

Methodist Homes

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 responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Beeches Care Home provides accommodation for people who require personal care. The service can accommodate up to 44 people. At the time of our inspection there were 37 people using the service. The care provided is for people who have needs associated with those of older people. Some people residing at the home were living with dementia.

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

Provider oversights needed to be strengthened to ensure compliance with legislation and fundamental standards. The provider had systems and processes in place to monitor the quality and safety of the service, but they had not always been effective in driving improvements and compliance. Due to shortfalls with systems, processes and recording information the provider had not been able to identify and respond to accidents and incidents effectively to ensure lessons were learnt. Sufficient prompt action was not taken to ensure fire safety issues were addressed in line with the seriousness of the concerns. Staff told us they felt supported by the management team.

Risks were assessed but not always detailed enough to ensure all risks were mitigated. Accident and incident analysis was in place but had been ineffective in identifying themes and trends. Some shortfalls were identified in relation to the management of medicines. We found some shortfalls in the management of the cleanliness of the home which were promptly addressed. Staff had received training in safeguarding and were aware of how to report concerns. People told us they were safe. Staffing levels were maintained but staff needed to be effectively redeployed to ensure they were responsive to people's needs.

Care plans were in place for people but required further detail to ensure they reflected all care needs. Complaints policies and procedures were in place; however, they had not been effective in capturing how complaints were handled. We made a recommendation regarding complaints. Activities were taking place to meet people's social and cultural needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We made a recommendation about the Mental Capacity Act (MCA).

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

Rating at last inspection

The last rating for this service was good (published 22 February 2020).

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action

should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about management and safety. This was a focused inspection used to examine those risks.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

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, responsive and well led sections of this report.

The provider was open and transparent throughout the inspection and took effective action to strengthen their systems and processes and to mitigate risks.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Beeches on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safety and governance at this inspection. We made recommendations in relation to complaints and mental capacity.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Beeches

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 3 inspectors 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 is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Beeches is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post, however they were not present during the inspection and had given their notice of employment to the provider. Interim management arrangements were put in place by the provider. This included a manager to support the day to day running of the service and other management support, such as a quality improvement manager and area manager giving input.

Notice of inspection

This inspection was unannounced.

What we did before the 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 14 relatives about their experience of the care provided. We spoke with 11 members of staff including the manager, deputy manager, care assistants, quality improvement manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed care plans and records for 4 people. This included people's medicine records and daily care records. We also reviewed various records relating to the day to day management of the service, quality assurance and key policies and procedures.



Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management; Using medicines safely

- Risks were not always fully assessed, and medicines were not always managed safely. Risk assessments lacked detail and were sometimes contradictory to the care provided. Medication was not always managed safely. Stock balances checked did not always tally with the MAR sheet.
- Monitoring of people's daily nutrition and hydration intake was inconsistent. Food and fluid intake records showed nutrition and fluid intakes were not being totalled to ensure people's individual daily nutrition and hydration targets were met. This placed people at increased risk of malnutrition and dehydration.
- Overall environmental risks were managed however, we identified significant concerns relating to fire safety which are reported within the well led section of this report.
- Systems in place to safely manage medicines did not always identify areas for improvement.
- Medicine administration records did not follow best practice guidelines. For example, handwritten entries were not always signed by 2 members of staff, and some were not signed at all.

The provider failed to ensure they were doing all that was reasonably practicable to manage and mitigate risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We passed our immediate concerns to the manager who took action to address them immediately.

Learning lessons when things go wrong

- Accidents and incidents were not reviewed on a regular basis to identify themes and trends and to learn lessons. We have reported on this further in the well led section of this report.

Staffing and recruitment

- There were enough safely recruited staff available to support people, but they were not suitably deployed to ensure people were receiving care in a timely manner. Following the inspection, the provider increased staffing levels in the home and strengthened management oversight to ensure staff were suitably deployed.
- The provider had suitable policies and procedures in place and staff were safely recruited.
- People's dependency needs had been assessed to calculate the number of staff needed to provide appropriate care and support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Staff were not always following the principles of the MCA. Where the provider felt people were not able to make decisions for themselves about their care and treatment, mental capacity assessments had been completed. However, they did not contain sufficient information or had been regularly reviewed.
- Appropriate legal authorisations were in place to deprive a person of their liberty.

We recommend the provider ensure people's care and support are delivered in line with the principles of the MCA and update their practice accordingly.

Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection. We identified some areas had exposed or porous wood which could not be effectively cleaned and some equipment which needed cleaning. Once concerns were identified the provider and manager took immediate action to address them.
 - We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was responding effectively to risks and signs of infection.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.
- The provider facilitated visits from family members and health and social care professionals. During the inspection we observed visits taking place

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse and harm.
- Staff had completed their online safeguarding training and knew how to report concerns
- Overall, the provider was reporting incidents. We found records regarding safeguarding referrals needed to be strengthened and show the outcome.
- Following the inspection, the manager reviewed incidents and made retrospective referrals where necessary to the local authority and CQC.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The provider had policies and procedures in place to manage complaints. Complaints made by people and relatives were not always responded to and investigated without delay.
- We were informed of an ongoing complaint that was not effectively investigated. The manager took immediate action and arranged a meeting with the complainant to confirm action was being taken and to give assurance their concern was being taken seriously.

We recommend the provider strengthens the complaint reporting and recording procedure.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were not inclusive of people's current needs and did not clearly inform the reader about how to safely care for people.
- A positive culture was not always promoted within the service. For example, staff were not always quick to respond when people required support, such as at lunch time where assistance was required with eating. We found this was due to the deployment of staff at the time of the inspection and the provider has taken action to address this.
- People and their relatives told us they were happy with the support they received. One relative said, "It was [my relative's] birthday recently and staff did a wonderful breakfast as a surprise. We were all treated brilliantly."
- Following the inspection, the provider told us they were reviewing and updating care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs recorded.
- The provider was able to produce information in different formats to suit people's varied communication needs.

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

- People had access to differing activities at the service. People and their relatives were positive about the

social activities on offer at the home. A relative said, "There have different things on offer, and they have day trips. [My relative] doesn't always want to join in with them though."

- People's care and support plans did not show how the service responded to their differing needs in terms of interests, social activity, and stimulation.

End of life care and support

- The service was not providing care to anyone on the end-of-life pathway.
- Staff had received training in 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had systems and processes in place to monitor the quality and safety of the service which had not always been effective in identifying and addressing shortfalls and improving care. For example, we identified shortfalls in training compliance, complaints, risk management and analysis of incidents which were addressed after the inspection.
- Provider oversights needed to be strengthened to ensure compliance with legislation and standards. For example, fire compliance actions had been identified during a fire safety inspection in January 2023. At the inspection we found sufficient and prompt action to rectify all the fire safety actions had not been taken despite the seriousness of the concerns.
- Accidents and incidents were not consistently analysed to ensure lessons learnt. The provider had failed to review people's care plans and risk assessments after each incident to reduce the likelihood of reoccurrence. This placed people at an increased risk of harm. We found an example where repeated falls had occurred; these were not effectively analysed.
- Complete and accurate records for people were not consistently maintained. Shortfalls in record keeping meant people were placed at risk of dehydration or unnecessary weight loss.

Quality monitoring systems needed to be reviewed and embedded in to practice ensuring continuous improvement. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager and management team were new to the service and took action to address all of our concerns. Systems and processes will require embedding into practice ensuring effectiveness.

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 manager and provider acted on the requirements of the duty of candour. Duty of candour is a requirement for providers to be open and honest with people when things have gone wrong with the care they received.
- The provider accepted that there had been service failings and worked with CQC during the inspection to immediately take action to improve the safety and quality of care. This will need to be continued and regularly reviewed by the provider to ensure people's safety.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive staff culture at the service which achieved good outcomes for people, and people, staff, relatives and professionals were engaged. People expressed satisfaction with the care provided and said staff treated people with kindness and compassion. Staff said they felt morale was good, that they had no worries and enjoyed going to work.
- Relatives told us the care and support were centred on their family member and they were on the whole happy with the service. A relative told us, "I'm happy as this is the third relative, I have had in this home, so I must be happy."
- Feedback was gained from people and relatives and actions taken where feedback suggested improvements could be made. Questionnaires were used to gather feedback from people's relatives and there were regular staff meetings to gather feedback.

Working in partnership with others

- The service worked closely with other agencies. Care records had evidence to show other professionals were involved in people's care.
- The manager and staff understood the importance and benefits of working alongside other professionals.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure they were doing all that was reasonably practicable to manage and mitigate risks.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring systems needed to be reviewed and embedded in to practice ensuring continuous improvement.

The enforcement action we took:

Warning notice