Maricare Limited

Beech Haven

Inspection report

Beech Haven Care Home
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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

We inspected this service on 13 January 2016. This inspection was unannounced. Beech Haven is a care home with nursing providing care and accommodation to 29 older people older people requiring personal care. Some people at the home are living with dementia. On the day of our inspection there were 19 people who were permanently living at the service. Four people were on a short term, respite placements.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

People felt safe living at Beech Haven. People's relatives told us they felt the service was safe. Staff were aware of their responsibilities in keeping people safe from harm.

People's risks such as risks of falls, mobility, malnutrition, moving and handling or skin damage were identified. However, we identified instances where there was no evidence available that the provider was doing all that is reasonably practicable to prevent avoidable harm or risk of harm to people who used the service. People received their medicine as prescribed and were protected against the risks associated with the management of medicines.

There were enough staff to meet people's needs. People were assisted promptly and with no unnecessary delay, we noted that the call bells were answered promptly.

The service had robust recruitment systems in place that helped the management make safer recruitment decisions when employing new staff. People were cared for by staff that were knowledgeable about their roles and responsibilities and had the relevant skills and experience. Staff told us they were well supported by the management. However, we found their formal supervision was not always recorded.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA is the legal framework that protects people's right to make their own choices. DoLS were in place to ensure people's liberty is not unlawfully restricted and where it is, that it is the least restrictive practice. We noted that whilst care plans provided information about people's capacity the documentation was lacking decision specific capacity assessments. As a result of this inspection the provider has now implemented decision specific capacity assessments.

People were complimentary about the service and staff. Throughout the inspection there was a pleasant atmosphere and we saw people being supported in a professional, kind and caring manner. Staff were knowledgeable about people's needs and we saw many interactions which reflected staff understood and respected people's preferences.

People's care plans were detailed and personalised. Care plans were up to date, legible and we noted these were regularly reviewed. People commented positively about living in the home and they enjoyed a variety of activities.

People spoke positively about the register manager. The registered manager was aware of the further improvements required to the service. They undertook quality assurance audits to measure and monitor the standard of the service and drive improvement.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people were not always managed safely.

Improvements were required to the management of risks for people.

People told us they felt safe. Staff demonstrated an awareness of how to recognise and report abuse

There were sufficient staff to meet people's support needs. The service had safe, robust recruitment systems.

Is the service effective?

Requires Improvement

The service was not always effective.

People were cared for by staff who were knowledgeable and well trained. However, records showed the staff did not always receive formal supervision.

Records did not always reflect people were supported in line with the principles of the Mental Capacity Act and associated codes of practice.

People received sufficient food and drink to meet their assessed needs.

People had access to health professionals when needed.

Is the service caring?

Good

The service was caring.

People were treated by the staff with dignity and respect.

People were supported by staff who were kind and caring.

Staff communicated and explained when they were supporting people.

Is the service responsive?

Good

The service was responsive.

Care plans documented people's needs and they were regularly reviewed.

There was a choice of activities provided for people who wished to participate.

The service had a complaints procedure and people were comfortable in raising concerns.

Is the service well-led?

Requires Improvement

The service was not always well led.

Registered manager had systems in place to monitor the quality of the service provided but these were not always effective.

Staff felt supported by the registered manager and the team.

Relatives and staff spoke highly of the registered manager.

Beech Haven

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 and to look at the overall quality of the service.

This inspection took place on 13 January 2016 and was unannounced. The inspection team consisted of two inspectors and a nurse Specialist Advisor.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to tell us about. We also contacted the local authority commissioners of the service to obtain their views.

On the day of our inspection we spent time observing care throughout the service. We pathway tracked three people, this included looking at their care records and the support they received. We spoke to seven people and one relative. We also spoke with the registered manager, deputy manager, one nurse, five care staff and the chef.

We looked at records, which included nine people's care records, the medication administration records (MAR) for people living at the home and six staff files. We also looked at other information related to the running of and the quality of the service. This included quality audits, staff training and support information and staff duty rotas.

Following the inspection we obtained additional feedback from two relatives.

Requires Improvement

Is the service safe?

Our findings

People's care records contained risk assessments which included; falls, mobility, nutrition, moving and handling and skin damage. However, we identified instances where there was no evidence available that the provider was doing all that is reasonably practicable to prevent avoidable harm or risk of harm to people who used the service. Some records were found to be incomplete and it was not possible to confirm whether any required intervention had taken place.

For example, one person had been assessed as at risk of harm from raised blood glucose levels and their blood sugar levels were to be checked and recorded daily. We found there were a number of consecutive days, on two separate occasions, where the recordings were absent from the form. We have been informed the gaps were a result of the person refusing their medication. Additionally, the form contained a guidance which stated recordings should fall between the ranges of specified reading which were considered as safe. We found on occasions the readings were significantly higher but there was no guidance in place what action should be taken to address this. There were no records to reflect that any intervention had taken place.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received their medicines as prescribed. We observed the administration of medicines and we saw that medicine was given to people by the nurses in a safe way. Medicine was kept securely. The amount of medicines, including controlled drugs in stock corresponded correctly to stock levels documented on Medicines Administration Records (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. There were no missing signatures on the Medicines Administration Records (MAR). We had, however, identified two issues. One related to staff using incorrect numerals to record the date. We also identified the service's medication policy needed updating. We raised this with the registered manager who told us they were going to rectify these omissions immediately.

People told us they felt safe. One person told us they felt positive about their stay at the home. "Oh yes, that's why I feel happy. You feel comfortable". A relative commented "I have no qualms about the standard of care (at the home)". Another relative said "[person] is definitely safe here".

People were cared for by staff that were knowledgeable about how to recognise signs of potential abuse and were aware of the reporting procedures. Staff we spoke with were aware of types of abuse and signs of possible abuse. One staff member referred to verbal and emotional abuse as "Being belittled, spoken to like a child". Staff told us they knew how to recognise any changes which would cause concern such as a person being "Quiet when they're normally not". Staff were confident how to raise a safeguarding concern. One member of staff told us "I'd go to my senior and report it to the nurse". Staff were familiar with the home's whistle blowing and confidentiality policy.

On the day of the inspection there were enough staff to meet people's needs. We found people who remained in their rooms had their call bells close to hand. Throughout the inspection call bells were answered in a timely manner. One member of staff told us "We're well staffed; it's been completely different and much better now". The registered manager told us they "Have not had to use agency staff in quite a few months".

People were protected against the employment of unsuitable staff as the good practice guidelines around staff recruitment were consistently applied. There was evidence in all staff files we looked at the required checks had been completed which ensured staff were of good character. The files contained a written application, satisfactory references, proof of eligibility to work in the UK, proof of their identity and a Disclosure and Barring Service (DBS) checks. DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Accident and incident recording procedures were in place and appropriate action had been taken where necessary. The registered manager carried out an analysis of accidents and incidents on monthly basis to identify any trends or patterns and to identify how to manage any risks identified.

Requires Improvement

Is the service effective?

Our findings

People were supported by staff that had the right skills and knowledge to meet their assessed needs. Staff told us they had received sufficient training and they felt confident in their roles. One staff member said "We've had a lot of training in the past six months. I've done about four different sessions". A recently employed member of staff told us "We receive good training; I had a good induction and was not allowed to work on my own until I felt confident which took me almost three weeks. The induction was not only about the training but also about getting know the people". One relative commented "The staff are knowledgeable, they also have appropriate skills and attitude". The training plan we reviewed demonstrated that training relevant to the care needs of people such as moving and handling, food hygiene, health and safety or dementia awareness had taken place.

Staff told us they were well supported in their roles. One staff member said "I do feel supported, the seniors are always here and we can go to them anytime with anything". Another one told us "I had my one to one with the manager, but we do not have to wait for one to one, we can approach the management anytime". The staff commented due to the staff team being quite small the communication was good and they received direct support from the senior team. We identified formal supervision's were not always recorded. We raised this with the manager who was aware about this and they told us they were in a process of implementing a new supervision plan and looking at ways of delegating some supervision responsibility to recently appointed deputy manager and nurses. After the inspection, the provider sent us a template of the staff observation tool which has been introduced as an additional form of staff supervision.

The registered manager had an understanding of the Mental Capacity Act 2005 (MCA). 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. All the care staff we spoke with had an awareness of the Mental Capacity Act. One staff member told us "We'd always respect people's wishes and ask to offer any help instead just doing this for them". Another one said "We'd always try to find out about the person's background to find out why they make certain decisions". Observations showed staff sought people's consent before providing care. We noted over lunch time one person was approached by a member of staff who asked them "Would you like me to cut up your food for you?" This meant the staff promoted person's independence by offering assistance first. We found the information about people's capacity was included in their care plans although we identified there were no corresponding capacity assessments relating to specific decisions. We raised this with the registered manager who told us they were going to address this in due course and source additional training for the staff. The provider informed us after the inspection that they have now implemented decision specific capacity assessments.

The registered manager had made referrals in relation to the Deprivation of Liberty Safeguards (DoLS). 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). One person had been assessed as lacking the capacity to make complex decisions and we saw a request for a DoLS authorisation has been applied for and authorised. The documentation was detailed and gave a clear rationale for the application. We found the registered manager made further referrals for two individuals and the confirmation of the decision was awaited.

People told us they liked the food and were able to make choices about what they had to eat.
Care plans were also in place to guide staff about the level of support people needed. For example, if they were on a soft diet or required their weight monitoring. We noted that seven people at the service needed their weight to be monitored closely and we found the weekly records were in place.

People were complimentary about the food they received in the home. One person said "Meals are good, we had lovely roast potatoes today". One relative told us "[Person] always remarks that the food is very good". Another relative said "The food looks and tastes delicious and it's rare for [person] not to clear his plate. The residents are given tea and cake in afternoons which always look appetising". We noted the chef had a list of people's requirements such as people's likes and dislikes and foods suitable for people with special dietary requirements. One of the external health care professionals commented "They seem to be doing a good job in helping people to gain weight. The chef has been keen to work with us and get advice about fortifying foods".

We observed the lunchtime meal and noted the staff interacted positively with people. The staff were attentive and we noted they were encouraging people to eat. For example, one staff member said to a person "It's lovely, would you like more (another spoonful)?"

People were supported to maintain good health. Guidance from healthcare professionals had been incorporated into people's plans of care and followed by staff. For example, from a speech and language therapist (SALT) in relation to the consistency of drinks. One of the external health care professionals told us "The documentation is comprehensive and of a high standard, the staff document important events promptly and act on our recommendations".

Good

Is the service caring?

Our findings

People we spoke with praised the care staff and said the staff were very good. One person said "They're all very kind. I'd be lost without them. I'm very happy here. As a family." Another person told us "I was a wreck before I came here; everyone is so nice and lovely here".

Comments received from relatives included "My experiences of the service have always been favourable ones and [person] has always commented about what a nice place the home is and how kind the staff are to them", "We can't fault the care [person] receives" and "The manager and the staff have become our extended family".

Staff developed positive, caring relationships with people. Staff talked about the people with respect. Comments from the staff included "If you can come in with a smile on your face this had a positive influence on people. They said that, because it was a smaller home, staff could get a "Better rapport" with people because carers "Get to know everybody." They added "This is very homely. Residents are happy", "I love caring, if I am in the position of a resident one day, I'd like someone like me to provide my care. We treat our residents like they did not have dementia, dementia can happen to anyone. They worked hard all their lives, it's time to give back, care is not just about the tasks".

Our observations on the day of inspection reflected the people were cared for by caring and compassionate staff. We noted examples of positive interactions between staff and people who use the service. One person was walking in a corridor; they appear confused and said "I'm not sure where I am." A member of staff responded quickly to reassure the person. We noted they reassured the person and provided them with explanation "You're in Beech Haven home in Chipping Norton. Would you like some company?"

Another person required one to one support due to their complex needs. We noted the staff supported the person in a meaningful and effective way. They engaged well with the person by listening and talking, and by using non-verbal communication including touch. The staff clearly had a good rapport with the person and knew their needs well.

People's dignity and privacy were respected. We saw staff knocked on doors that were closed before entering people's rooms. Where they were providing personal care, people's doors were closed and curtains drawn. This promoted their dignity. We saw how staff spoke to people with respect using the person's preferred name. When staff spoke about people to us or amongst themselves they were respectful. Language used in care plans was respectful and appropriate. Throughout the day we saw people were appropriately dressed, had their hair brushed and looked well cared for.

People's choices in where they wanted to spend their time were respected, with some people choosing to stay in their rooms while others preferred to remain in communal areas. Staff were observed involving people in their treatment and care and ensuring that their views were expressed and responded to. A relative said "The carers and nursing staff treat [person] with the utmost respect; they are caring, kind and tolerant".

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission to the service to ensure their needs could be met.
The registered manager told us all care plans were recently rewritten. We found the care plans were legible and person centred. Each file contained an 'activities of daily living' with care objectives on different areas such as communication, mobility and tissue viability. The files also contained a 'my day' form which included important information to people. For example 'I need support from two members of staff'. The manager told us that there was a 'resident of the day' initiative that would include reviewing the person's needs and updating their care plan accordingly and we noted care plans were reviewed monthly.

We found that the service was responsive and people received care according to their needs. For example, one person had developed a pressure area. We found the person received appropriate treatment as the pressure area was healed. Another person received all their food and fluids via an external tube. Records showed that the person had received the required amount of fluid daily that met the stated daily fluid intake target.

Another person was assessed as at risk of choking due to compromised swallowing. We saw the advice from a speech and language therapist (SALT) on the consistency of drinks and specific directions on food such as 'small manageable amounts, small meals' were incorporated in their care plans. Staff aware of the drinks consistency the person needed and how much fluid thickener should be added to achieve this.

Staff told us they spent time with people and their relatives to find out people's history, their likes and dislikes. One member of staff said "One person appeared to have a fear of water, we talked to their family, we would always ask the person and their relatives for more background information". The staff we spoke with had a good knowledge of each person and how to support them to enable them to do the things they wanted to do. For example, staff told us about a person who preferred to stay longer in bed, they added "We would offer them personal care in bed and check for continence".

People had access to a range of activities. The service employed an activities co-ordinator who planned a number of in house activities such as games, quizzes, chair exercises. We observed staff sought to engage with people they supported. For example by singing with them. One member of staff told us "My favourite part of the job is interacting with people." They mentioned one person's leisure interests "We always play scrabble with [person]". During the morning of our visit we saw pampering sessions were taking place. One person told us they took part in church services. They said "They (church service organisers) come here".

People were actively encouraged to give their views and raise concerns or complaints. There were monthly questionnaires that were given to people to gather their views. The home had a complaints policy in place. Relatives said that they knew who to speak to if they wished to raise a concern. One relative said "I haven't had any concerns, but I'd be happy to speak to the management if needed". The manager said that they had a good communication with families and operated an open door policy.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in post who was supported by a recently appointed deputy manager. Staff told us they felt supported by the management arrangements in place. Staff told us they enjoyed working at the service. One staff member said ""It's nice if you've got someone who explains things." They added that "The whole home runs in a much smoother way." Another member of staff told us "Leadership is really good" and they referred to the registered manager and deputy as effective leaders.

One relative told us "I have been impressed with manager's attitude, he has a good knowledge of [person's] situation and personal history". Another relative told us "The manager keeps in touch so that I'm aware of any developments whether it's a doctor's visit, eating, drinking or any issues around [person] sleeping patterns".

Health care professionals told us the service was well managed. They said "The standards have improved over the last year since the current manager took over".

The staff told us they were well supported. One member of staff told us "I attended one staff meeting so far as I have not been here long, it was good". Staff told us that due to a small size of the service they had the opportunity to discuss the care concerns and raise issues with the registered manager during informal day to day conversations. A member of staff told us "I regularly speak to the manager , even between scheduled supervisions, any time I need to discuss anything".

The registered manager told us they were well supported by the director who visited on weekly basis and who was available to ring at any time.

There was a whistle blowing policy in place at the home. Staff we spoke with knew what the term whistleblowing meant and they all said they understood the principles and if they had any concerns they wouldn't hesitate to voice them.

The registered manager had systems in place to monitor the quality of the service. There were a range of quality monitoring systems in place to review the care and treatment offered by the service. They undertook internal audits including care plans audits, medication and accidents audits to further enhance the care provided. However, these systems were not always effective because they had not identified the issues we found during our inspection..
Environmental health and safety checks such as water temperatures or fire alarm tests were undertaken to ensure the safety and welfare of people who used the service and to promote a safe working environment.

There was an open and transparent culture at the service and the registered manager told us they saw feedback, concerns and complaints as part of driving improvement. The registered manager acted on feedback received from people. For example, they identified following a monthly questionnaire that a person requested to see a healthcare professional and they scheduled a home visit for them.

We noted there were systems in place to ensure that any safeguarding issues were followed up immediately and promptly acted upon. The registered manager was clear on their responsibilities to notify Care Quality Commission and we had received notifications in line with the regulations.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure that the risks related to the health and safety of the service users were completed. Regulation 12 (2)(a)(b)