

Mr John Scarman and Mrs Phaik Choo Scarman  
Beech Haven Residential  
Care Home

**Inspection report**

15-19 Gordon Road  
Ealing  
London  
W5 2AD

Tel: 02089910658  
Website: [www.beechhaven-carehome.co.uk/beeceh-haven](http://www.beechhaven-carehome.co.uk/beeceh-haven)

Date of inspection visit:  
24 September 2019

Date of publication:  
10 October 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Beech Haven Residential Care Home is a care home for up to 30 older people. The home is owned and managed by a partnership, which is a family business. At the time of the inspection 25 people were living at the service and one more person was moving into the home on the day of the visit.

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

People were happy living at the home and felt well supported. Some people expressed dissatisfaction with the quality of the food but were otherwise happy. They said the staff were kind and caring, and we saw that the staff interacted well with people, were polite and considerate.

At the previous inspection, we had found problems with the way medicines were managed. These had mostly been addressed and people received their medicines as prescribed. However, further improvements were needed with some records and storage.

The staff felt well supported and had the training and information they needed. The provider carried out checks on their suitability before they started work and assessed their competencies, met with them and gave them guidance about their role and responsibilities.

People were cared for in a way which met their needs and reflected their choices. They were able to make decisions about their lives. They had access to healthcare services and took part in a range of activities.

The service was owned and managed by a family who were involved in the day to day operations. At least one manager was present at the service each day, and people using the service, visitors and staff felt able to speak with them, ask for advice or raise concerns.

There were effective systems for monitoring quality, investigating complaints, incidents and accidents and making improvements.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The rating at the last inspection was requires improvement (23 October 2018)

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

This was a planned inspection based on the previous rating.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Beech Haven 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.

#### Inspection team

The inspection was conducted by an inspector, a member of the CQC medicines team and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Beech Haven Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 that 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 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 looked at other information we held about the provider including notifications of significant events and their action plan following the last inspection. We asked the local authority for feedback about their experiences of the service.

We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service, one visiting relative and the staff on duty. We met the owners who also manage the service. The registered manager was not working on the day of the inspection. However, all the family members share equal roles in managing the service.

We observed how people were being cared for and supported. We conducted a partial tour of the environment. We looked at the care records for four people who used the service, recruitment records for three members of staff, records of staff training, and other records used by the provider to manage the service. These included audits and meeting minutes. We checked how medicines were being managed.

After the inspection

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

# Is the service safe?

## Our findings

### 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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection we identified medicines were not always safely managed. 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 we found enough improvement had been made and the provider was no longer in breach of Regulation 12. However, further improvements were needed to mitigate the risks of medicines errors.

- Where people were prescribed 'as and when required' medicines there were no protocols to assist staff to understand when to administer such medicines and how to assess whether they were effective. This meant that there was the possibility people would be administered these medicines wrongly.
- Controlled drugs were not being stored in accordance with current guidance and legislation. Medicines requiring refrigeration were being stored in the kitchen refrigerator. The provider told us they had ordered new storage for controlled drugs and medicines fridge, so they would be able to rectify this problem.
- Staff kept written records when they administered medicines. These records showed there had been no medicines out of stock since the start of the current cycle.
- There was a new system of reporting and recording medicines errors and action was taken to resolve individual errors.

### Assessing risk, safety monitoring and management

At our last inspection we found chemical cleaning products were not always securely stored or labelled, and clinical waste was not always disposed of safely. 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 we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- The environment was safely maintained. Cleaning products were stored securely, and clinical waste was disposed of. The environment was free from trip hazards and was well lit and ventilated. The provider had an up to date fire risk assessment and had carried out checks on electrical, fire, gas and water safety. This showed they had taken the necessary steps to minimise risks within the environment. The staff had recorded individual evacuation plans for each person, so they knew how to evacuate them in an emergency

- People were given call bells to alert the staff for attention. However, one person told us they did not think they had a call bell. We found another person had been left with their call bell out of reach. We discussed this with the managers who told us they would address these issues.
- The staff had assessed the risks to people's individual safety and wellbeing. These assessments included risks associated with their physical and mental health, moving safely, falling, skin integrity, nutritional risks and equipment they used. The assessments were clearly recorded and included plans to minimise the risks. The assessments were reviewed regularly and after an accident or changes in people's needs.

#### Staffing and recruitment

At our last inspection the provider had not always carried out sufficient checks on staff suitability during their recruitment. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 19.

- The provider undertook checks on staff suitability, such as checks on their identity, any criminal records and references from previous employers. The provider had experienced difficulties obtaining references for some members of staff because their previous employers had not provided them. They had assessed the risks of this and carried out additional recorded supervisions of these staff until they were satisfied of their suitability.
- There were enough staff to meet people's needs and keep them safe. The managers worked alongside the staff and were available if needed. They also provided on call out of hours support. People told us they did not have to wait for care and they felt there were enough staff. People were not rushed, and the staff told us they had enough time to carry out their duties.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had systems to safeguard people from abuse. People told us they felt safe at the service. There were procedures for safeguarding adults and whistleblowing. The staff had received training in these and demonstrated they knew what to do if they had concerns about potential abuse.
- The provider had worked with the local safeguarding authority to investigate an allegation of abuse and put in place protection for people using the service.

#### Preventing and controlling infection

- The provider had suitable procedures for preventing and controlling infection. They had cleaning schedules and audits of the environment to make sure this was clean. The environmental health inspection of the kitchen earlier in 2019, had made a recommendation for additional cleaning of a piece of equipment, and the provider was addressing this.
- The staff followed good hand hygiene procedures and used protective clothing, such as gloves and aprons when providing care and handling food.

#### Learning lessons when things go wrong

- There were systems for learning from things that had gone wrong. All accidents, incidents and complaints were recorded, and the management team analysed these to make sure they identified where improvements could be made. Improvements to the service were discussed with the staff team so they could learn from things that had gone wrong.



# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had enough to eat and drink. Some people told us they did not like the quality of the food and did not get offered choices at mealtimes. We noted, that although the recorded menu had different options, only one option was provided during lunch on the day of our inspection. However, one person told the staff they did not want their meal and they were immediately offered an alternative. People told us they did not always know what the food would be in advance and the menu was not clearly displayed at dining tables. We discussed these issues with the managers who agreed to address them. People were offered drinks throughout the day.
- The staff assessed people's nutritional needs, and these were recorded in clear care plans. Where people were at nutritional risk they had been referred for specialist healthcare support. The staff monitored people's food and fluid intake where this was an identified area of risk.

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

- The managers carried out assessments of people's needs before they moved to the service. They met with the person, their representatives and healthcare professionals to find out about their needs and wishes. As part of the assessment they explained about the service, so people could decide if this was suitable for them.
- After people moved to the service, they continued to assess their needs and created care plans based on these needs and people's choices.

Staff support: induction, training, skills and experience

- The staff received the support, training and information they needed to provide effective care. The management team worked alongside the staff and were available to provide inductions to new staff. They assessed staff competencies and skills to make sure they understood their role and could perform this.
- One of the managers was a qualified trainer and provided practical training and assessment in managing medicines, moving people safely and fire safety. Other training courses were provided through an online training company. The managers supported some staff who found it difficult using computers, so they were able to receive the same amount of information and training.
- The staff felt supported and told us that one of the managers was always available to answer queries or help with different situations. The managers also offered formal supervision meetings where they discussed staff practice. There were regular team meetings where the staff could contribute their ideas and opinions.

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

- People were supported to access healthcare services when they needed them. Their care plans included information about their healthcare needs. Records showed that people saw healthcare professionals regularly, and their advice was included within care plans and followed.
- People did not have specific oral healthcare plans or assessments, although they had regular appointments with the dentists. We discussed this area with the managers and they told us they would look at CQC's report into oral healthcare in care homes to see if they could improve their practice in this area.

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

- The environment was suitable and met people's needs. People had their own rooms and were able to personalise these. They had the equipment they needed, such as hoists and adjustable beds. Corridors were well lit and equipped with grab rails.
- The provider had made some improvements to the décor and design of the building and was planning further work which included new flooring and décor in the dining room. The garden was designed so that people could spend time in this, as well as a furnished conservatory area. The home was equipped with wifi internet connections and the managers told us people used this in their rooms and communal areas.

#### 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 staff had carried out assessments of people's mental capacity and these were recorded within their care plans. People had signed their consent to their care and treatment. At the time of our inspection, no one had been assessed as lacking the mental capacity to make decisions about their care and treatment. The provider knew what to do if they needed to apply for DoLS authorisations and the staff had received training in this.
- Care plans included information about people's family and legal representatives who should be involved in making decisions in people's best interests if they were unable to do so.
- People told us they could move around the home unrestricted and go out if they wished. We saw that staff asked people for their consent before providing care or support. People were offered choices and the staff respected these.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect. They told us they were well cared for at the service and that the staff were kind, friendly and caring. Their comments included, "I would like to recommend this home to others" and "The staff are nice and friendly."
- The staff provided support in a non-judgemental way. They were calm and sensitive when they approached people and offered them care. We witnessed the staff sitting talking with people, laughing with them and complimenting them on things they had achieved. We saw that there was a pleasant atmosphere at the service, where people greeted and sat with each other.

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

- People were able to express their views and make decisions about their care. They were unrestricted within the service, and we saw people choosing to spend time where they wanted. The staff offered them choices and respected these.
- People's care plans included information about their choices and preferences so that the staff were aware of these. People had signed agreement with these plans.

Respecting and promoting people's privacy, dignity and independence

- The staff respected people's privacy and dignity. They addressed people in a polite and considerate way. When people needed assistance, the staff did this discreetly and did not draw attention to people's needs. We witnessed an incident where a person became distressed because they had spilled something. The staff handled this in a sensitive and caring way.
- People were able to maintain their independence. For example, people were given equipment to help them manage their meals independently. Where one person was struggling, the staff offered assistance but respected the person's wishes when they said they did not want help. People told us they were able to do things for themselves. Care plans included information about people's skills and abilities, so the staff were familiar with these.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and reflected their preferences. They told us that they were cared for as they wanted to be. They said they were offered regular baths and showers, able to rise and retire when they wanted and had their care needs met. We saw that people were well presented and dressed appropriately.
- The staff had written care plans which outlined people's individual needs and choices. These were clearly recorded and were reviewed each month. Updates were recorded, and the staff signed to say they had read and understood these. The staff recorded the care they provided each day and monitored people's health and wellbeing. They had responded appropriately when people became unwell or there were changes in their needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included information about people's communication needs. People who had a sensory impairment received the support they needed. People had seen and agreed to their care plans, and the provider had involved people's families to help explain these to make sure people understood them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to receive visitors at any time. They commented that their families were always welcome. People also developed relationships with others within the service.
- People told us they did not want to participate in a wide range of activities, but they had things to do if they wanted. Some people liked to spend time in their rooms. The staff provided a range of puzzles, games, colouring and newspapers which we saw people enjoying. There were some organised special events and regular activities, such as music sessions. People told us they enjoyed these.

Improving care quality in response to complaints or concerns

- The provider had a suitable complaints procedure and people were aware of this. Everyone said they would be happy to speak with one of the managers if they had a concern. The provider had recorded complaints they had received and the action they had taken. They analysed these to make sure they identified any themes. The managers told us they had spoken with staff where they had identified

improvements were needed.

#### End of life care and support

- The service did not provide nursing care, but sometimes cared for people at the end of their lives. Where possible people stayed at the service with the support of visiting healthcare professionals. This was not always possible if people's needs deteriorated to the extent they needed medical or nursing care day and night. Information about people's preferences and any specific cultural or funeral arrangements was recorded in people's care plans, so the staff knew how to meet these needs.

# 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.

### Continuous learning and improving care

At our last inspection the provider's processes and systems for identifying risks to people's safety and wellbeing were not always effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- The provider had addressed concerns identified at the last inspection, making improvements to the way medicines were managed, safety of the environment and staff recruitment. They had systems for monitoring the quality and safety of the service. These included reviewing and analysing accidents, incidents and complaints, checks on the environment and care plan reviews.
- There were regular team meetings and information about the service was shared with the staff. The managers worked alongside the staff assessing their competencies and addressing any concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was a family run business and they were all employed as managers and involved in the day to day running of the service. People knew who the managers were and felt comfortable approaching them and able to speak up about their views
- There was a relaxed and friendly atmosphere at the service. People felt their needs were met and they were happy living at the home. Their visitors also felt welcome and happy. The provider had received their own positive feedback about the service which included comments such as, "All staff and management are very welcoming" and "The staff are wonderful, fantastic - they are caring and have been here nearly three years and this is a good sign they are happy and supported."

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The owners had run the business for many years and were familiar with the requirements of regulations and other legislation. They attended forums run by the local authority to keep up to date with local changes, best practice guidance and liaise with other care providers.
- The provider was open with people and their families when things had gone wrong, explaining how they

responded to complaints and apologising for mistakes.

- The grown-up children of the provider were undertaking management in care qualifications. They kept themselves up to date with guidance and changes in legislation and had introduced changes at the service in line with these.

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

- The provider asked people using the service, their relatives and other stakeholders to complete surveys about their experiences. The most recent surveys were undertaken in July 2019. This showed people felt positive about the service and that it was well run. Respondents had stated they were informed of changes, were able to discuss the service and felt involved. Some of the comments included, "[There is a] wonderful atmosphere, happy and relaxed and well organised and run" and "I have recommended Beech Haven, the staff are always willing to help in any way, [person] always praises the staff for their kindness."
- The provider organised meetings for people using the service, their representatives and staff to discuss their views. They also welcomed informal feedback and people told us the managers were always willing to listen to them.