T.L. Care Limited

Beeches Care Home

Inspection report

Green Lane
Newton
Stockton On Tees
Cleveland
TS19 0DW

Tel: 01642618818

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 14 November 2017 and was unannounced. This meant the registered provider did not know we would be visiting.

The Beeches was last inspected by CQC on 3 May 2016 and was rated Requires Improvement overall and in four areas; Safe, Effective, Responsive and Well-led. We informed the provider they were in breach of regulation 12 regarding the safe management of medicines and the management of risk assessments.

Whilst completing this visit we reviewed the action the provider had taken to address the above breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the provider had ensured improvements were made in these areas and this had led the home to meeting the above regulation.

The 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 Beeches provides personal care for up to 64 people. At the time of our inspection there were 59 people living at the home, some of whom were living with dementia.

There was a registered manager in place. 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.

At the last inspection we found that the service didn't have appropriate arrangements in place for the safe handling of medicines. Stock checks of controlled drugs were not always recorded accurately and room and medicine temperatures were not always recorded. People's medicines records were not always person centred and lacked detail and audits of medicines did not identify issues. Records for people who took medicines 'as and when required' were not detailed enough to give staff enough guidance. At this inspection we observed actions had been taken and sustained improvements were achieved in this area including improved records.

At the last inspection risk assessments for people were not updated regularly and some lacked detail. At this inspection we found people were supported to take risks in everyday living and individualised risk assessments were in place and updated regularly.

Accidents and incidents were monitored by the registered manager to monitor any trends and to ensure appropriate referrals to other healthcare professionals were made if needed.

The premises were clean and tidy. However we observed a malodour on the first floor of the building and

this was addressed by the registered manager.

Throughout the inspection we saw staff cleaning communal areas, and we noted that people's rooms were also tidy. Staff had access to personal protective equipment.

People who used the service were supported by sufficient numbers of staff to meet their individual needs and wishes.

Staff understood safeguarding issues and procedures were in place to minimise the risk of abuse occurring. Where concerns had been raised we saw they had been referred to the relevant safeguarding department for investigation. Robust recruitment processes were in place.

People's health was monitored and referrals were made to other health care professionals where necessary, for example, their GP, community nurse or dentist.

Staff were supported to maintain and develop their skills through training and development opportunities..

Staff had regular supervisions and appraisals with the registered manager, where they had the opportunity to discuss their care practice and identify further training needs.

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.'

Where people lacked the mental capacity to make decisions about aspects of their care staff were guided by the principles of the MCA to make decisions in the person's best interest. For those people that did not always have capacity, mental capacity assessments and best interest decisions had been completed for them. Records of best interest decisions showed involvement from people's family and staff.

Consent to care and treatment records were signed by people where they were able.

At the last inspection records for people's fluid and food intake were not always completed. At this inspection people were supported to maintain a healthy diet, and records to support this had improved and were now detailed.

At the last inspection people didn't always have a positive dining experience and at times had to wait for their meal to be served. At this inspection this had improved and anew system was in place to reduce peoples wait and the feedback from people was positive.

Throughout the day we saw that people who used the service, relatives and staff were comfortable, relaxed and had a positive rapport with the registered manager and also with each other.

The service supported people to access advocacy services. Procedures were in place to provide people with appropriate end of life care.

People's needs were assessed before they moved into the service. Care plans were then developed to meet people's daily needs on the basis of their assessed preferences. Plans were improved and included more person centred details regarding people s preferences and were updated regularly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Improvements had been made to ensure people's medicines were managed safely.

Risks to people were assessed and individualised plans put in place to minimise them.

Safe recruitment systems were in place.

Staff had an understanding of safeguarding issues and the action they would take to ensure people were safe.

Is the service effective?

Good

The service was effective.

People were supported to maintain a healthy diet; improvements to records to support this had been made.

People were supported to access other healthcare professionals as required.

Staff training was appropriate and up to date.

Staff were supported by regular supervisions and appraisals.

The service was worked within the principles of the Mental Capacity Act 2005 to protect people's rights while providing care and support.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the care they received at the service.

People were treated with equality, dignity and respect.

People could access advocacy support when required.

People were supported to make choices.

Is the service responsive?

Good

The service was responsive.

Peoples care plans were person centred and had been recently improved to contain more details on preferences.

People were supported to access meaningful activities

People know how to make a complaint if needed.

People were supported with end of life care.

Is the service well-led?

Good

This service was well led.

A registered manager was in place. A registered manager is a person who has registered with CQC to manage the service.

There were effective systems in place to monitor and improve the quality of the service provided. Staff were complimentary about the management and the provider.

Staff were supported by the management arrangements and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

Beeches Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 14 November 2017 and was unannounced. This meant the registered provider did not know we would be visiting. The service was previously inspected in February 2015 and was meeting the regulations we inspected.

The inspection team consisted of one adult social care inspector 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.

Before we visited the service we checked the information we held about this location and the service provider, for example we looked at the inspection history, provider information report, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including the local social work team.

We also contacted the local Healthwatch who is the local consumer champion for health and social support services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. We used the feedback we received to inform the planning of our inspection.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given by the staff, by observing practices and interactions between staff and people who used the service.

At the inspection we spoke with six people who used the service, seven relatives, the deputy manager, the manager, domestic, kitchen and maintenance staff, six care staff, one volunteer (activities assistant) and one visiting professional from the community nursing team.

We also reviewed records including: three staff recruitment files, medicine records, safety certificates, three support plans and records, three staff training records and other records relating to the management of the service such as audits, surveys, minutes of meetings and policies.

Good

Is the service safe?

Our findings

The people who used the service and their relatives and they told us they felt safe at the Beeches care home and that there were enough staff to meet their needs safely. One person commented; "I feel safe, there is enough staff here". One relative told us; "[Name] feels safe and secure here and can always go and speak with someone and has never said that they don't want to be here and they would tell you as they are not one to hold their opinions to themselves".

We looked at staffing levels and rotas and received positive feedback from people and their relatives about staffing levels. We spoke with staff who told us; "We tend to cover any sickness ourselves without the help of agency staff". We saw that people call bells were answered in a timely manner and staff were present in communal areas of the home throughout.

We looked at the systems in place for medicines management. We looked at five medicines administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. We also looked at storage, handling and stock requirements. We found that appropriate arrangements for the safe handling of medicines were in place.

The registered manager had introduced improved recording for topical creams and robust checks were carried out more regularly to ensure the medicines administration process was safe.

Medicines were stored securely. Controlled drugs were regularly recorded accurately. Controlled drugs are medicines that are liable to misuse. Room and medicine fridge temperatures were recorded daily. This meant they were stored at the right temperature. There was work being carried out at the time of our inspection to create a new treatment room to improve the facilities and create more space.

Some people were prescribed 'as and when required' medicines. These were included in the records and these been improved and were more person centred detailing how and where people preferred to take their medicines.

People were supported to take risks as part of everyday life safely and risk assessments were in place to enable people to reduce risks. We looked at records and saw that people had their own personalised risk assessments in place that included accessing the community, reducing the risk of water infections, moving and handling and oral hygiene.

Accidents and incidents were monitored by the registered manager for any trends and to reduce any repeat incidents. We could see that this was broken down into monthly incidents then further to see if any reoccurring incidents or trends took place over a longer period of time. Actions were recorded and any referrals to the falls clinic were recorded also.

We looked around the home and found that most areas were clean and well presented. All staff we spoke to were aware of how to prevent and control cross-infection. They gave examples of good hand washing

techniques, wearing protective clothing such as aprons and gloves and disposing of laundry in the correct coloured bags and bins. Personal protective equipment (PPE), paper towels and liquid soap were available throughout the home. We also witnessed care staff using PPE appropriately, for example when serving food and administering medicines.

We observed cleaning being carried out and cleaning schedules were in place. However it was noted that the carpets in the downstairs lounge area and the first floor lounge were tired and there was a presence of malodour on the first floor outside the lounge in the corridor. This was pointed out to the registered manager who assured us this would be addressed with extra cleaning and replacing. We received evidence of this following the inspection.

Staff had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. We saw records that demonstrated the service notified the appropriate authorities of any safeguarding. Staff we spoke with gave us examples and told us; "I was involved with a safeguarding concern with a resident, I informed my supervisor and wrote out the form". Another told us; "I had to raise a safeguarding alert because of an incident. I completed the report and also attended the safeguarding meeting" and "We have regular training on safeguarding and lifting and handling."

Staff files we looked at showed the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, requesting two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions and also reduces the risk of unsuitable people from working with children and vulnerable adults. We also saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

Good

Is the service effective?

Our findings

People were supported by enough skilled and experienced staff to meet people's needs. We found that there was an established staff team, and people who used the service and their relatives felt that staff knew them and their care needs well. One person told us; "I know all the staff, they are all lovely and friendly" and another told us, "Staff are courteous and polite; they always call me by my name."

During our inspection there was staff training taking place that was well attended. We asked staff what their experience of training was and they told us; "Training is really good, the area manager and [manager] do their best to accommodate training," and another told us; "I am up to date with all my training, the manager keeps a record."

Staff received mandatory training in areas including manual handling, safeguarding, health and safety, infection control, pressure ulcer care, fire training, the Mental Capacity Act 2005 and nutrition. Mandatory training is training the provider thinks is necessary to support people safely.

People were supported by staff who received regular support and development opportunities. Staff received regular one to one meetings to discuss their progress or any concerns and also received yearly appraisals.

People were supported to maintain a healthy diet, and records to support this had been greatly improved and were more detailed. Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs. People were assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify if adults are malnourished or at risk of malnutrition.

Staff were aware of the importance of good nutrition and were informed of any nutritional changes during handover. Staff were able to share with us how they managed people's nutrition and put things into action to reduce risks. One staff member told us; "We always report to our senior if residents have not eaten their meals and document it in the resident's daily notes." A second staff member said; "If a resident has a high MUST score or is losing weight we document in the food and nutritional chart what they have had to eat." A third told us, "If residents have weight loss the speech and language therapist are contacted. We give residents build up drinks like milkshakes and fortijuice drinks. We track what residents are eating and document it on the nutrition and fluid charts." This meant that improvements were being implemented by the staff team.

We observed lunch time and people told us that they enjoyed the dining experience and the food on offer. The registered manager told us how they had improved the dining experience for people by having more than one sitting. They had also purchased extra serving trolleys so that people didn't have to wait long periods to be served. One person told us; "Food is very nice and not repeated during the week. If you don't like what is on the menu you can have an alternative." Another person told us, "Food is nice and you get plenty, just look at me."

Special diets and preferences were catered for including soft foods for people who were not able to have solid foods, food suitable for diabetics and fortified food for people who needed extra calories. Also people who were vegetarian were offered a vegetarian version of what was on the main menu, e.g. for chicken dinner they would offer 'Quorn' (chicken substitute) so the residents had the same choices and their preferences were respected. We spoke with one of the kitchen chefs who had in depth knowledge of people's needs, weights and preferences. They told us; "We get a weekly report from the senior with any weight loss and what actions we need to take."

People were supported by a range of community professionals including; social workers, GPs, speech and language therapy and the community nursing team. People were also supported to attend medical appointments. We spoke with the visiting community nurse during our inspection that was complimentary about the staff. They told us; "The staff here know the people well, I can ask them anything. There is good communication between the seniors and they hand over to me really well."

People who used the service who were living with dementia were able to navigate around the building making use of the adapted environment. We observed that the first floor was specifically adapted and designed to meet the needs of residents living with dementia. The walls were brightly coloured as well as handrails which stood out visually for residents. People's bedroom doors were individually painted and had the residents name on and some had photos so that they could identify which bedroom they lived in. There were also hats hanging on walls and a sweetie shop display. This provided visual and tactile interest for people living with dementia?

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. The application 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. Clear records of people who were subject to DoLS were kept, which contained evidence of the involvement of external professionals and people's families.

Where people were unable to make decisions about aspects of their care staff were guided by the principles of the MCA to make decisions in the person's best interest. Records showed involvement from people's family, and staff. This meant people's rights to make particular decisions had been upheld.

Consent to care and treatment records were signed by people where they were able.

Good

Is the service caring?

Our findings

People were treated with dignity and respect. People who used the service and their relatives told us the staff were caring, supportive and attentive at all times. People told us; "Don't mind being in here, rather be in here than being alone at home" and a second told us; "I am well looked after here, staff are very nice people" and a third told us; "Staff are worth their weight in gold, it is an amazing home"

Relatives we spoke with told us how they felt the staff protected people's dignity while assisting with personal care. One relative told us, "Staff absolutely treat [Name] with dignity and respect, they always call them by their name" a second told us; "[Name] has a problem and sometimes has accidents. They get very embarrassed by this but staff are always there and are always so lovely, nothing is too much trouble". A third told us; "This is like my second home".

The service also offered respite care for people and we spoke with them and their relatives at the time of our inspection and one relative told us how their relative didn't want to go back home as they wanted to stay longer as they enjoyed the support so much.

People were supported to be independent and were encouraged by staff to maintain this. We observed staff at mealtimes encouraging people to be more independent by offering reassurance and guidance rather than doing things for people. When we spoke with staff they were able to give us more examples of this and one staff member told us; "I always try and encourage the residents to dress themselves". And another told us "I ask residents if they want to use their Zimmer frame instead of going in their wheelchair at times".

At the time of the inspection no one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard to be able to exercise their rights. There was information readily available for people, staff and relatives regarding local advocacy options.

People had been supported to take part in the election process and the registered manager told us; "Residents are actively encouraged to take part in local and national elections we ensure all residents are on the electoral roll and offered the opportunity of either a postal vote or visiting a local polling station. Staff assist and support residents to do this if needed".

Religious beliefs were supported on an individualised basis and we saw this in peoples care plans and discussed this with the registered manager and staff who told us that there was more than one religion practiced within the service, for example; Jehovah Witness and Roman Catholic. The registered manager told us; "The local Catholic Church come to the home every week and carry out Holy Communion with a number of residents who like to take part and will go to the resident's rooms if they wish to have Holy Communion alone".

People were supported by caring, professional staff at the end of their life and relatives we spoke with couldn't praise the service enough. We spoke to a resident's family whose relative was receiving End of Life care. They said that throughout this difficult time "Staff have been 100%, so caring and compassionate we

are so grateful to staff". The relatives explained that they had been kept informed of every stage by the GP and staff and that staff phone them to keep updated of their relative's progress when they are not at the home. They explained that the staff had all the necessary skills to look after their relative; they treat them with dignity and respect. One relative told us: - "The staff are not just here for my mother but they are here for us as well"

People were supported to make advanced end of life care plans in preparation if they wished and we saw that these where detailed, appropriate and contained religious preferences and wishes.

Good

Is the service responsive?

Our findings

People were supported to take part in a range of activities that were meaningful and some were individualised. The service had an activities co-ordinator in place and a volunteer who supported their role. There was a mix of planned events, activities and ad hoc outings and activities depending on people's preferences. People and their relatives we spoke with were positive about the activities and one person told us; "I play bingo and I love the chair exercises." Another person told us, "I do jigsaws and I have my own colouring books and pencils." One relative told us, "There are different activities; [name] likes to play bingo."

People could also enjoy individual activities and we observed people using 'twiddle mitts' which are tactile items worn on people's arms. These can be used to help relieve anxiety for people living with dementia and some residents were holding soft toys that they enjoyed. Staff and relatives were encouraged to bring their pets to visit the home as this brought great pleasure to people and we witnessed this.

The registered manager told us how the approach to activities had been improved. At the time of our inspection the activities co-ordinator was not available as they were supporting someone attend an appointment. However the activities volunteer was providing activities. The registered manager told us how the activities now extended over the weekend and evenings, and that the co-ordinator's shifts had changed to accommodate this and it was working well.

People were encouraged to get involved in various events and we saw photos on display of these. The registered manager told us, "We also celebrate different cultures, for example we celebrated by doing an American day which the residents enjoyed American themed taster foods and discussed Independence Day this was also in the press." One relative told us; "On bonfire night the residents had glow sticks and there were fireworks."

People were encouraged to take part in regular residents' and relatives' meetings where activities were discussed as well as the menu and these meetings were an opportunity to share ideas and information.

The care plans had been improved and were more person-centred and gave more in depth details of the person. Person centred is when the person is central to their support and their preferences are respected. Care plans contained one page profiles that reflected people's preferences, how they liked their support, their needs and background information including previous hobbies. These care plans gave an insight into the individual's personality. Care plans contained daily notes and these were detailed and gave valuable insight to the staff team regarding people's care.

One relative we spoke with told us how their family member was treated as an individual, how their care plan reflected their mental health issues as well as their care needs, and how everyday life could impact on their mood. They told us; "[Name] has improved they have had less hospital trips and the facilities are personalised. When I can't visit I ring up and the staff will support [name] to come to the phone.".

Staff we spoke with confirmed their understanding of person- centred care and told us, "We treat everyone

as an individual. This includes what they like, hobbies shouldn't be taken away when they come in a home. Some people like a bath rather than a shower for example, everything is taken into account."

The visiting professional who we spoke with also commented on the person- centred care people received and told us; "I like that it is individualised, when I called over the weekend once I saw one resident having their Chinese take away, just how they liked it on a Saturday night, watching TV and they have this every weekend."

Handover records showed that people's daily care was communicated when staff changed over at the beginning and end of each shift. We saw these covered areas including how the person had slept, their activities that day and any visits received by external professionals. Information about people's health, moods, behaviour and appetites were shared, which meant staff were aware of the current health and well-being needs of people.

People and their relatives were able to complain if they wished. There was a complaints policy in place, and where issues or complaints had been raised these had been investigated, recorded accurately and the outcomes were communicated to the people involved. People told us they were confident and could raise issues if they wanted to.

People were supported by caring, professional staff at the end of their life and relatives we spoke with couldn't praise the service enough. We spoke to a resident's family whose relative was receiving end of life care. They said that throughout this difficult time "Staff have been 100%, so caring and compassionate we are so grateful to staff." The relatives explained that they had been kept informed of every stage by the GP and staff and that staff phoned them to keep updated of their relative's progress when they were not at the home. They explained that the staff had all the necessary skills to look after their relative and treated them with dignity and respect. One relative told us, "The staff are not just here for my mother but they are here for us as well."

People were supported to make advanced end of life care plans if they wished and we saw that these where detailed, appropriate and contained religious preferences and wishes.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. We saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have. People who used the service and their relatives were complimentary about the registered manager and one person told us, "The managers here are fantastic." Another told us, "I was over the moon when [manager] got the job, she is the perfect person." A relative told us, "I see the manager out and about within the home, she interacts with residents and is hardly in her office."

Staff felt supported by the registered manager, who they said was approachable and would help them resolve any issues they had. One member of staff told us, "We are supported by the manager and we are a lovely team." Another told us, "Brilliant, I can't fault the manager. Always here for us, supportive and approachable."

The registered manager ran a programme of audits throughout the service and these were carried out regularly. These had been improved to include the Commission's key lines of enquiry and each audit began with a question related to this, for example 'are we safe?' The audit then went into more detail and then the registered manager would rate each area. We saw in one audit under infection control that the manager found that some staff were wearing nail polish and this was addressed as an action to improve on.

There were clear lines of accountability within the service and external management arrangements with the registered provider. Quality monitoring visits were also carried out by the registered provider and these visits included; staffing, health and safety, premises and facilities. The registered manager had an improved action plan process in place to address issues raised from their own findings and from the registered provider. We could see from the records that issues were addressed by the registered manager, for example highlighting when body maps needed to go in people's care plans to guide staff where to apply creams.

The registered manager ran a range of meetings to regularly communicate with staff which included health and safety meetings, staff meetings and managers meetings.

People were supported to gain access to appropriate information in a format of their choice. The registered manager gave us various examples and we saw a range of information during our inspection that was on display for people and staff using flash cards and pictures. The registered manager told us, "All information can be brought to the resident's level if they struggle to see on display boards. Stockton Library visit the home and they provide large print books and audio books for residents along with magnifying glasses which enables residents to be independent and read themselves any information they require. Sensory needs are identified then we build a personalised care plan around this and ensure all information can be accessible to them."

The registered manager told us about the links the service had with the local community. They told us how they had held fundraising coffee mornings and also the local supermarket supported with raffle prizes and

donations.

The most recent quality assurance survey results were available. These were collected regularly using a questionnaire. The results contained positive feedback from people who used the service, visiting professionals, staff and relatives. These were displayed in the reception area for people to see and actions taken.

Policies, procedures and practice were regularly reviewed in light of changing legislation to inform good practice and provide advice. All records observed were kept secure, up to date and in good order and were maintained and used in accordance with the Data Protection Act.