

HC-One Limited

Beeches Care Home (Nottingham)

Inspection report

55 Furlong Street
Arnold
Nottingham
Nottinghamshire
NG5 7AJ
Tel: 0115 926 2838
Website: www.example.com

Date of inspection visit: 17 and 18 February 2015
Date of publication: 24/06/2015

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



Overall summary

This inspection took place on 17 and 18 February 2015 and was unannounced.

Accommodation for up to 54 people is provided in the home over two floors, 40 people were living in the home at the time of the inspection. The service is designed to meet the needs of older people.

There was a registered manager in place; however, this person is no longer registered or working at the home. The new manager was also available during the inspection and is now registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and visitors told us they felt safe in the home. Systems were in place for staff to identify and manage risks. People told us there weren't enough staff on duty and we observed that people did not always receive prompt care. Staff were safely recruited; however, staff did not follow safe medicines and infection control processes.

A person told us that staff were helpful but we found that staff were not fully supported to have the knowledge and skills they needed to meet people's needs. The home did not always involve outside professionals in people's care as appropriate and the requirements of the Mental Capacity Act were not fully adhered to. Most people told us they enjoyed the food but we observed that people were not always well supported at mealtimes and documentation to ensure people received enough to eat and drink was not always fully completed.

People and their relatives told us and we found that staff were kind and caring. However, people were not always involved in making decisions about their care and the support they received. Staff treated people with dignity and respect.

One person told us that they felt that they had to fall in with staff routines and we found that people did not always receive care promptly. Activities were taking place but we saw limited evidence of people being supported to follow their own interests or hobbies. Not all care records contained sufficient information to provide personalised care; however, complaints had been handled appropriately by the home.

People told us they had not been asked their views on the service, although we saw people and their relatives could raise issues at meetings or by completing questionnaires. People told us that the registered manager was approachable and accessible. There were systems in place to monitor and improve the quality of the service provided; however, these were not always effective. The provider had not identified the concerns that we found during this inspection.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 consistently safe.

Staffing levels did not always meet the needs of people who used the service. Safe medicines and infection control procedures were not followed.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding adults' procedures. The premises were safe and staff were recruited by safe recruitment procedures.

Requires Improvement



Is the service effective?

The service was not consistently effective.

Staff were not consistently supported to ensure they had up to date information to undertake their roles and responsibilities.

People's rights under the Mental Capacity Act 2005 were not fully protected. People were not always well supported to eat and drink and documentation was not fully completed to ensure that people received sufficient food and drink.

Staff did not always involve other healthcare professionals if they had concerns about a person's health.

Requires Improvement



Is the service caring?

The service was not consistently caring.

People were not always involved in making decisions about their care and the support they received.

Staff were compassionate and kind and had a good knowledge of people's likes and dislikes. People's privacy and dignity were respected.

Requires Improvement



Is the service responsive?

The service was not consistently responsive.

People did not always receive assistance promptly.

Care plans were in place outlining people's care and support needs but did not always contain sufficient information to provide a personalised service.

People were listened to if they had complaints and appropriate responses were given.

Requires Improvement



Is the service well-led?

The service was not consistently well-led.

Audits carried out by the provider had not identified all the issues found during this inspection.

Requires Improvement



Summary of findings

People and relatives had some involvement in the development of the service and a registered manager was in place and provided staff with clear guidance.

Beeches Care Home (Nottingham)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 18 February 2015 and was unannounced.

The inspection team consisted of two inspectors, a specialist nursing advisor with experience of dementia care 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.

Before our inspection we reviewed all the information we held about the home. This information included

notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners of the service, Healthwatch Nottinghamshire and other health and social care professionals to obtain their views on the service and how it was currently being run.

During our inspection, we spoke with 11 people who used the service and two relatives and friends. We spoke with an activities coordinator, five care staff, a nurse, the registered manager, another home manager and a regional manager. We looked at the relevant parts of 11 care records, three recruitment files, observed care and other records relating to the management of the home.

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.

Is the service safe?

Our findings

People told us that staff were busy and they felt that there were staff shortages which resulted in them having to wait for assistance at times. Three people told us that they had to wait for assistance to go to the toilet. One person told us that they used to have a day allocated for a bath but recently this hadn't happened. They had to ask staff for a bath and sometimes staff said they were too busy to assist at that time. A health and social care professional told us that their main concern was staffing levels and whether they met people's needs. Some staff felt that there were not enough staff on duty.

We observed that people were supported quickly in the lounge and dining room areas but we heard people calling out repeatedly for assistance upstairs and call bells were not responded to quickly. We looked at completed timesheets which confirmed that the provider's identified staffing levels had not been met for an afternoon shift on one day the previous week. They were also not met on the second day of our inspection. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A person told us that they received pain relief when they needed it. However, medicines were not always managed safely. We observed staff administering medication and saw that they were interrupted while doing this which meant that there was a greater risk of medicines not being administered safely.

We checked the Medicine Administration Records (MAR) for six people who used the service. We noted one medication error where a weekly drug had not been given as per the prescription but was administered on the following day. We asked staff for a copy of the incident report and were informed that an incident report had not been completed. We were also informed that the GP had not been informed of the error and no record made in the person's care evaluation sheet. This meant that the provider had not dealt with the error appropriately and there was a risk that the person's health condition might not be as well managed as it should be if their medicines were not given reliably. We raised this matter with management who dealt with the issue whilst we were at the home.

We found that there were safe arrangements in place to store controlled drugs. The fridge where medications were stored was locked and fridge temperature checks were carried out daily. However, storage arrangements for other types of drugs were unsatisfactory. We found the clinical room where drugs were stored was unlocked; staff informed us that the practice was to unlock the door to allow cleaners in so they could carry out their cleaning duties. Medical gases were kept in the room and we saw one canister of oxygen securely chained to the wall but found two other canisters were not secured. We were informed that the medicine trolley was stored in the clinical room in between medicine rounds but there was no facility to attach the trolley securely to the wall. This meant that the trolley was not stored securely when the room was unlocked. We also found a large amount of medication on the floor in an unlocked box.

These were breaches of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us their bedrooms were, "Clean and bright." The home was generally clean, however, high level cleaning required improvement and there were odours in parts of the home. A visitor told us they were unhappy about the smell in the home. Safe infection control practices were not always followed. We observed the nurse touching the tablets as they were being dispensed into the medicine pot. We also saw used medical equipment on top of the medicine trolley. This put people at risk of infection. We also saw continence pads stored out of their packaging and some baths and bath chairs were not clean.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe in the home and they would talk to the registered manager if they had any concerns. A health and social care professional told us that people were safe. We observed people who used the service were safely supported by staff when transferring from a chair to a wheelchair.

Is the service safe?

Staff told us that people were safe and were able to tell us how they would respond to allegations or incidents of abuse although not all staff had received safeguarding training. We saw that the safeguarding policy and procedure contained contact details for the local authority and was easily accessible for staff. We saw safeguarding information displayed on a noticeboard so people and their relatives knew who to contact if they had concerns.

Risk assessments were in place where appropriate and were regularly reviewed. We saw that incident forms were well completed; however, we were told that an incident form had not been completed when a person had not received a weekly medicine on the correct day. This meant that there was a greater risk of the incident being repeated as it had not been correctly investigated and actions recorded to prevent reoccurrence.

We saw there were plans in place for emergency situations such as an outbreak of fire. A fire risk assessment was in place and a business continuity plan was in place in the event of emergency. We saw that a personal evacuation plan (PEEP) was in place for people using the service.

People told us their belongings were safe in the home. Premises and equipment were managed to keep people safe. Appropriate checks of the equipment and premises were taking place. Regular maintenance of equipment was taking place which included the lift and hoists.

People were generally recruited using safe recruitment practices. We looked at three recruitment files for staff recently employed by the service. The files contained all relevant information and the service had carried out appropriate checks before a staff member started work. However, a risk assessment had not been completed to show that a person's previous convictions had been considered before employing the person.

Is the service effective?

Our findings

One person said, “I think staff are thoughtful and helpful.” A health and social care professional told us that staff were competent. However, staff had mixed views of whether they were supported to have the knowledge and skills they needed to carry out their roles and responsibilities. We spoke with three staff who told us they had not had a recent appraisal or one-to-one supervision meeting. Another two staff were unsure about whether they had received supervision or appraisal. Some staff told us they felt unsupported and undervalued.

We saw that staff received an induction but records showed that not all staff had received all relevant training including safeguarding, food safety, health and safety, emergency procedures, infection control and understanding equality and diversity. We reviewed the supervision records. Supervisions were not taking place regularly for all staff. Records showed that only 10 of 48 staff had received a supervision session since July 2014. Supervision was carried out in response to poor practice or to share information, it was not focussed on the developmental needs of staff. No appraisals had taken place in the last year.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A health and social care professional told us that they had no concerns regarding consent in the home. We observed staff explained to people what they were going to do, before they provided care. We saw evidence of people signing to consent to the use of bedrails.

Staff had an understanding of the requirements of the Mental Capacity Act (MCA) 2005, an Act introduced to protect people who lack capacity to make certain decisions because of illness or disability. However, we saw assessments of capacity and best interests’ documentation were not always in place for people who lacked capacity. Documentation was in place for a number of people regarding medicines and personal care, however, it was not

in place for two people who had bedrails in place and another person had documentation in place for personal care but it was not dated. This meant that there was a greater risk that people’s rights were not being protected.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us there was no one currently living in the home who was being deprived of their liberty. The registered manager told us that they had contacted the local authority’s DoLS team for advice and would be carrying out further work in this area.

Staff could explain to us how they supported people with behaviours that may challenge; however, guidance was not always sufficiently detailed to support staff when assisting people with behaviours that challenge. We also saw a care plan was in place for a person which stated, ‘Can be difficult with staff at times this is being monitored and documented.’ We saw no documentation to evidence that their behaviours were being monitored.

We looked at the care records for two people who had a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) form in place. The forms were fully completed.

A person told us they were happy with the food that was provided and was very positive about the cook. They said, “She makes me a special curry once a week. She knows I like spicy hot food.” Most people we spoke with told us they enjoyed the food, however, one person told us that they did not and were not aware they could ask for an alternative choice of meal.

A health and social care professional told us that staff supported people at mealtimes and responded to people nutritional needs well. However, we observed that people were not always well supported at mealtimes. While some people were supported to eat and drink appropriately, others were not. We found a person in bed asleep with a cold breakfast in front of them. We read the food and fluid chart for the person and saw the breakfast had been served over an hour before. This meant that staff had not checked that the person had eaten properly. We raised this with management who arranged for the breakfast to be freshly served.

Is the service effective?

We observed people eating food in their rooms and they were not always supported to be in the correct position before starting to eat. We spoke with a person who had a very dry mouth. It was 10am and they told us that they hadn't had a drink yet so we prompted staff to get a drink for this person. We spoke with a person who was sitting by themselves in the lounge at lunchtime. They said, "They told me they would come for me but no one did, so I agreed to have my meal sat here."

People's nutrition and hydration risks were not always effectively managed. While people had eating and drinking care plans in place they did not always reflect advice given by health and social care professionals. We also saw that guidance from outside professionals was not always being followed in relation to fortifying foods, offering snacks, weighing people more frequently and putting food and fluid monitoring charts in place for people at nutritional and hydration risk. We also observed that food and fluid charts were not being fully completed.

These were breaches of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's health needs were not always managed effectively. One person's care plan identified that they had

had a catheter but this had not been in place since December 2014 as the person kept pulling it out. Fluid charts were put in place in February 2015 but there was no evidence that staff had monitored fluid output between December and February to ensure that the removal of the catheter had not led to fluid retention.

Another person had diabetes and their care plan stated that there should be monthly monitoring of their blood sugars. There had been no monitoring in November or December 2014 and the October 2014 figure had showed a marginally raised blood sugar level which should have prompted an increase in monitoring.

We looked at the care for a person at risk of skin damage. Their care records noted that their position should be changed every two hours and we checked their repositioning charts which showed that they were receiving care in line with their care plan.

Care records did not always show that other health and social care professionals were involved in people's care as appropriate. We saw that a person had communication difficulties and there was no evidence in their notes that other professionals had been approached for advice such as a speech and language therapist. Another person had behaviours that challenge and there was no evidence that other professionals had been approached for advice or guidance on investigating these behaviours.

Is the service caring?

Our findings

Two people told us they had choices about when they went to bed and felt able to go to their room during the day if they wanted to be alone. However, none of the people we spoke with had seen their care plan. A health and social care professional told us that people and their families were involved in reviews of their care.

We saw that some people had been involved in a review of their care, however there were examples where people had not been involved in decisions, for example, the use of bedrails. This meant that people were not always supported to express their views and be actively involved in making decisions about their care. However, we saw involvement of relatives in people's care where appropriate.

A communication care plan provided detailed guidance for staff to support a person with communication difficulties and we observed that all staff on duty communicated with people effectively and used different ways of enhancing that communication by touch, ensuring they were at eye level with those people who were seated and altering the tone of their voice appropriately.

A guide provided for people using the service contained details of advocacy schemes available for people if they required support and advocacy information was also displayed in the main reception.

People told us that staff were caring. A health and social care professional told us that staff were caring. We observed interaction between staff and people who used the service and saw people were relaxed with staff and confident to approach them throughout the day. Staff interacted positively with people, showing them kindness and compassion. We discussed the preferences of people who used the service with care staff. Staff had a good knowledge of people's likes and dislikes.

On admission to the home the provider took into account and explored people's individual needs and preferences such as their cultural and religious requirements. For example where one person's religious requirements had been identified, they had been supported to meet these needs.

A health and social care professional told us that people's dignity was respected. We observed staff treating people with dignity and respect. We saw staff knocking and waiting before entering people's bedrooms and maintaining people's privacy when assisting them to the toilet. Signs were put on the doors when people were being supported with personal care so other staff were aware not to enter. There were dignity champions in the home. A dignity champion is a person who promotes the importance of people being treated with dignity at all times.

One person told us they could have visitors at any time. Staff told us that people received visitors at the home. The guide for people using the service provided details on arrangements for people visiting the home.

Is the service responsive?

Our findings

One person told us that staff were good to them, but said, “I feel that I have to fall in with staff and their routines.” We observed that people’s requests for assistance were not always responded to quickly. We saw some prompt responses but also observed a person waiting 15 minutes to be taken to the toilet. Staff were responsive to people in lounge and dining areas but people in their rooms were not always responded to quickly.

We asked people whether they were supported to follow their preferred hobbies or interests. Two people told us they would have preferred to have more activities to pass the time. One person told us there were occasional trips and they could choose to go or not. A staff member told us that activities had improved as more outside people were visiting the home to provide activities.

The home had a dedicated activities organiser; there was a range of activities available for people at the home. We observed group activities taking place during our inspection and we saw that outside entertainers had visited the home and some people had been on trips to the local community. However, we saw limited evidence of people being supported to follow their preferred hobbies or interests during our inspection.

Staff had understanding of people’s individual needs but not all care records contained detailed information regarding people’s individual needs and how to meet them. One person had a care plan which stated that a relative was very significant in their life. This care plan had not been re-written following the death of that relative. Another

person’s care record contained very limited information regarding their life history and their preferences. This meant that guidance was not always in place for staff on how to meet people’s individual needs. This guidance is particularly important for new or temporary staff.

Care plans were reviewed regularly and care plans were generally in place for recorded needs. However, guidance was not always detailed enough to support staff to meet people’s health needs for example, a care plan stated, ‘Staff are to make sure that they maintain good catheter care.’ This meant that guidance was not always in place for staff on how to meet people’s individual needs. This guidance is particularly important for new or temporary staff.

People told us they knew how to make a complaint. A health and social care professional told us that staff took complaints seriously. Staff could tell us how they would respond to a complaint.

The complaints procedure was displayed in the reception and was also included in the guide provided for people who used the service. We read the minutes of a discussion group meeting for people who used the service where people had discussed with staff how to make a complaint. The minutes showed that staff had advised people to speak to a senior or member of staff first but staff had not outlined the complaints process in full or provided any written complaints information for people to read and consider.

We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. We looked at recent complaints and saw that they had been investigated and responded to appropriately.

Is the service well-led?

Our findings

Audits were completed by the registered manager and also representatives of the provider not directly working at the home. Audits had taken place and action plans were in place to address identified concerns, however, actions were not always signed off to show completion. Not all care records had been audited by the registered manager. This meant that there was a greater risk that issues that could affect people's care were not identified or addressed.

We identified a number of shortcomings during this inspection which had not been identified by the provider or had been identified but actions had not been taken to address the issues by the time of the inspection. These shortcomings constituted breaches of a number of regulations. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were well completed. We saw that appropriate notifications were made to us where required by law. We saw that the provider monitored levels of incidents, accidents and safeguarding at each service to identify patterns of concerns. This meant there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.

People told us they did not recall having been asked their views on the service. The regional manager told us that people's completed questionnaires had been sent to head office for analysis. We saw that meetings took place for

people who use service; however, we also saw that people had raised concerns about staffing levels at a discussion group of people living at the home and we found the same concerns at this inspection.

We saw that details on how to feedback on the service were in the guide provided for people who used the service. The activities organiser told us that a belly dancer had performed at the weekend and was not very popular with people so would not be re-booked. This demonstrated listening to people and seeking their views. We saw examples of completed questionnaires from relatives which contained positive comments.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be happy raising concerns. We saw that the provider's set of values were displayed in the main reception area and were also in the guide provided for people who used the service. Staff could describe the values of the home.

People felt the atmosphere was good in the home, and that the registered manager was approachable. A health and social care professional told us that the registered manager was responsive, open and approachable. Some staff told us they felt well supported by the registered manager, though some staff felt unsupported generally. We observed staff were clear what their duties were and what they were responsible for.

There was a registered manager in place; however, this person is no longer registered with the CQC. The new manager was also available during the inspection and is now registered. We saw that all conditions of registration with the CQC were being met and the registered manager had sent notifications to us where required. We saw that a staff meeting had taken place in January 2015 and the registered manager had clearly set out their expectations of staff. The registered manager told us they felt well supported by the provider.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person must ensure the proper and safe management of medicines and assess the risk of, and prevent, detect and control the spread of infections.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

The nutritional and hydration needs of service users must be met.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part. Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.