

Christian Care Homes

Beech House - Basildon

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Beech House is a care home for up to twenty-eight older people, set in a residential area of Basildon, Essex.

People's experience of using this service: Some people told us there were not always enough staff to meet people's needs, and the registered manager needed to review the way staff were deployed around the service. In the quiet lounge there were long periods of time when staff were not present. Improvements were needed to the cleanliness of the service. The registered provider did not always assess, and manage risk in an effective way. A new system of dispensing medicines had been introduced. People received their medicines on time and in the correct way.

Some improvements were needed to the environment and décor of the service. Generally, consent had been obtained from people, but improvements were needed, to ensure people were supported to have maximum choice and control of their lives, in the least restrictive way possible.

Staff treated people in a warm, caring, and friendly way, but some care was seen to be very focused on tasks. Activities on offer to people were routine and did not always focus on people's preferences and abilities.

Systems to monitor the quality of the service continued to be in place but had not ensured the quality of the care that people received remained consistent. When complaints had been made this information had not always been used to drive improvement. People and staff were positive about the new registered manager, who had been appointed since the last inspection.

Rating at last inspection: Good. The last report was published on 14 December 2016.

Why we inspected: This was a planned inspection based on the previous rating. At the last inspection, this service was rated good. The service has deteriorated to requires improvement.

Enforcement: We found breaches of regulation around staffing, dignity and respect, and good governance. We will request an action plan from the registered provider to understand what they will do to improve the standards of quality and safety. We will monitor the progress of the improvements and will return as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Follow up: We will continue to monitor this service to ensure people receive care which meets their needs.

For more details, please see the full report which is on the CQC 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?

The service had deteriorated to requires improvement.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service had deteriorated to requires improvement.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service had deteriorated to requires improvement.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service had deteriorated to requires improvement.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service had deteriorated to requires improvement.

Details are in our well-Led findings below.

Requires Improvement ●

Beech House - Basildon

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 planned this inspection to check 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 under the Care Act 2014.

Inspection team: This inspection was carried out by an inspector, a member of the inspectorate 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 House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The 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 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 (PIR). This is information registered 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 also sought feedback from partner agencies. We used this information to plan our inspection.

During the inspection, we spoke with seven people, four relatives, and one visiting health professional. We also spoke with five staff, the registered manager, the deputy manager and the director, who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the registered provider.

We reviewed a range of records. This included four care plans, and medication records. We looked at two

staff files in relation to recruitment and staff supervision. We looked at audits and quality assurance procedures relating to the management of the service, which had been developed and implemented by the provider. Some of this information was received, following the inspection visit. When commissioners or visiting health professionals provided feedback, we included this within our report.

We 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.

After the inspection, we continued to seek clarification from the registered provider to corroborate evidence found.

Is the service safe?

Our findings

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

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.

Staffing and recruitment

- Mixed feedback was given about staffing levels. Some people told us there were not always enough staff to meet people's needs, and that at times, staffing levels could be increased.
- On the day of the inspection, two members of staff had called in sick. The registered manager arranged for staff from a sister service to help cover the shortages. The total amount of staff did not reflect the numbers the dependency assessment said was needed.
- Staffing deployment around the service needed to be improved to ensure that all areas of the service was adequately covered. For example, in the main lounge, we saw staff being proactive and responding to people's needs quickly. However in the quiet lounge, there were long periods of time when there were no staff at all. One relative said, "I have total faith [Name] is being looked after, but I have mentioned the lack of staff in this lounge as a concern. People here can be left for lots of time with no staff."
- We saw staff not responding to call bells quickly. The registered manager explained there had been a problem with the call bell system and this was going to be replaced. One person said, "It depends on whether the staff are helping somebody. You have to wait sometimes."

There was insufficient staff deployed to meet people's needs, this was a breach of Regulation 18 (1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment processes were in place and relevant checks were completed. Checks had been completed with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions by checking if people are suitable to work with vulnerable people.

Preventing and controlling infection

- The registered provider needed to make improvements to the cleanliness of the service. For example, we found there were strong odours in some parts of the service, and some of the toilets were unclean. Audits monitoring the cleanliness of the service had not always been carried out and had not identified the issues we found.
- The registered manager explained, cleaning had been outsourced to an external company, and they had not been turning up. The registered manager had raised their concerns with the cleaning company but had not acted to ensure all areas of the service were clean and tidy.
- Staff were supplied with personal protective equipment and used aprons and gloves when providing personal care to people. Staff had been trained in infection control.

Assessing risk, safety monitoring and management

- The registered manager told us they had put bolts on people's doors and locked them at night to keep

people safe. However, people told us this had been ineffective. For example, one person said at night their room was locked, but this still did not stop people entering their room, as they used the garden door as an entry point. They said, "They go in to other people's rooms as well, and they don't like that going on."

- We observed how people were supported to mobilise. Some people were supported to move using a wheelchair. We observed two occurrences of staff moving people in a wheel chair without using footplates. Using wheelchairs in this way increases the risk of people sustaining an injury.
- Following our inspection, the registered manager told us they would ensure all staff undertook additional training.
- Detailed risk assessments had been completed and were retained within people's care plans. These reflected people's needs.
- Personal Emergency Evacuation Plans (PEEPs) had been put in place. A fire risk assessment had been completed and fire safety checks were carried out.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with the staff supporting them but raised concerns about other people living at the service. For example, some people said that at night, other residents may walk into their room.
- Staff had been trained in safeguarding and knew how to report any occurrences of abuse correctly.

Using medicines safely

- A few weeks prior to our inspection, the registered manager had introduced a new way of managing people's medicines.
- People told us they received their medicines at the right time and in the right way.
- The medicine cupboard was not always locked, and the medication trolley could not be locked to the wall within the cupboard.
- Medicine audits had been completed and staff had been trained in medicines and had their competency observed.

Learning lessons when things go wrong

- When negative feedback had been received, the registered manager looked at ways the service could be improved. For example, learning had taken place following a recent survey. The registered manager told us they were considering how they could use reflective practice to enhance team learning.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Improvements were needed to the environment. For example, one of the bathrooms was boarded up and needed updating. A large mat had been placed outside the door leading into the garden, which was a trip hazard. In some corridors, the flooring needed replacing, and they were dark, and had poor signage. This did not support people to orientate themselves. The call bell system needed to be replaced, because the buzzer could not always be switched off once it had been responded to. Some doors and windows had been opened, which meant some areas of the building was cold.
- Following the inspection, the registered provider sent us a plan explaining what remedial work would be carried out to the environment.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Signed consent had been obtained, but this was not comprehensive. For example, locks (bolts) had been fitted to people's doors. We were told this was to keep people safe from others entering their room at night.
- There was limited evidence to indicate that people had been consulted with regarding being locked in their room at night. When people lacked capacity there was no evidence that this decision had been made in people's best interest.
- Following the inspection, the registered manager obtained written consent from people.
- Staff were unclear about when people's door should be locked. The registered manager told us that staff had been advised how locks were to be used, during the handover meeting. Because this had been verbal there was limited evidence to confirm that clear instructions had been given to staff about who had agreed to have their door locked and when this should be done.

- Staff had been given training in the MCA and DoLS.
- Appropriate MCA assessments were in place, which related to personal care. These were individualised and decision-specific.

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

- Assessments identified people's care and support needs, including cognitive and physical abilities, physical health and wellbeing, any prescribed medication, and dietary requirements. This information was then used to develop people's care plans.

Staff support: induction, training, skills and experience

- There were a lack of systems in place to induct new staff members to the role when they had been drafted in from another service. For example, one staff member had been brought in from another home to help cover staff shortages. Despite them being experienced in care, processes were not in place to ensure they were inducted to the service. They were not clear about people's needs and abilities. The staff member told us they used their, "Knowledge and experience to try to get to know people."
- Staff had been trained in mandatory topics. They told us this helped them to be confident in their role.
- Staff received regular supervision and had an annual appraisal each year. One staff member said, "We have lots of training. Its good because things change all the time."

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

- The meal time experience was relaxed, and the food looked appetising. ● People told us they enjoyed the food and were offered a choice over what they wanted to eat and drink. One person said, "The food is very good indeed. There is always a choice. I eat well here."
- Staff worked together to serve lunch, and there was friendly chatter. Staff took the time to make friendly and natural conversation with everyone, offering help where needed and encouraging people.
- When people were at risk of choking, their needs had been assessed and staff understood how to assist someone to eat in a safe way.
- When it had been identified that people may need additional support referrals to relevant health care professionals had been made.
- When Speech and Language Therapists (SLT) were involved, guidance for staff was clearly recorded within the person's care plan.

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

- People had access to other services in an emergency, or when their needs had changed.
- People and their relatives told us health professionals were quickly involved if this was needed. One person said, "The staff are very quick to spot if you're not yourself, or if anything is wrong. They noticed something was not right with me and called a doctor. They came immediately, and I was taken to hospital. They got me sorted out very quickly."
- Care plans showed the involvement of health and social care professionals and reflected the guidance they provided.
- Visiting health professionals spoke positively about the service and told us staff communicated with them effectively. One visiting health professional said, "I would say it's a good home from what I have seen."

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.

People told us they felt well-supported, but we observed people not always being treated in a dignified way.

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

- Despite staff being warm, caring, and friendly towards people. We saw the care being delivered was focused on the tasks and did not always enable people to have maximum choice and control over their day to day lives.
- Staff did not always identify people's needs and support them appropriately. For example, one person was sat to the side of the lounge and we saw they wanted to watch the television. The way they had been sat made it awkward for them to see the television properly.

Respecting and promoting people's privacy, dignity and independence

- We observed some natural interactions and saw people were generally happy and at ease with staff, who spoke with them in a respectful and positive way.
- Despite this we found that some improvements could be made, to ensure that people's privacy and dignity was always maintained. For example, one person was brought into the lounge and they were not fully clothed, despite this person choosing to do this, no consideration had been given to the experience of other people or visitors.

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

- Without exception, people and their relatives told us they were happy with the care and support their relatives received. One relative said, "I am really content with [Name] being here. They are nice and safe, and the staff are amazing. There is a key worker who [Name] likes and I trust them all implicitly."
- Despite positive feedback being received, we observed the care being delivered to people and found that some improvements needed to be made. For example, care plans were updated electronically, and staff did this using a mobile phone or tablet. We observed staff focusing on the device and not always interacting with the people who were being supported in a person-centred way.

Because people were not always treated with dignity and respect, this was a breach of Regulation 10 (1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service responsive?

Our findings

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

People's needs were not always met. People needed to be given greater choice and control over the way they spend their day to day lives.

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

- An activities coordinator was employed, and some people was supported to go out on day trips. However, during the inspection, there was limited personalised stimulation for people.
- A staff member had been employed to carry out activities, however at the time of the inspection, they were not available. We found that this person was only on site a few hours each week.
- There was a lack of stimulation for people outside of these hours. One person said, "There are no activities here for me, nothing. I could do with some exercise just sitting here, but we're not offered anything."
- Activities on offer to people were routine and did not focus on people's preferences and abilities. One person said, "We don't do much. There is a church service which I enjoy. I used to like playing scrabble, but they do not do that here. I do not want to join in those other silly games in the main lounge. They're not for me."
- We observed two music sessions, however there was a lack of personalised stimulation for people. An activity schedule was available, but this was not being followed.
- The registered manager told us a minibus was available for day trips. One staff member said, "We share a bus with the other homes, but I wish we could get people out more. We have only had a few trips out."
- Care plans included information about people's preferences, interests, and details of their individual daily needs such as mobility, personal hygiene, nutrition, and health requirements. People's oral health had been considered.
- People were aware of their care plan and had been involved in regular reviews. One relative said, "I have total faith that [Name] is being looked after well. We have regular chats with the manager, and there is a three month review, which to be honest we don't really need as we're chatting all the time, so there are no surprises at all"

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment, or sensory loss and in some circumstances to their carers.

- Staff understood how people communicated and expressed themselves.
- Care plans recorded, how the person communicated and highlighted any difficulties that may be present.
- Previously when residents meetings had been held the notes of these minutes had been produced in large type. At this inspection, we noted that minutes were hand written which did not consider people's

additional communication needs.

Improving care quality in response to complaints or concerns

- Since the last inspection, some complaints had been raised, and these had been dealt with effectively.
- One complaint raised concerns about a lack of staff in one of the lounges and raised concerns about buzzers. There was no evidence to suggest an apology had been given.
- People said they were made aware about how to make a complaint. Many compliments about the service had been received.

End of life care and support

- The registered provider had reviewed the care on offer to people to make sure they had a personalised and comfortable end to their lives.
- Care plans recorded people's wishes. Detailed information had considered what people may want to wear, background music, fresh flowers, and the practical and emotional support the person's family may need after they had passed away.
- One compliment said, "Thank you for looking after us so well during [Names'] last days. [Name] could not have had better care anywhere else."

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Systems were in place to review the quality of the service. For example, audits were carried out on a regular basis.
- Despite systems being in place which reviewed the quality of the care that people receive, they were ineffective, because they had failed to maintain the quality of the service people received. For example, at the last inspection, people had raised concerns about the laundry and told us this had been addressed. However, we found since that inspection, further complaints had been raised relating to the service's laundry arrangements. This indicated that when improvements had been made, these had not been consistently sustained.
- In some instances, audits had not always identified the areas for improvement that we found during this inspection. For example, we were told the call buzzer system was not working correctly, but this had not been identified as part of the service's audit process.
- Improvements were needed to the environment, obtaining consent, treating people in a dignified way, and activities. The systems in place had failed to ensure that the quality of service was sustained.

The failure of these systems were a breach of Regulation 17 (1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Some areas of the office had CCTV. They had failed to notify us that covert surveillance was being carried out in this area. CCTV Signs were not in display in this area. The registered manager told us this had been implemented after some money had gone missing from the safe.
- Information from complaints had not always been used to improve the service. For example, one complaint raised concerns about the lack of staff in one of the lounges. We also identified this was an area that needed to improve. Following this complaint action had not been taken.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Registered providers are required to ensure that the rating of the service is displayed clearly. The rating given at the last inspection was not displayed in a visual way. This was in a separate folder in the reception area.
- Since the last inspection, the management of the service had changed. A new registered manager had been recruited.

- 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.
- People spoke positively about the registered manager and told us they had a visible presence at the service. One relative said, "The new manager is very hands on. They have a nice way and are very easy to talk with. They are always around."

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

- People and their relatives were encouraged to share their views and give feedback about the service.
- People gave positive feedback about the registered manager. One relative said, "The new manager are very hands on. They have a nice way and are very easy to talk with. They are always around."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider considered equality characteristics when employing staff.
- Staff spoke positively about the registered manager. One staff member said, "There isn't anything I would change. It's amazing, we get so much support."
- The registered manager had just completed my home life leadership programme, in partnership with Essex County Council. My Home life is an initiative that promotes quality of life and delivers positive change in care homes for older people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not always treated with dignity and respect.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to monitor the quality of the service did not consistently maintain the quality of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not always enough staff on shift.