

# Joseph Rowntree Housing Trust

## Lamel 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: Lamel Beeches is a nursing home that was providing personal and nursing care to 31 people at the time of the inspection.

People's experience of using this service: People's records were not always adequately maintained and improvements were required to meet legal requirements in relation to governing the service. Quality assurance systems had not been effective in driving improvements across the service. In addition, notifications that the provider is legally required to send to us had not been done so consistently.

People were supported by staff who were caring and knowledgeable about their needs. Staff understood how to care for people safely, but risk assessments were not always regularly reviewed. Some staff were overdue their regular refresher training and supervision. Opportunities to learn from accident and incidents that occurred were not always maximised, to reduce the risk of recurrence. Staff knew how to identify and report any safeguarding concerns. People received their medicines as prescribed.

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 respected people's wishes and promoted their privacy and dignity. People told us staff were kind and friendly. There was an extensive range of interesting activities available to people and the provider worked well with other organisations to meet people's needs.

Further information is in the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (report published 12 April 2017).

Why we inspected: This was a scheduled inspection based on the service's previous rating. There had been a serious incident in the year prior to our inspection, which had raised concerns regarding record keeping, falls management and candour with relatives. We therefore brought the scheduled inspection forward to look at these issues.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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** ●

# Lamel 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 as part of our regulatory functions. This inspection checked 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.

#### Inspection team:

The inspection was conducted by two adult social care inspectors and an expert by experience on the first day of 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. Day two of the inspection was carried out by one adult social care inspector.

#### Service and service type:

Lamel Beeches is a nursing home. It provides a service for up to 41 older people.

The service is required to have a manager registered with 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. At the time of our inspection, the previous registered manager was no longer employed and was in the process of de-registering with CQC. A new manager was in post and had commenced their application with CQC to become the registered manager.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Before our inspection, we looked at information we held about the service. We did not request an updated Provider Information Return, but reviewed the most recent one sent by the provider. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, such as notifications we had received from the provider. A notification is information about important events which

the service is required to send us by law. We sought feedback from the local authority contract monitoring team prior to our visit. We used this information to plan the inspection.

During the inspection we spoke with nine people who used the service and four relatives. We spoke with the manager, deputy manager, quality and compliance manager, a nurse, three care staff, an activities coordinator and two relief chefs. We spoke with one visiting healthcare professional. We looked at a range of documents and records related to people's care and the management of the service. We viewed four people's care records, medication records, three staff recruitment and induction files, training and supervision information and a selection of records used to monitor the quality and safety of the service.

# 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.

Assessing risk, safety monitoring and management

- Premises and equipment were appropriately maintained. People told us they felt safe living at Lamel Beeches and with the staff who supported them. People's comments included, "I know that I am safe here. I am confident." Relatives commented positively and one told us, "The staff are very good at keeping [my relative] safe."
- The provider conducted assessments to evaluate and minimise risks to people's safety and wellbeing. However, risk assessments had not always been reviewed regularly and some lacked detail.
- On the first day of inspection we found a room left open, which was dirty and contained equipment and cleaning products, posing a potential risk to people who used the service. This was addressed on the day.
- Personal evacuation plans were in place, guiding staff how to support people in the event of an emergency. Printed copies of evacuation plans were not available for all people. The manager addressed this during the inspection and made these accessible to staff.

Learning lessons when things go wrong

- Accidents and incidents were recorded on an electronic system. Investigations into each incident were not always fully completed or reviewed by the manager in a timely manner. Whilst we found appropriate responsive action was sometimes taken to reduce the risk of recurrence, this was not consistent.
- Opportunities to learn from incidents that occurred were not always maximised.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and were able to describe indicators of abuse and how to report any concerns. Information was displayed about how to make a safeguarding referral to the local authority.
- The provider had appropriately referred concerns to the local authority safeguarding team when required.

Staffing and recruitment

- The provider had a system to ensure there were sufficient staff to meet people's needs.
- There was mixed feedback from staff about whether there were always sufficient staff to provide care in a person-centred way. However, most staff felt there were enough and our observations indicated there were sufficient staff to meet people's needs; staff were not unduly rushed during the inspection.
- The provider sometimes used agency staff, but these were usually staff who had worked at the home regularly. This helped maintain continuity of staffing.
- Appropriate recruitment checks were conducted to ensure applicants were suitable to work with vulnerable people.

Using medicines safely

- There were safe systems for the ordering, storage, recording, administration and disposal of medicines. Medication administration records showed that people had received medicines as prescribed.
- Staff who supported people with medicines received training and checks of their competence.
- Care plans lacked detail about people's needs and preferences in relation to medicines and one person's medicines risk assessment had not been reviewed.

#### Preventing and controlling infection

- Staff received guidance about infection prevention and control. They used personal protective equipment (PPE) when required, such as disposable gloves.
- Domestic staff were employed and the home was clean.
- Improvements were required to the laundry and clothes drying facilities, to ensure they were meeting appropriate standards. The provider had plans in place to address this and make improvements to the laundry facilities.

# 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.

Staff support: induction, training, skills and experience

- Relatives told us staff cared for people well.
- Staff received an induction and training to prepare them for their role but we found some staff were overdue their refresher training in a number of areas. This issue had also occurred at our last inspection. Plans were already in place to update this training.
- There was a supervision and appraisal process in place, and staff confirmed they received supervision. The frequency of supervision was inconsistent and we found some staff had not received supervision in the three months prior to our inspection.

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

- The home was spacious and there was lift access to all floors. People had access to mobility aids and adaptations.
- The décor in the home was tired and in need of attention. A budget for redecoration had already been agreed prior to our inspection and plans were in place to commence this work.

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.

- The provider assessed people's capacity to make specific decisions and had made DoLS applications where required. We found conditions on people's DoLS were adhered to, but record keeping in relation to this could be improved.
- Records about people's consent to care were not always clear. The provider had already identified this, and developed new paperwork to address it. They had also developed new mental capacity assessments, which were due to be implemented.



- Care staff had limited knowledge about the MCA and had not all received up to date training in this area. However, they understood the importance of getting people's consent.
- People confirmed staff asked their views and sought consent before supporting them.
- Recording needed to be clearer in some people's files about whether they had a Lasting Power of Attorney (LPA) for health and welfare decisions, so that the appropriate people were consulted, should this be required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff providing consistent, effective, timely care with and across organisations

- Systems were in place to assess people's needs and choices in line with legislation and best practice.
- The provider conducted an assessment of people's needs, to ensure they could provide an appropriate service for them.
- The provider worked with other health and social care professionals where required, to ensure people's needs were met.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health care professionals, and staff sought specialist advice where required.
- Information about people's health needs was recorded in their care plan.
- A GP visited the service on a regular basis to see anyone who needed it.
- A visiting healthcare professional provided positive feedback about the service and told us staff acted on their advice and were knowledgeable about people needs.

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

- Staff assessed people's nutrition and hydration needs and monitored these needs as required. Information about people's dietary requirements and preferences was included in their care plan and was available in the kitchen for catering staff.
- People were offered a choice of meals and the mealtime experience was calm and well organised.
- We received positive feedback about the food. Comments included, "The food is very good. There is plenty of choice."

# 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

- We received positive feedback from people and relatives about the caring approach of staff. People told us, "The staff are really kind and caring" and "The staff here are so kind and friendly and they know their job. My family are very pleased with how happy I am."
- Relatives commented, "The staff are so caring and respectful" and "The care for [my relative] is wonderful." One relative told us the care extended to them as a family member too, and said, "When I've been upset they (staff) have shown me great compassion and understanding."
- We observed friendly and warm interactions between people and staff. Many staff had worked at the home for some time and knew people well.
- Staff received equality and diversity training as part of their induction. There was information in people's care files about any needs in relation to protected characteristics of the Equality Act, including those in relation to disability and age. There were regular religious services at the home for anyone who wished to attend.

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

- People confirmed staff respected their wishes and views. We observed staff offering choices and encouraging people to make decisions, such as what they wanted to do and where they wished to spend their time.
- There were occasional resident meetings and a regular provider newsletter to help keep people updated about issues affecting the service.
- Relatives confirmed they had been involved in decisions about people's care.
- Some people had advocates or representatives who supported them with decision making.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted.
- Staff provided examples to demonstrate how they maintained people's dignity when providing them with personal care. This included talking with people to put them at ease, closing doors and curtains, and encouraging people to do things for themselves where possible.
- Staff promoted people's independence by tailoring their support according to people's skills. One person told us, "The staff are lovely and they encourage me to walk everywhere I can."

# 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.

### Personalised care

- People told us staff were responsive to their needs and preferences. One told us, "I am well looked after and like it here." We observed staff being attentive to people's needs and requests.
- People were able to personalise their rooms and bring their own belongings. One person told us, "Being able to bring furniture, soft furnishings, paintings and my dolls house makes it so homely."
- The provider developed a care plan for each person, with information on different aspects of their care. Care plans were in the process of being transferred onto an electronic system. We identified some anomalies in care plans. We also found gaps in monitoring documentation such as welfare checks.
- The provider was meeting the requirements of the Accessible Information Standard (AIS). The AIS is a legal requirement for all providers who receive any public or NHS funding, to ensure information is shared in formats appropriate to all people, including those living with sensory impairments or specific communication needs.
- The provider employed an activities co-ordinator and there was an extensive range of interesting activities available to people. For instance, we saw visiting guest speakers and a poetry reading group. The provider had recently recruited 18 new volunteers, many of whom were university students, to enhance the opportunity for individual activities and social engagement.
- The service hosted activities such as a weekly inter-generational music group, available to the public, where pre-school children and people living at Lamel Beeches enjoyed music and singing together. Staff had also worked with an adapted cycling company, to give people the opportunity to go out on a cycle ride on a weekly basis. There was a range of adapted bicycle options, to suit people's different physical needs.

### End of life care and support

- The provider worked alongside other health professionals to ensure people received appropriate and sensitive end of life care.
- Anticipatory medicines were in place where required. Information about people's requirements and preferences was recorded in their care plans, including their preferred place of care.
- We viewed thank you cards and compliments from family members, commenting on the care people had received.

### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure.
- There was a system for recording any complaints or concerns received. This complaints log was monitored by the provider, to track how and when complaints had been responded to.
- People we spoke with confirmed they knew how to raise a complaint and would feel comfortable doing so.

# 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

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

- There was a manager who had been in post approximately four months. They were supported by a deputy manager. The manager had started the application process to register with CQC.
- There were daily 'flash meetings' with staff from each department, to ensure effective communication about key issues.
- Information related to people who used the service was stored securely to ensure the integrity of confidential information.
- Most notifications had been submitted to CQC as required. However, two notifications regarding DoLS authorisations had not been submitted to CQC in the year prior to our inspection.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This matter is being dealt with outside the inspection process.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Relatives we spoke with during the inspection provided positive feedback about the communication from staff and told us they were kept updated of any issues or concerns. However, there was an incident in the year prior to our inspection where a family did not receive information they requested in a timely manner, following a serious incident that occurred. This resulted in additional distress to the family and showed that the provider had not met the requirements of 'duty of candour' in this situation. The provider had recently conducted a review of this situation in order to make improvements. At the time of our inspection they were commencing work to implement changes to their policies and practice in relation to communication with families, as a result.
- There had been a number of management changes since our last inspection. Staff commented positively on the new management team at the service.
- The provider promoted a positive culture. The provider's expected values and behaviours were re-iterated to staff, for instance in newsletters.
- The provider's quality assurance system had not been operated consistently in the year prior to our inspection. For example, there had not been a monthly managers audit completed since October 2018. The quality assurance system was not being used effectively to drive improvements at the service in a timely manner, including issues we identified during this inspection.
- Care records and risk assessments were not always regularly reviewed and monitoring documentation was not always consistently completed.

- The provider had recently developed new quality assurance documentation and audits and planned to start using these after our inspection.

The failure to effectively operate quality assurance systems and maintain accurate and complete records in relation to people's care is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

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

- Staff told us they felt supported. One told us, "If I've had any problems they've always helped" and another commented, "I think things are improving with the new management."
- Staff meetings were held.
- Feedback was sought from people who used the service and relatives in surveys.

Continuous learning and improving care

- The provider had made changes at the service and conducted a staff restructure since our last inspection.
- The management team were already aware of many of the issues we identified, such as staff training, record keeping and quality assurance. They had started work to try and address these issues and demonstrated a clear commitment to making the improvements required.
- Work had commenced to analyse the previous three month's accidents and falls, but this had not been finished at the time of our inspection. Our review of these records showed that opportunities to learn from incidents had not been maximised.
- Further work was required to effectively implement changes and sustain any improvements made.

Working in partnership with others

- The provider worked very effectively in partnership with other organisations and built links in the community. This included schools, nurseries, universities and other local groups. These links had enhanced the activities and social opportunities available to people, promoting their well-being.
- People were supported to attend activities at other local care homes.
- Staff worked in partnership with other health and social care 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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to effectively operate quality assurance systems and maintain accurate and complete records in relation to people's care.</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 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	<b>The provider had not submitted all notifications required in a timely manner.</b>

### **The enforcement action we took:**

We served a fixed penalty notice for failing to meet fundamental standards (failing without delay to notify CQC of any incident specified in Regulation 18(2) of the Care Quality Commission (Registration) Regulations 2009).