

Sunny Okukpolor Humphreys

The Beeches Nursing and Residential Care Home

Inspection report

Church Lane
Kelloe
County Durham
DH6 4PT

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27 November 2020

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Beeches Nursing and Residential Home was providing personal and nursing care to 16 people aged 65 and over at the time of the inspection. The service can support up to 31 people.

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

People were kept safe in the service by staff who understood personal risks and what they needed to do to prevent accidents and incidents. Medicines were managed in a safe manner by staff who were assessed as competent to do so. Regular checks were carried out on the home including fire detection equipment.

Hand-washing facilities were available, and visitors had their temperatures taken and completed track and trace device information before entering the service. Personal protective equipment (PPE) was available throughout the service. Relatives confirmed people were safe in the home.

People were supplied with nutritious food which met their dietary needs. Staff worked with other agencies to enhance people's health and wellbeing.

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.

The registered manager had returned to the service and was working to change the culture of the staff team. They had made improvements to the delivery of the service and recruited new staff to promote improvements. Quality audits carried out by the registered manager showed they had noted good quality care and identified further areas for improvement.

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published 7 June 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about safety in the home. A decision was made for us to inspect and examine those risks. This inspection was also carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous five key questions inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Beeches Nursing and Residential 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Beeches Nursing and Residential home 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.

Notice of inspection

We contacted the service prior to our site visit and advised we were commencing an inspection. We requested information from the registered manager prior to our site visit on 27 November 2020 which was announced.

What we did before 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.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We carried out observations of people and their interactions with staff. We spoke with four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, team leader, senior care worker, care workers and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek further information from the provider.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management;

At the last comprehensive and focussed inspections of the service the provider had failed to ensure that risks for people who used the service were adequately assessed. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 12.

- There were comprehensive assessments of risks in place. The risks to people included ways to prevent incidents and accidents.
- Regular checks were carried out by maintenance staff on the building and its contents to ensure people were kept safe.
- The fire service had carried out a further visit to the home and identified some work yet to be completed. Reassurances were sought and provided that steps had been taken to carry out the remaining work.

Staffing and recruitment

- Recruitment practices were safe. Staff began working in the home when all recruitment checks had been carried out.
- There were sufficient staff on duty. The registered manager used a dependency tool to calculate the amount of staff required.

Using medicines safely

- People's medicines were managed in a safe manner. Staff had been assessed as competent to administer medicines.
- Additional checks had been put in place to monitor medicines stock.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm by staff who were trained in safeguarding.
- The registered manager, team leader and senior staff had daily oversight of the service. They carried out observations of staff interactions with people to ensure everyone was safe.
- Relatives confirmed people were kept safe in the home. One relative said their parent was safe in the home and "The girls can't do enough for her."

Preventing and controlling infection

- Suitable arrangements had been put in place to prevent and control the risks of infection. Health checks were carried out on visitors to reduce the risk of COVID19 entering the premises. The registered manager was making sure infection outbreaks could be effectively prevented or managed.
- Staff understood how to use PPE correctly.
- The home was clean and tidy with no odours.

Learning lessons when things go wrong

- The registered manager had learnt lessons and implemented changes to avoid repeat issues of things going wrong. Lessons were shared with staff to make sure everyone understood what they needed to do.
- Since returning to the service the registered manager had taken steps to address the regulatory breach found at the last inspection.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed in detail. Care plans reflected people's preferences.
- The delivery of care was in line with the law and national guidance.

Staff support: induction, training, skills and experience

- Staff were well supported through a period of induction and training. An approach had been devised called 'Back to Basics' so new staff underwent a thorough induction and the standards of care were explained to them.
- The registered manager and the team leader took a hands-on approach which meant staff training was translated into practice on a daily basis.

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

- People's dietary needs were understood by staff who ensured their intake of food and fluids was sufficient to meet their needs. New catering staff had begun to make significant improvements which improved people's dietary intake. A snack station was provided to encourage people to enhance their food and fluid intake.
- One relative who had visited a person through the window said, "The meals look beautiful."

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

- People's health care needs were appropriately addressed. Staff made frequent referrals to other healthcare professionals to seek their advice and improve people's health. Relatives told us they were informed of any changes to people's health.
- Staff were working with other agencies to meet people's needs. They followed guidance given to them by other professionals.

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

- Adaptations had been made to the service to promote the independence of people living with dementia.
- Colour, signage and photographs were used to assist people's orientation around the home.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service worked within the principles of the MCA and used a comprehensive tool to assess when a best interest's decision needed to be made.
- Staff had made DoLS applications to the local authority to deprive people of their liberty. The registered manager monitored the applications and was aware when they were due to be renewed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. 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

- The registered manager was clear about their role. They had implemented systems to improve the quality of the service and conveyed their findings to staff. Risks found in the service had been addressed.
- The registered manager had been persistent in clarifying staff roles. Staff were clear about their responsibilities and were carrying out tasks appropriate to their role. One relative described the registered manager as, "Really helpful."
- Regulatory requirements had been met. The registered manager understood when a statutory notification needed to be submitted to CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager demonstrated persistence in promoting a positive culture in the home. Staff were encouraged and supported to develop a person-centred approach.
- The provider and the registered manager had worked in partnership with local authority representatives to make improvements to the service.

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 provider and the registered manager understood the duty of candour and were accountable for when things had gone wrong.

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

- The registered manager was aware of the need for engagement, but on returning to the service had focussed on making improvements. People were involved in making daily choices about their care.
- Staff were involved through regular meetings including flash meetings designed to keep staff up to date each day. Relatives were satisfied they had obtained the information they needed during the lockdown period.

Continuous learning and improving care

- There was a strong culture of continuous learning and improving care delivery. Since returning to the service the registered manager had set about developing staff knowledge and skills to meet people's needs.

- Local authority commissioners had provided an action plan to the provider and the registered manager outlining the improvements to the service. The provider and the registered manager had continued to address the plan and were accountable for the actions they had taken.