WAASH GROUP LTD

The Beeches

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
The Beeches Care Home is a residential care home providing accommodation, personal and nursing care for up to 23 people aged 65 and over, some of whom are living with dementia. At the time of inspection 17 people were living at the home.

People's experience of using this service and what we found
The provider did not have effective systems in place to ensure all risks were identified and medicines were managed safely. We found failings regarding risks related to people's health and the environment.

We found no evidence people had been harmed but they were at risk of avoidable harm due to the ineffective governance arrangements in place. Records were not always accurate and completed in line with people's assessed needs. Audit systems failed to highlight the concerns we found around, medicines management, care planning, risk management and fire safety.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Mental capacity assessments had not been documented for some key decisions when people lacked capacity. Staff had not received all the training required to support people using the service.

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 Inadequate (published 24 April 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/ sustained, and the provider was still in breach of regulations.

Why we inspected
We received concerns in relation to the management of medicines, people's care needs, nutrition, competency of staff and fire safety. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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.

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.
The overall rating for the service has remained inadequate. This is based on the findings at this inspection.

The provider took immediate actions to mitigate the risks we identified.

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 The Beeches Care Home on our website at www.cqc.org.uk.

Enforcement
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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.
We have identified breaches in relation to safe care and treatment, safeguarding service users from abuse and improper treatment, person centred care, and governance.

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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures
The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-Led findings below.

The 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 (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
This inspection was conducted by two inspectors and a pharmacist specialist.

Service and service type
The Beeches 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 did not have a manager registered with the Care Quality Commission. The provider is legally responsible for how the service is run and for the quality and safety of the care provided. There was a new manager in post, who will be applying for registration.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection
During the inspection we spoke with four people who used the service and three relatives by telephone. We spoke with eight staff members; this included the director, manager, senior care staff, two care workers, cook and domestic. We also spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We looked at full care records for nine people living at the home. We looked at training, recruitment and supervision records of staff. We also reviewed various policies and procedures and the quality assurance and monitoring systems of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Inadequate

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 inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

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

At our last inspection the provider had failed to ensure robust systems were in place to demonstrate risks to health and safety were managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

● People were not routinely and effectively protected from potential avoidable harm. We found the provider had not ensured they had done all that was reasonably practicable to mitigate risks. Risk assessments had not always been completed in a timely manner.
●Where risks had been identified and incidents had occurred care plans and risk assessments had not been reviewed to identify if any changes were required or lessons learnt.
● Some people required support with their mobility. There were no moving and handling risk assessments in place to provide staff with guidance on how to complete the task safely.
● One person was at risk falls and used an alert mat to inform staff of when they moved, however this mat was situated in the entrance of the room, not next to the bed. The person was at risk of falling and staff being unaware.
● People had personal emergency evacuation plans (PEEPs). Some PEEPs we looked at did not contain the correct information. After the inspection the provider reported information had been updated as required and PEEPs were stored appropriately.
● People's nutritional risks were not always met. The Malnutrition Universal Screening Tool (MUST) which is used to identify adults who are malnourished, at risk of malnutrition or obese had not been completed for some people. Where it had been completed this information was not always correct.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risks to health and safety were managed safely. This placed people at risk of harm. This was a breach of regulation 12 Safe care and treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

The manager responded immediately during and after the inspection. They confirmed they were working to put in place appropriate arrangements to manage specific risks to people's care, environment and safety.

Using medicines safely

At our last inspection the provider had failed to ensure robust systems were in place to manage medicines, this was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

● Medicines were not managed safely.
● At the last inspection we had concerns as medicines that people were allergic to were not always recorded. We found the same concern during this inspection.
● Not all protocols for 'as and when required' medication was in place to guide staff on when to offer and administer this medication.
● There were inaccuracies and omissions with the administration and recording of medicines. Medicine administration records (MARs) did not always demonstrate that medicines had been administered appropriately and as prescribed.
● Following the last inspection charts had been implemented to record where on the body transdermal patches had been applied. However, we found the patches had been applied to the same part of the person's body, which could have put the person at risk of skin irritation.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● There had been some improvements made to the medication systems in place, but these required fully embedding.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure systems and processes were in place and operating effectively to prevent abuse of service users. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this section of regulation 13.

● The provider had appropriate systems in place to safeguard people from abuse.
● People felt safe, comments included, "The staff are brilliant here, they are great, and they make me feel safe."
● One family member told us, "My [relative] is safe, the care is good." Another relative told us, "The care is excellent the staff are great with my [relative] I feel assured."
● Staff were able to describe signs of abuse and neglect and the new manager was clear on their responsibilities about reporting safeguarding concern.

Staffing and recruitment
● Safe recruitment procedures were followed. Enough information was sought prior to appointments to ensure staff were suitable to work with vulnerable people.

● There were enough staff to ensure people received safe care. Staffing levels were reviewed on a regular basis.
● Staff felt staffing levels were safe, however, at times mealtimes could be difficult to ensure everyone was supported. We discussed this with the provider and manager
● One relative told us, "There is always enough staff around, can't fault the staff, they are amazing."

Preventing and controlling infection
● Measures in place to prevent and control infection were safe.
●The weekend before our inspection there had been no cleaner working at the service due to annual leave. We were told high touch points such as handrails and bathrooms were cleaned by the staff. We discussed this with the manager who told us they would review this.
●We were assured that the provider was facilitating visits for people living in the home in accordance with the current guidance and preventing visitors from catching and spreading infections. We observed visiting family completing lateral flow tests and wearing PPE.
● The mechanical sluice, which is used to clean commode pots, was broken. To ensure the home maintained good hygiene practices they used disposable pots whilst waiting for the new machine to be delivered.
● PPE was available in several areas of the home for staff to change when required.

Requires Improvement

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 remained the same. This meant 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

At our last inspection the provider had failed to ensure the persons providing care or treatment have the qualifications, competence, skills and experience to do so safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

● We were not assured staff had received enough training or the required updates to support them to meet the individual needs of people.
● The training matrix showed staff had completed e-learning for moving and handling and staff confirmed this. However, there was no records of staff having received practical training or their competency to carry out moving and handling practice assessed.
● Following the last inspection staff who administered medication were retrained and had their competency observed. However, throughout this inspection we noted staff's knowledge and competence was not always robust.

We found no evidence that people had been harmed, however, staff providing care and treatment did not have the necessary qualifications and competence. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● After the last inspection we were assured staff would receive regular supervision to ensure their performance and practice was monitored and supported. There were no records to show this had taken place.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider was not compliant with the requirements of the MCA. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment), Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 13.

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.

● Concerns had been raised that some people lacked capacity to make informed decisions on medical treatment, and decisions had been made on their behalf by the provider.
● Some people were type 2 diabetics, and required support with their diet to manage this, but were still eating sugary foods. No additional capacity assessments had been completed or documented to show they understood this specific decision.
● Processes were not always followed correctly to ensure that people's rights were upheld, and decisions were made in the best interest of people who lacked mental capacity.
● Where people were deprived of their liberty, applications had not been made to the Local Authority for DoL's assessments to be considered for approval and authorisation.
● People's capacity to make decisions had not been assessed. Best interest decisions were not recorded where people had bedrails in place, or a sensor alarm fitted to alert staff if they got out of bed and mobilised within their room.

We found the service was not compliant with the requirements of the MCA. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff offered people day to day choices in ways they could understand. We observed staff kneeling in front of people when communicating with those who were hard of hearing. People were shown what options were available when offered food, snacks and drinks.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider had failed to ensure care was delivered in a way that met people's needs and preferences. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 9.

● People told us the food was good. However, we observed that people who required a diabetic diet did not have this need met. We discussed this with the provider and the manager they assured us this would be discussed with the cook to ensure this need was met.
● Staff did not always have the required information to support people safely. Not all care plans held up to date relevant information in them. For example, we found no record in one person's care plan of their diabetes. The provider had employed a consultancy service to support them to ensure all care plans were brought up to date.
● One relative told us, "My [relative] needs have changed recently, and they are not eating and drinking well. The home has started fortifying [relative] meals and drinks. They have paperwork in place and are monitoring everything they eat and drink."
● People had snacks and drinks offered throughout the day. One relative told us, "my relative is cared for in their room, the staff check on them every half an hour and offer drinks and snacks, it's all recorded."
● A system had been implemented to monitor people who were nutritionally at risk to monitor their weight and food and fluid intake. This needed to be fully embedded.
● All individuals need had recently been reassessed and the assessments would support the care plan writing.
● There was evidence the provider had liaised with local health professionals.
● The management team worked in partnership with several agencies to ensure identified health concerns were addressed.

Adapting service, design, decoration to meet people's needs
● At the last inspection we identified the home was not decorated in a dementia friendly way, for example people's bedroom doors had not been personalised to help them identify their own rooms. No improvements had been made; however, some picture signs had been added to bathroom and toilets.
● People's individual bedrooms had been personalised with their own belongings, photographs and ornaments.
● Communal areas of the home were clutter free and promoted people's independence.

Inadequate

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 inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider had failed to ensure systems were either in place or robust enough to demonstrate good governance. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

● Improvements had not been made to the service based on effective quality assurance checks. The provider's quality assurance procedure had not been followed. Regular checks and audits had not been completed on all areas of the service.
● The provider had not completed checks on the quality of the service and relied on the manager to do this. They had not assured themselves that managers had completed checks and audits regularly and were unaware checks had not been completed. The provider and manager were not aware of all the shortfalls we identified during our inspection.
● At the previous inspection we identified leadership, auditing and governance was not robust which meant the quality of care was poor. Action plans had been established which addressed the concerns we found.

We found no evidence people had been harmed, however, systems were either not in place or robust enough to demonstrate good governance. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

● The provider had employed a consultancy service to support the organisation to improve. They were supporting the provider to understand their legal responsibilities and legal requirements including how to meet regulation.
● Accountability arrangements were clear. A new manager had been appointed to take responsibility for the running of The Beeches Care Home and had a clear vision for the priorities to drive improvement. They were supported by a group of consultants. The manager was in the process of completing his application to become registered.

● The manager was open and transparent with the inspection process, with realistic expectations of improvements being made. The manager was aware of their responsibilities under the duty of candour.
● The provider told us they had worked hard to address the concerns raised at the last inspection and was committed to ensuring the improvements were sustained.

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; Working in partnership with others
● People's care needs were not always being met as detailed in this report and this had an impact on their safety, people had not been consulted on their care.
● The manager was visible in the service and spent time speaking with people and staff and visiting professionals.
● Staff morale and feedback about management was positive. Staff told us they felt supported. Incentives, such as carer of the month were available to motivate staff and recognise their contribution. One staff member told us, "I can see things are looking up, we are getting support, we are getting new paperwork, it's exciting and really good."
● One relative told us, "I have spoken with the new manager, they spoke about future plans for the home."
● There was evidence of partnership working with other professionals, such as the pharmacy and community healthcare teams, as well as the local authority.

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 1.Care and treatment must be provided in a safe way for service users. 2. a. assessing the risks to the health and safety of service users of receiving the care or treatment; b. doing all that is reasonably practicable to mitigate any such risks; c.ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely; g. the proper and safe management of medicines;

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment 4.Care or treatment for service users must not be provided in a way that— b. includes acts intended to control or restrain a service user that are not necessary to prevent, or not a proportionate response to, a risk of harm posed to the service user or another individual if the service user was not subject to control or restraint. 5.A service user must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 17 HSCA RA Regulations 2014 Good

personal care	governance 1.Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. 2.Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to— a. assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); b. assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; f. evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).

The enforcement action we took:

Warning Notice