropriate care being provided by staff and the potential for harm. We raised this with the acting manager who arranged to update the risk assessment and care plan immediately.
- Since the last inspection no new people had moved into the care home. However, the provider told us they had reviewed their referral processes and any new referrals would be assessed to see if the care home could safely meet their care needs. The acting manager assured us the assessment would also consider potential compatibility issues with existing people living in the care home.
- People's needs, and choices, were more consistently met since the last inspection. We saw people receiving support from staff in line with guidance from the provider's own MDT. Consistency of support is an important part of meeting the complex support needs of people.
- Staff, and the provider's MDT, completed a comprehensive assessment of each person's physical and mental health. This was used to inform people's care plans which were a guide to staff on how people should be supported.
- People had care and support plans that were personalised, reflected their assessed needs, and included physical and mental health needs. Recently, the acting manager had been active in encouraging relatives of people to be involved in the review of their family member's care plans.

Staff support: induction, training, skills and experience

- Staff feedback on the support they received from the provider was mixed. For example, a staff member told us, "I think the home has improved a lot since the previous inspection. Things feel better run." Another staff member told us that, since the recent change in local management, "I feel very supported by management I find them very approachable to discuss any problems and issues that I may come across at work."

● Other staff had different views. For example, a staff member told us, "I don't think things have improved, I think things have gotten worse." Another staff member told us, "I don't feel things have overly improved, there's still many issues in regard to the staffing levels." The inspector raised this general issue with the acting manager who told us they were aware of the strain the staff team were under, due to staff vacancies, and they were actively trying to recruit additional staff which would ease the situation in the near future.
● People were supported by staff who had received relevant training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, human rights and restrictive interventions. We observed staff applying their training in practice when they supported people.
● Staff were committed to using techniques which promoted the reduction in restrictive practice. For example, we observed an incident in which a staff member calmly supported a person to redirect their attention away from a destructive activity to a more positive and creative one, which they clearly became engaged with and focussed on.

Supporting people to eat and drink enough to maintain a balanced diet
● Staff were aware of the needs of people who required modified diets due to an identified risk of choking on certain foods. Following a recent death at the care home, the provider had reviewed people's eating and drinking risk assessments and care plans. Staff had read the care plans, and information was readily available in the kitchen areas as a reminder of people's individual risks and the specific support required.
● People were supported to eat and drink enough. People were offered choices of food and drink. Mealtimes were flexible depending on people's individual needs.
● People were able to eat and drink in line with their cultural preferences and beliefs. The provider ensured that culturally appropriate meal ingredients and meal options were available for those who preferred them.

Adapting service, design, decoration to meet people's needs
● People's living environment had improved since the last inspection. The provider had refurbished or repaired various parts of the care home which had previously been in poor condition.
● Some people's relatives told us they had not seen their relative's bedroom. For example, a relative told us, "I have never seen their room, or inside the unit where they live. When we visit, we just meet them in the lounge in the front of the building. If I could see their room then I would love to be able to help [person] to sort out their clothes." Another relative told us, "They've told me they have decorated [person's] room but I have never seen it."
● People had been able to personalise their bedrooms according to their preferences and assessed needs. Where there were necessary limits on the items in a person's bedroom those decisions had been taken in the person's best interest; and were documented as such in risk assessments and care plans.
● People were supported to gradually overcome difficulties which might otherwise have a negative impact on their lives. For example, a person was known not to tolerate items in their bedroom. This previously led to the room becoming increasingly institutional in appearance. A staff member told us how, since the last inspection, the care team had gradually supported the person to tolerate specialised items of furniture and a partial floor covering. Although the room was still relatively bare, it looked more homely, met their assessed needs, and was significantly more comfortable for the person to relax in.
● The care home had various communal spaces available to people including an art room , a computer room, and a lounge containing interactive equipment. Although we did not observe any people using those rooms during the inspection the acting manager told us some people made good use of them when they chose to.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

● People were supported by the provider's own MDT; consisting of a psychiatrist, clinical psychologist, assistant psychologist, speech and language therapist and occupational therapist who worked closely with the care home team. The service also linked with the local GP surgery and pharmacy.

● Some people were supported to access external services. For example, a person was supported to attend a local college each week. The service also had access to a vehicle to facilitate trips out to other leisure activities in the community.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Most people had appropriate DoLS authorisations in place and, for those who didn't, we saw the provider had made the necessary referral to the appropriate legal authority and was waiting to hear the outcome of the DoLS application.

● People were supported by staff who had received training in DoLS and MCA and understood how the principles should be applied in practice. The principles of the MCA were being followed.

Requires Improvement

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 the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved 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.

The purpose of this inspection was partly to check if the provider had met the requirements of the warning notice we previously served which related to the provider's management and governance arrangements.

At our last inspection the provider failed to ensure that consistent and effective systems and processes were in place to assess, monitor and improve the quality and safety of the services provided to people receiving care. This was a breach of regulation 17 (Good governance) 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 17

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 previous registered manager had not always been open and honest with CQC. For example, there had been occasions when, due to staff COVID-19 isolation, the numbers of staff on shift at the care home had fallen below the provider's assessed minimum safe levels. CQC requested copies of rotas, and an explanation of the situation, at that time. However, during this inspection, the acting manager told us the information provided to CQC, by the previous registered manager, had not been accurate and had significantly understated the number of occasions when staffing levels were at, or less than, the safe minimum level.
- The acting manager of the service demonstrated an open approach when communicating with the CQC and other statutory agencies. Families also told us communication from the service had improved. For example, a relative told us, "[Acting manager] seems much more friendly and compassionate."

Continuous learning and improving care

- The provider had addressed their staffing issues since our last inspection. However, staff vacancies, the impact of COVID-19 outbreaks, and the need for affected care staff to self-isolate, had limited the effectiveness of the provider's efforts. The acting manager told us they were continuing to recruit new staff to join the team and anticipated having a full staff team again in the near future.
- The acting manager told us they recognised there had been communication and trust issues between the care staff, local management, and the provider's MDT. These had also been identified in the provider's annual staff satisfaction surveys. The provider had brought in additional support from their human

resources team to identify issues and ways in which the difficulties could be addressed.
● The provider had acted, following our last inspection, to improve people's living environment. They had refurbished some areas and improved the cleanliness of the care home. Feedback we received from other external statutory agencies demonstrated the improvements in hygiene had been sustained.
● The acting manager was open to receiving feedback about the service, from staff, external agencies, and relatives of the people they supported. This feedback was used to identify further areas for service improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The recent death of a person had severely affected the staff team. A staff member told us, "Staff morale had been getting better, but since the recent death of [person] it has gone down again. We currently don't have a permanent manager, although I do feel [acting manager] is doing a good job at overseeing the unit and getting us to a reasonable place to be." Another staff member told us, "Initially the staff felt supported about this. But after a few days, no-one asked them or cared how they were feeling. Most of us are 100 % committed to the Beeches and care about the residents and the home we provide for them, but it seems like a constant battle."
● The provider had arrangements in place for staff to contact a confidential counselling line, and the MDT had visited the care home to offer support in the days after the person's death. The provider told us they recognised staff had been devastated by the death of the person and would offer additional support to any staff who needed it.
● The provider had improved their quality monitoring systems in relation to the management of medicines. The provider had engaged a specialist external agency to carry out quality audits of the medicines processes at the Beeches, and this had improved the management of people's prescribed medicines.
● The provider had arranged for people's positive behavioural support plans to be reviewed and updated. During the inspection visit, staff were observed to be following the guidance in people's care and support plans. This helped to reduce inconsistencies in the support received by people.
● The provider had improved their quality assurance and audit systems in relation to the hygiene and cleanliness standards in the care home. The acting manager conducted daily walk arounds to check the standards of hygiene in the care home and to identify any safety repairs which were needed. Identified issues were swiftly actioned.
● Management were visible in the service, approachable and took a genuine interest in what people, staff, family, and other professionals had to say. Following the change in local management, the staff told us they felt more listened to by their managers.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider had recently improved the way they responded to concerns raised by relatives of the people they supported. For example, a relative told us they had received an unhelpful response, from the previous registered manager, to their request for basic information relating to their relative's care. The provider had subsequently reviewed the response, had apologised to the relatives concerned, and had provided a more detailed and comprehensive response to the queries which had been raised.
● Some people's relatives told us they received regular updates. For example a relative told us, "They are good at communicating with us, I get a phone call each week to update me on how [person] has been."
● Other relatives told us the way they were communicated with had only recently improved. For example, a relative told us, "We had just been getting a letter sent to us when [person] had been involved in an incident. That was really upsetting to just get a letter, rather than someone ringing us up to let us know what has

happened. But, since [acting manager] has taken over we now have phone calls. The call went well and [acting manager] gave us an update on how things were."

● Relatives told us they had been kept regularly informed about visiting and contact arrangements during the COVID-19 pandemic.

● The provider had an appropriate equality and diversity policy in place and staff received training in how to ensure people's equality characteristics were considered when providing care to them.

● Details of people's individual equality and diversity characteristics were recorded in their care notes and considered when care was being planned.

Working in partnership with others

● Following our last inspection, the provider had accepted offers of guidance and support from external statutory agencies such as the local authority and local healthcare commissioning teams.

● The provider had reviewed the communication processes between their own MDT and people's individual community GPs, to ensure people continued to receive the healthcare support they needed.

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 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed in order to meet the needs of the people receiving care.