

T.L. Care Limited

Beeches Care Home

Inspection report

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24 March 2022

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30 March 2022

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01 April 2022

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Beeches Care Home is a care home providing personal care for up to 64 people aged 65 and over, some of whom were living with a dementia. The home is purpose-built and accommodation provided across two floors. 43 people were using the service when we inspected.

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

People were not always treated with dignity and respect, and staff did not always have time to check on their general wellbeing.

Medicines were not always managed safely at the home. Risks were not always effectively assessed or addressed. Systems had not been established to ensure effective risk management or infection prevention and control measures.

Systems had not been established to monitor and improve the safety and quality of the support people received with eating and drinking. Some areas of the home were in need of redecoration, and plans were in place to do this. Training was not always current, and the provider was working on improving this.

Systems had not been established to monitor and improve the safety and quality of the service.

Care was not always responsive to people's assessed choices and support needs. Activities took place but these were limited and not taking place when the activities co-ordinator was not present.

We made a recommendation around staffing levels.

Accidents and incidents were monitored and people were safeguarded from abuse.

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. People were supported to access external professionals.

The provider had a clear complaints procedure in place. End of life care was provided in line with people's assessed needs and preferences.

People, relatives and staff spoke positively about the culture and values of the service. Staff worked effectively with a wide range of external professionals.

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 16 December 2017)

Why we inspected

The inspection was prompted due to concerns received about medicines management, the environment and the care provided.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive 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.

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

Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to medicines management, the premises and governance processes at this inspection.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring 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 ●

Beeches Care Home

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

Two inspectors (including a medicines inspector) and an Expert by Experience carried out this inspection. 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

Beeches Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Beeches Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. There was a manager in post, who was in the process of applying for registration with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 24 March 2022 and ended on 1 April 2022. We visited the service on 24 March 2022.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people and five relatives about their experience of the care provided over the telephone. 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. We reviewed a range of records. This included three people's care records and 10 medicine administration records. We spoke with 12 members of staff, including the manager, care and domestic staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information, medicine and care records and quality assurance records.



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.

Using medicines safely

- Stock balance discrepancies showed people were not always getting their medicines as prescribed.
- Protocols to manage as and when required (PRN) medicines were not always in place, or were not person centred.
- One treatment room was dirty and disorganised, with loose tablets seen on the floor.
- Audits had been completed and some issues identified, but effective remedial action had not been taken.

Systems had not been established to safely manage medicines. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks to people were not always effectively assessed or addressed. Where risk assessments had been completed support was not always provided in line with them.
- Some areas of the home were in a poor state of repair, and action had not been taken to ensure they were safe for people to use.
- Effective cleaning was not always taking place. Some areas of the home were visibly dirty, including bathrooms and dining rooms. We asked the provider to immediately review the safety and cleanliness of the premises and equipment.

Systems had not been established to ensure effective risk management or infection prevention and control measures. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was preventing visitors from catching and spreading infections.
- Relative and external professionals were supported to safely visit the service.

Staffing and recruitment

- Staffing levels were monitored but there were lengthy periods when staff were absent from communal areas because they were supporting people. We also observed that call bells rang for prolonged periods. This had been identified by the provider on one of their own audits.
- We received feedback from relatives and some staff about staffing pressures. Relatives' comments included, "They [people] have to wait for staff to help with basic needs such as personal care and toileting" and, "The home could do with more staff, ideally more staff on the floor, as it does take some time for staff to respond to call bells."

We recommend the provider review its staffing model and staffing levels to ensure they reflect the ongoing level of support people need.

- Recruitment checks were carried out to minimise the risk of unsuitable staff being employed. These included obtaining references and Disclosure and Barring Service checks.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safeguarded from abuse. Staff said they would not hesitate to report any concerns they had. Where issues had been raised action was taken to investigate and respond.
- Accidents and incidents were monitored to see if lessons could be learnt to improve keep people safe.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were not always provided with food that reflected their assessed needs and preferences. Staff were not always aware of the support people needed. For example, one person had been offered food that was not compatible with their specialist diet.
- People were offered drinks from a drinks trolley during the day, but there were no drinks readily available for them to help themselves. At a feedback meeting one person had requested that fruit be made available for snacks. Crisps and chocolates were available in communal lounges, but not fruit.

Systems had not been established to monitor and improve the safety and quality of the support people received with eating and drinking. This placed people at risk of harm. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff received a wide range of training to support them in their roles. However, some staff training was overdue. The provider was aware of this and working on addressing it.
- An induction was carried out before newly recruited staff could support people without supervision. This included completing training and observing experience staff members. However, an audit carried out by the provider identified that some staff did not have any induction recorded in their staff files. The provider said this would be reviewed immediately.
- Staff were supported with supervisions and appraisal. Opportunities were given for staff to raise any support needs they had.

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

- People were assessed before they moved into the service to ensure care plans reflected their needs and choices. These were regularly reviewed, but did not always reflect people's current support needs. The provider said they would examine the review process to ensure care reflected people's needs and preferences.

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

- Some areas of the home needed redecoration. The provider had a plan in place to carry this out, including adapting some areas for the benefit of people living with a dementia.
- Rooms were personalised to meet people's needs and preferences. One person we spoke with said, "I have my own room with all my things, you can have it however you like."

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 to access healthcare services when needed. Relatives told us about regular appointments people had to help with their health and wellbeing.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people lacked mental capacity, best interest decisions were made and recorded on their behalf.
- DoLS were appropriately applied for and monitored.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; respecting and promoting people's privacy, dignity and independence

- We saw lots of examples of kind and caring interactions. However, staff had limited time to spend with people. This meant that when support was given it sometimes focussed on the task and not the person. One relative told us, "Some staff just do tasks to people and not treat them as individuals."
- Staff did not always check on people's general wellbeing. During the inspection we saw two people sitting in a lounge watching a blank television. Later we saw three people who had been left sleeping in a dining room with their meals in front of them. We asked the manager and provider to review people to ensure they were eating and drinking appropriately.
- People and relatives said staff were helpful and supportive. One person told us, "What can I say about the staff? They would do anything for you." A relative we spoke with said, "Staff are absolutely kind and caring"

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

- Feedback was sought from people. Surveys and meetings were used to allow people to express their views on the service. One person told us, "You just tell them and they help you."
- Relatives gave us mixed feedback on whether they were asked for their views on the care people received. Some said they had been approached for feedback, but others said they had not. The provider was reviewing how feedback could be more effectively obtained from relatives.

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 good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- Care plans were detailed and regularly reviewed. However, they did not always reflect people's current support needs and we observed support was not always delivered in line with them.
- People and relatives were involved in drawing up care plans, but their involvement in ongoing reviews was not always clearly recorded.
- Care plans focused on the support people needed and were not always personalised. The provider said plans would be reviewed to make them more person centred.

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.

- Records were not readily available in easy read formats, but staff said these could be produced if people needed them.
- Staff were effective at communicating with people in ways they could understand.

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

- The home had an activities co-ordinator and a programme of activities in place. These had been impacted by the COVID-19 pandemic, but plans were in place to increase activities.
- Staff we spoke with said more activities could be provided. Comments included, "Day to day there are no activities, (people are) all just sat in the lounge" and, "I feel activities have been limited but as restrictions are lifted I feel sure things will start to get back to how it was."
- When the activities co-ordinator was not present limited to no activities took place. During our visit we did not see people involved in any activities, but people and relatives told us about ones they had taken part in. A relative said, "They play bingo, singing, making pizzas."

Improving care quality in response to complaints or concerns

- Systems were in place to investigate and respond to complaints. A log of complaints was kept to monitor remedial action taken. One person we spoke with said, "I don't have any complaints but would tell them if I did."

End of life care and support

- Systems were in place to provide end of life care in a way that reflected people's final wishes.

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 was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A range of quality assurance checks were carried out by the manager and provider. The provider's audits had identified some of the issues we found with medicines management and the environment. However, effective remedial action had not been taken to address these.

Systems had not been established to monitor and improve the safety and quality of the service. This placed people at risk of harm. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager joined the service in late 2021 and was in the process of applying for registration with the Care Quality Commission.
- Staff told us they were enjoyed working at the service and were happy in their roles. One member of staff we spoke with said, "I love my job."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 was a visible presence at the service, and knew the people living there well. One person told us, "The manager is good, she is always coming around."
- Staff spoke positively about the culture and values of the service. Comments included, "[The manager] is good at giving positive feedback" and, "It is a lovely home."
- People and relatives spoke positively about communication with the service and said they could raise any issues they had. One relative told us, "I just telephone the home."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager held regular meetings with people and staff to update them on changes at the service and gain their views. Records of these meetings showed open and transparent communication took place. Attendance at some meetings was low, and the provider was reviewing how this could be improved.

Continuous learning and improving care; working in partnership with others

- The service had effective working relationships with a range of external professionals. One visiting

professional we saw spoke positively about the service.

- The provider and manager were working on strengthening how the service continuously learned and improved people's experiences.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems had not been established to monitor and improve the safety and quality of the support people received with eating and drinking.</p> <p>Systems had not been established to monitor and improve the safety and quality of the service. Regulation 17(2).</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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely. Risks were not effectively assessed or addressed. The premises and equipment were not always clean and well-maintained. Regulation 12(1).

The enforcement action we took:

We issued a warning notice requiring the provider to make significant improvements and become compliant with regulations by a specified deadline.