

Mr & Mrs B Peggs

Beechwood Gardens

Inspection report

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11 January 2022
26 January 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Beechwood Gardens is a residential care home providing accommodation and personal care to 20 people living with dementia. At the time of the inspection 16 people were living in the home and two people were in hospital.

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

People's risk and needs were assessed and managed although records would benefit from having more detail in them to support staff in managing people's risks. Infection prevention and control concerns had been raised during the first day of inspection, but these had been addressed and improvements made before the second day of inspection.

The registered manager had oversight of the home, but quality assurance systems were not always robust enough to identify shortfalls or areas for improvement as identified in the areas relating to IPC during the first inspection.

Medicines were well managed. Staff had received training and support to ensure medicines were managed safely.

People and relatives were happy with the care provided. Staff knew people extremely well and this was evident in the care provided so people felt safe in the home.

Staff had confidence in the registered manager. They were supported and happy and felt able to contribute in all aspects of the care provided.

Rating at last inspection and update

The last rating for this service was good (published 16 December 2017).

Why we inspected

We inspected and found there was a concern with infection, prevention and control, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this 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 COVID-19 and other infection outbreaks effectively.

The provider had taken action to mitigate the risks identified during the first day of inspection and had an action plan in place to continue to make the improvements needed.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was well led.

Details are in our well led findings below.

Beechwood Gardens

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.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

One inspector carried out the IPC inspection on 11 January 2022. Two inspectors and an Expert by Experience carried out the second part of the inspection on 02 February 2022. An Expert by Experience is a person with personal experience of using or caring for someone who uses this type of service.

Service and service type

Beechwood Gardens is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, senior carers, carers, housekeepers and the chef. We carried out general observations of the way people were supported and 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, daily logs, 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 clarification from the provider to validate evidence found. We looked at audits, risk assessments and other 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- During the first part of the inspection on 11 January 2022 we were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas appeared unclean and needed repair such as the skirting boards and damaged flooring in the toilets. Areas such as the dry food storage area and the staff toilet were not on the cleaning schedule. There were no instructions regarding the colour coded mops or about the coloured bins for waste.
- We were not assured that the provider's infection prevention and control policy was up to date or that audits had taken place.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections however, the visitors signing in book hadn't been routinely completed to show Covid related information had been checked and this wasn't checked for the inspector on the day of the first inspection.
- We were somewhat assured that the provider was meeting shielding and social distancing rules however, people were seen sitting closely together as chairs were not two metres apart and people were not encouraged to socially distance at mealtimes.
- We were somewhat assured that the provider was using PPE effectively and safely. PPE was plentiful however, staff did not always change their PPE after contact with each individual and one member of staff left the lounge to answer the door without removing their PPE.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed however, during the first inspection staff were seen standing together in small groups and not socially distancing.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- During the second inspection on 02 February 2022 we found the registered manager had addressed all the areas raised about IPC. A maintenance plan was in place and many of the jobs such as lining the walls and putting shelving in the dry food store had been completed. Materials had been purchased to re do flooring and policies and paperwork relating to cleaning schedules and visitors had been updated. We found one issue where a clinical waste bin was overflowing and had not been emptied but this was cleared on the day of inspection.
- The provider had an open approach to visiting. Visiting had been restricted during a recent Covid-19 outbreak, but the registered manager had communicated this with people and their relatives. Essential care givers and visitors for people on end of life care pathways had still been allowed to visit. There were no current restrictions on visiting except the registered manager asked for only two people at a time to visit each person due to the fact the home was small, and space was limited.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met although this was not always recorded. The recording sheet was changed on the day of inspection to ensure this information was routinely collected.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- The registered manager ensured risk assessments and care plans were in place for people. However, some of these lacked details and in one person's record there was no risk assessment for the use of sensory mats and in another there was no Covid risk assessment for a person who smoked. The registered manager ensured these were put in place straight away and agreed to review the records to ensure more detail was included.
- Staff recorded incidents and accidents, and these were audited by the registered manager. They showed that learning and actions had taken place, and this had been passed on to staff. For example, the registered manager improved the system for falls management to include additional sensory mats following a review of falls for one person.

Systems and processes to safeguard people from the risk of abuse

- We observed people interacting with staff and it was clear people trusted and related well to staff which made them feel safe.
- Staff understood safeguarding and how to keep people safe. They had been given information about the whistle blowing process and speaking up. Whistle blowing is where people can disclose concerns about any part of the service where they feel dangerous, illegal or improper activity is happening.
- The registered manager had effective safeguarding systems and process in place. They displayed information about safeguarding for staff, so they know who to contact and what process to follow.

Staffing and recruitment

- People said there were enough staff available when needed. We observed this was the case during the inspection.
- Staff said they received training, an induction and support so they could do their jobs well.
- The registered manager ensured staff were recruited safely in line with the provider's policies and procedures.

Using medicines safely

- We observed staff giving medicines to people in a way which was sensitive to their needs. Staff explained what they were giving and ensured the medicines had been taken.
- People's prescribed medicines were securely stored and medicine administration records were fully completed and up to date.
- The registered manager ensured staff received training in the safe administration of medicines and completed regular competency checks. Medicines errors were recorded, and the records were audited so learning and actions could be shared with staff.

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 for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The service had a registered manager who was supported by a deputy and senior carers who covered in their absence.
- It was evident during the inspection that the registered manager took on responsibility for a wide range of governance tasks such as audits and would benefit in delegating some of these tasks by continuing the work they had recently started in developing and training senior staff to complete them. This would allow the registered manager to have a more strategic overview of the home and identify short falls such as those identified during the inspection and use this to promote quality improvement.
- People had personal emergency evacuation plans in place however the file containing these had not been updated to show people were in hospital which could have caused confusion if the building needed to be evacuated. The registered manager agreed to put a checklist in place to prevent this happening in future.
- The provider and registered manager had responded promptly to the concerns raised during the IPC inspection and had made significant improvements in the three weeks between inspection visits. However improvements were needed in the governance processes in the home such as audits as these had not been effective in identifying the issues prior to the first day of inspection.
- Staff loved working for the service and felt well supported and included through their regular individual and team meetings. One staff member said, "This is a home from a home, we all get on as a team."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were positive about the registered manager and the culture of the home which they described as 'warm and friendly'. One relative stated "My mum receives very very good care" and "Staff are wonderful at handling tricky situations."
- Staff took time to understand people's history, preferences and cultural needs which ensured care was personal to each individual. We observed staff chatting to people about things they enjoyed such as certain types of food and ensuring they could pursue hobbies and interests such as playing cards, sewing and singing.
- Staff told us the service was well-managed. They used words such as 'supportive and approachable' to describe managers and said they loved their jobs and going to work.

- The registered manager had regular meetings with staff to discuss the delivery of the service.
- During the Covid pandemic the home had organised daily singing and dancing in their street for their neighbours. They had arranged charity events such as collecting for a local hospice and delivered eggs from the ducks and chickens kept in the gardens of the home to people living close by. This had helped the home to become part of its local community and they had received many positive comments and cards from people stating how much they had appreciated their efforts.

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

- Two relatives said the registered manager and staff were easy to contact and they were informed if something happened to their relatives. They said they could always phone and ask questions when they needed to.
- The registered manager understood their responsibility to inform CQC about events which affected their service such as safeguarding, or absence of the registered manager for more than 28 days.

Working in partnership with others

- People were supported to access a range of professionals such as the GP and district nurses to ensure their needs were being met.
- The registered manager was a member of a forum for local home managers. This allowed them to talk about concerns and share good practice.