

Care Concept HCP Ltd

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: The Beeches is a residential care home that is registered to provide support to 22 older people. The service was supporting 18 people at the time of our inspection. In addition, the service was also providing domiciliary care calls to people in their own homes. Two people were receiving support with personal care in their own homes at the time of the inspection.

People's experience of using this service: Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe and Well-Led to at least good.

During the last inspection the provider was in breach of two regulations. The registered persons had failed to assess risks to people's health and safety and to do all that was practical to keep people safe in the care home. We also found that the registered persons had not suitably assessed, monitored and improved the quality and safety of the carrying on of the regulated activity that was delivered in the care home.

At this inspection, we found the provider had taken some action to rectify some issues; fire safety and the safety of the electrical wiring had been addressed, as well as some environmental hazards. However, although action plans were in place to address issues in the environment, including subsidence and window repairs, limited improvement had been made since these issues were highlighted during the last inspection. We also found a number of other shortfalls in the safety of the environment of the care home.

During this inspection, we found improvements had been made to some systems to assess and monitor the quality and safety of the services. However, systems failed to identify some of the safety issues. Therefore, improvement was not being driven.

You can see what action we told the provider to take at the back of the full version of this report.

Systems were in place to recruit staff safely. Staff supported people to manage their medicines safely.

Some areas of the home needed redecoration. Plans were in place to address this. We have made a recommendation about following best practice guidelines when decorating, to ensure it is suitable for those living with dementia.

People were supported to maintain a nutritious diet, but menus were not displayed to promote people's choices. On one occasion we saw hot drinks were not provided readily.

People within the care home had care plans which reflected their needs and were kept up to date. We found shortfalls with a person's receiving support in the community.

There was an activity coordinator within the care home, but when they were absent staff did not make the

best use of their time to facilitate activities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were supported through on-going supervision and they accessed training relevant to people's needs, to ensure these could be met.

People were relaxed in their surroundings and felt comfortable around staff. Staff were kind and promoted people's independence and treated them with dignity and respect.

People and staff felt the registered manager was approachable and people knew how to raise a complaint.

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

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report published 17 April 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or sooner if we receive information of concern.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

The Beeches

Detailed findings

Background to this inspection

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

Inspection team: This inspection was carried out by one inspector.

Service and service type: This service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

The service is also registered to provide care to people living in their own homes in the community. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks relating to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: Before we inspected the service, we reviewed information we held about the service, to help inform us about the level of risk for this service. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information is called a Provider Information Return and helps support our inspections. We also contacted the local safeguarding team, commissioners and Healthwatch to request their views of the service. Healthwatch is the independent national champion for people who use health and social care services.

During the inspection, we reviewed three people's care records and three medication administration

records. We also looked at a selection of documentation in relation to the management and running of the service. This included quality assurance audits, complaints, accident and incident records and recruitment information for two members of staff. We contacted the provider and registered manager for further information including information on staff training following the inspection.

We spoke with four people who used the service. We spoke with two members of staff, the registered manager, deputy manager and cook.

We 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

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

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.

At the last inspection on 03 January 2018, we asked the provider to take action to ensure risks to people's health and safety were assessed and to do all that was practical to keep people safe in the care home. Although some of the issues had been addressed, including fire and electrical safety of the building, there continued to be risks to people's safety.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- At the last inspection, work was required to address subsidence to the building and windows were in need of repair. Wooden boards covered cracks in the lounge and dining room. There was water dripping from the ceiling in the entrance and dining area. Some work had been started to repair the window, but this was incomplete. A bedroom window was visibly cracked making this unsafe. Following the inspection, the provider confirmed plans were in place to address these issues.
- People were at risk of experiencing burns because pipes leading to some radiators had not been covered and water at some taps, which people could access, was above the recommended safe temperature. Following the inspection, the registered persons confirmed these were being made safe.
- Relevant risk assessments had not always been completed. For example, low level windows on an upstairs floor had not been considered for the risk of people falling and placing their hand against the thin glass. Other shortfalls included the laundry room being unlocked which contained chemical washing products.
- The safety certificate for the emergency lighting had not been kept up to date. This meant the provider could not assure us it was in working order. The registered manager confirmed plans to address this.

The provider had not always assessed risk to the health and safety of people using the service and done all that is reasonably practical to mitigate such risks, as well as ensuring the premises safety. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood where people required support. Care plans contained risk assessments which were personalised and reflected people's individual needs. These related to many aspects of people's care including nutrition and moving and handling.
- The registered manager monitored accidents and incidents, so patterns and trends could be analysed, and action taken to prevent similar accidents reoccurring.

Preventing and controlling infection.

- The care home was clean and tidy and cleaning schedules were in place.
- Staff followed infection control practices and used personal protective equipment to help prevent the spread of infections.

Using medicines safely.

- Systems were in place to manage people's medicines safely.
- People received the medicines as prescribed. We found one recording error; action was taken to address this.

Systems and processes to safeguard people from the risk of abuse.

- Staff knew how to recognise abuse and how to raise any concerns. The registered manager liaised with the local safeguarding team regarding any potential safeguarding issues.
- People told us they felt safe. A person said, "Yes, I do feel safe and comfortable."

Staffing and recruitment.

- There were appropriate numbers of staff to ensure people received support to meet their needs. One person told us, "I use my call bell. Staff arrive fairly quickly. They do look after me I must say that."
- Staff were scheduled additional time to support people in the community.
- The provider operated a safe recruitment process.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- A redecoration schedule was in place which included replacing carpets in some bedrooms and painting. The provider told us carpets which were worn in the communal areas would be replaced following work to address the subsidence.
- There was minimal dementia friendly signage such as personalised photo signs to support people to find their bedroom.
- Some people struggled to get up from chairs in the lounge which were low and had unsupportive cushions. The registered manager told us new ones would be requested which would be more suitable for people's needs.

We recommend the provider follow best practice guidance to improve the environment to ensure it is dementia friendly in line with their refurbishment schedule.

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

- People were offered choices about what they ate and drank. However, a menu was not displayed, and options provided were sometimes changed depending on what was available.
- We observed a member of staff was reluctant to prepare hot drinks before the scheduled tea time at 4pm. We raised this with the registered manager who confirmed this would be addressed with staff because these should be provided at any time.
- People were supported to maintain a healthy balanced diet. People were positive about the food and told us it was hot and plentiful. We saw people enjoying their meal time experience, drinks and snacks.

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

- People's needs were assessed before they received a service and expected outcomes were identified.
- Care and support was reviewed regularly to reflect people's current needs and make changes where needed.

Staff support: induction, training, skills and experience.

- People were supported by staff who accessed ongoing training.
- Staff were competent, knowledgeable and skilled; they carried out their roles effectively.
- Staff told us they felt supported; records confirmed they received regular supervision.

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

- People's health and wellbeing was monitored, and they were supported to access healthcare.
- Referrals were made to relevant health professionals when required.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the importance of gaining people's consent and promoting choices. They had awareness of the MCA and decisions had been made in people's best interests, where they lacked capacity. There were some shortfalls in record keeping, which we have referred to in the Well-Led section of this report.
- Where people may have been deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure it was lawful.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People were positive about the staff. One person said, "Staff are very polite." Another told us, "Staff are brilliant."
- There was a relaxed atmosphere between people and the staff who supported them. People appeared comfortable in their surroundings. Staff had built up good relationships with people and were friendly and caring towards them.
- Staff were aware of equality and diversity and respected people's individual needs and circumstances. People were valued for who they were.

Respecting and promoting people's privacy, dignity and independence.

- Staff treated people with dignity and respected their privacy. For example, staff discreetly supported them when they needed to go to the bathroom.
- Staff valued the importance of maintaining people's independence and promoted this where possible. A person said, "I like to be independent, so staff let me do what I can."
- Confidentiality was maintained throughout the home.
- People who used the service looked well-presented and cared for. Staff supported people when necessary to make sure they were clean and appropriately dressed.

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

- People were supported to make their own decisions. Staff supported people to make choices about what they ate and drank, where they would like to be within the care home and all other aspects of their care.
- Staff supported people to maintain relationships and friendships that were important to them.
- The registered manager confirmed they would support people to access advocacy services if needed. An advocate is an independent person who supports people to make and communicate their decisions.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care plans contained information about their abilities, health needs, likes and dislikes. Staff could tell us details about people's needs, the support they required and the person's preferred routines. This enabled staff to provide person-centred care and support people in line with their preferences.
- People's care was regularly reviewed to ensure people received appropriate support.
- Staff had developed relationships with people, so they could have meaningful conversations.
- People's communication needs were assessed and recorded in their care plans. This helped ensure staff understood how best to communicate with each person.
- The registered manager was aware of the Accessible Information Standard and provided adapted information if this was needed.
- There was an activities coordinator, although there were no plans for how people could be supported to engage in meaningful activities when they were absent. In the afternoon some staff had time available which they could have spent engaging residents in leisure activities or their interests, but this opportunity was missed.

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy and procedure in place for responding to any complaints.
- People told us they could raise any concerns. One person said, "If there are any problems you can talk it over."

End of life care and support.

- Staff liaised with relevant professionals to ensure people got the care they needed. People were offered the opportunity to discuss their wishes and preferences for 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 the last inspection on 03 January 2018, we asked the provider to take action to ensure they suitably assessed, monitored and improved the quality and safety of the carrying on of the regulated activity. During this inspection we found these systems were still not always effective.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Quality assurance systems to identify shortfalls within the service were not robust enough, so they had not always been effective at ensuring improvement.
- Not all shortfalls and risks we referred to in the safe section of this report had been identified, including the safety of some pipes and windows.
- An action plan was in place to address issues with infection control, but this was incomplete and lacked coordination to ensure these issues had been rectified.
- Plans to rectify issues to improve the safety and quality of the environment were improved by the registered persons during the inspection, so that it was clearer who was taking responsibility for each task and expected timescales.
- Systems had not identified shortfalls with care records. This included limited information about people's life history and documentation to evidence how the Mental Capacity Act 2005 had been followed, for people lacking capacity.
- There were further recording shortfalls for a person who was receiving support in the community. Their care plan was minimal, and did not provide enough information about them or how staff should support them.
- The running of the service had been disjointed at times. Payments for food and other items required to run the services safely had been delayed on occasion. Following the inspection, the provider liaised with the registered manager to ensure deliveries would be paid for on time to prevent this reoccurring.

The provider had failed to operate effective systems to improve the quality and safety of the service. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Staff confirmed the registered manager was approachable and morale and communication was good.
- Feedback was regularly gained from people, staff and relatives. This feedback was analysed and used to

drive improvement.

- The service worked in partnership with other professionals and services to ensure people received a good 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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12. (1) (b) (d) Everything reasonably practicable was not carried out to mitigate risk.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	17(2)(a)(b) Systems or processes to assess, monitor and improve the quality and safety of the service provided to people, as well as mitigating risks to people had not been implemented effectively. 17(2)(c) Accurate, complete and contemporaneous record in respect of each service user, including an accurate record of all decisions taken had not been maintained.