

## The Beeches Residential Care Home Ltd

# The Beeches

### Inspection report

665 Uttoxeter Road  
Meir  
Stoke On Trent  
Staffordshire  
ST3 5PZ

Tel: 01782310649

Date of inspection visit:  
10 February 2022  
16 February 2022

Date of publication:  
17 March 2022

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

The Beeches is a care home which provides accommodation and personal care for people aged 65 and over. The home is registered to support up to 40 people in a single adapted building. On the day of inspection, 36 people lived at the home, some of whom were living with dementia. The accommodation consisted of a single building, arranged over two floors. There were two communal lounges, a conservatory and a large dining room. There were secure, partially covered outside areas and gardens.

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

Governance processes failed to monitor safety and risks effectively to keep people safe from potential risk of harm. The provider had not learnt lessons from the previous inspection and had not taken appropriate steps to improve the care being provided. Staff deployment and identified hazards, such as hot water were identified during the last inspection, these concerns were found again during this inspection.

Staff were not deployed adequately to meet people's needs and people waited long periods of time to receive support from staff. The monitoring system for waiting times was insufficient and did not account for the amount of occurrences people needed to wait outside of the providers set maximum waiting time.

Risks to people were not always managed effectively to protect them from potential harm. Window restrictors did not comply with safety standards and several radiators were not safely covered in accordance with Health and Safety Executive requirements.

Staff told us how they could recognise unsafe care practices and the action they would take to report poor practice. People and relatives told us they felt the service was safe.

Staff were recruited safely, the provider sought out references and carried out criminal record checks prior to their employment.

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.

Medicines were administered safely. Staff followed systems and processes to prescribe, administer, record and store medicines safely. Medicines were regularly audited and action was taken to address any discrepancies.

The service used effective infection, prevention and control measures to keep people safe. People told us they felt the home was clean and hygienic.

The provider apologised to people, and those important to them, when things went wrong. Relatives told us

they felt involved in the service and felt the management kept them updated on changes.

The service worked well in partnership with other health and social care organisations, to monitor people health and improve their wellbeing.

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 last rating for this service was requires improvement (published 12 May 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance how the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

We received concerns in relation to infection prevention control practice and staffing levels. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed following this focused inspection and remains requires improvement, based on the findings of this inspection.

We have found evidence the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report. The provider took effective action to mitigate some of the risks during the inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Beeches on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified continued breaches in relation to Regulation 12 (Safe care and treatment), Regulation 17 (Good governance) and Regulation 18 (Staffing) at this inspection.

We have issued the provider with a warning notice. We will check the provider is taking action to comply with the legal requirements set out in the warning notice.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-led findings below.

# The Beeches

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors on the first day and one inspector on the second day. An Expert by Experience telephoned people's friends and families to gather their experiences. 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

The Beeches is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. The Beeches is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

The first day of inspection was unannounced. A second day was agreed for the lead inspector to return to check health and safety actions had been completed.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection-

We spoke with five people who used the service and nine relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, senior care workers, care workers, domestic staff and cook. We reviewed a range of care and support records. These included three people's care records and multiple medication records. We looked at two staff files in relation to safe recruitment. The inspection team also looked at documents relating to daily care practices, risk assessments, audits and several policies and procedures.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating 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 how people could be harmed.

At the last inspection there were concerns about assessing and managing risks to people's health and well-being, using medicines safely and infection control management. This resulted in a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, improvements were identified within safe medicine management and infection control practices. Please see improvements under the relevant headings below. However, concerns were still identified regarding assessing risk, safety and monitoring, therefore the provider remains in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

At the last inspection there were concerns about assessing and managing risks to people's health and well-being in the service which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements, but further work was needed, so they remained in breach of Regulation 12 (Safe Care and Treatment).

- Some risks to people were not always assessed or mitigated.
- Water temperatures were being recorded monthly and Thermostatic Mixing Valves (TMVs) had been fitted to water outlets. These are mechanical valves designed to regulate and maintain water temperatures to safe levels. However, the temperatures exceeded health and safety executive requirements for safe temperature limits. This put people at risk of scalds and burns. The provider responded straight away and recalibrated the TMVs. The inspector returned on the second day and reviewed water temperatures. These were all within the safe temperature range. We will continue to review temperatures at the next inspection.
- Window restrictors were not compliant with health and safety standards. This meant people were at risk of injury through falls from height. The provider responded straight away and secured all windows. On the second day of inspection, all windows were fitted with appropriate restrictors.
- Several radiators were not adequately covered in line with health and safety executive requirements. This meant people were at risk from scalds or burns. The provider responded straight away, and risk assessed people without radiator covers. When we returned on day two, the provider had installed radiator covers on most radiators. Work was being undertaken to finish the remaining radiators.
- The machine room located in the corridor was unlocked and unsupervised. This cupboard had a clear 'do not enter' sign visible. When questioned the registered manager confirmed it should always be locked. We checked this door throughout the day, it remained open. We were later informed there was a fault with the lock. This meant people could access the fuse box without the knowledge of staff. On the second day of inspection, the door had been repaired and the room was locked.



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

#### Staffing and recruitment

At our last inspection there were concerns about the correct deployment of staff and safe staffing levels which was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements, but further work was needed, so they remained in breach of Regulation.

- There were insufficient numbers of staff members deployed to the communal rooms and to respond to people in a timely manner.
- There were times when communal areas were unsupervised. This meant people were not always supported when necessary. During one occasion, a person started to cough in a lounge and requested a glass of water. Staff members were not present in the lounge to assist and we could not locate a staff member in the dining room or second lounge. Whilst no one was harmed as a result of this, it showed staff were not always able to effectively monitor communal areas.
- We observed people waiting long times for call bells to be answered. On one occasion, a person waited in their room for over 20 minutes for the bell to be answered. The inspector alerted a senior member of staff to the call, after checking on the individual concerned. The senior staff member responded straight away and requested a care staff member attend to the person.
- The lunch time experience left people waiting a long time to be served food. Staff appeared rushed and no drinks were offered to people during meals. On the second day, people received their drinks prior to their meal being served and staff appeared less rushed. The provider explained on the first day of inspection, people were isolating in their own room in response to COVID-19 outbreak principles, this created extra pressure on staff members to serve meals and support people in their own rooms. Contingency planning was required to prepare in the event of another infection outbreak to ensure staff can be deployed sufficiently over mealtimes.
- Staff told us, "There are not enough to meet the needs of the residents." Another staff member said, "I do enjoy my job, I like caring for people but there are just not enough staff."

We found no evidence people had been harmed. However, systems were either not in place or robust enough to demonstrate how staff were suitably deployed. This placed people at risk of harm. This was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe living in the home and with the staff who supported them. One person told us "I like it here. I feel safe here. It's comfortable. We have nice food and nice people." Another person said, "We are lucky here, the staff are lovely."
- Relatives told us they felt people received safe care and treatment. One relative said, "It was the best thing we ever did, taking [my family member] there. The care is spot on." Another relative said, "It is safe, there are no problems at all. If there is an issue, they always ring and tell me."
- People told us, "Staff are lovely, they are great. I could not fault them."
- We saw staff interacting kindly and compassionately with people. Staff told us about people's care and support needs, demonstrating how they knew people well.

#### Using medicines safely and safe medicines management.

- Relatives told us they were confident in the medication administration. One relative said, "[My family

member] is getting their medication. I have seen this. If there any problems with the medication, [head of care] will bring it up."

- Medicines which are needed 'as required', or PRN medicines, contained personalised guidance for staff to follow. This meant people received their pain medication when needed.
- Medicines were managed safely by suitably trained staff. One staff member said, "Yes, I have had medication training and I have had all of my competencies assessed."
- We saw medication being administered in a safe and secure way.
- We looked at records showing how people got their medicines at the right time and how medicines were reviewed and audited regularly.
- The provider conducted regular medication audits and checked temperatures of medication storage locations.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were partially assured that the provider was using PPE effectively and safely. A couple of staff needed to be reminded to wear their masks over their noses throughout the day.
- We were partially assured that the provider was accessing testing for people using the service and staff. Temperatures of the people using the service were being taken once a day, the guidance requires temperatures taken twice daily.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People told us they felt the home was clean and hygienic.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service supported visitation during outbreaks through the essential care givers programme and facilitated visitation for people during end of life, in line with government guidance.
- The provider had systems in place to ensure food stored in fridges were properly labelled.
- Hand-washing facilities in the kitchen were maintained.

We have also signposted the provider to resources to develop their approach.

#### Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

#### Learning lessons when things go wrong

- The provider had not always learnt when thing went wrong. Improvements identified from the last inspection had not always been actioned. Water temperatures, deployment of staff and mealtime experiences still require further improvements.
- During the last covid-19 outbreak the provider worked closely with the local authority to improve infection prevention control practices.

- The service kept a record of all incidents or accidents. We saw lessons had been learned and improvements made when things had gone wrong.
- We saw how one person had made a complaint to the provider regarding information sharing. The provider acted straight away, contacted the person and all other family members to find out their preferred communication methods. We saw communications between the person and the provider indicating how the person was happy with the outcome.

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

- People told us they felt safe living in the home and with the staff who supported them. One person said, "I feel safe here, staff are lovely here."
- Relatives told us they felt the care was safe. One relative said, "I don't have any concerns. I think [my family member] is well cared for, the staff are caring and [my relative] is treated like a family member."
- Staff knew how to report any concerns. One staff member said, "I have had safeguarding training. If I saw any poor practice, I would report it to my manager straight away. I have read the whistle-blowing policy as well."
- The provider had raised safeguarding concerns with the local authority in line with relevant policy. We saw training records indicating how staff had received safeguarding training.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At the last inspection we had concerns about the way in which the quality and safety of the service was being monitored which was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found significant concerns were still identified and had not been addressed since the last inspection. This meant the provider was still in breach of the regulation.

- The provider's governance to review, assess and monitor the quality of service provided to people was ineffective.
- Water temperature checks had been identified as a concern during the last inspection. We found how water temperatures again, exceeded safe temperature limits and no action had been taken. The delay in actioning this recommendation and failing to act upon the exceeded temperatures has raised significant concern in the safe governance of the service.
- Checks and audits were in place to monitor quality and safety. However, these had not always been effective in preventing risks. The quality monitoring systems had failed to identify the shortfalls we found at this inspection. For example, the awareness of the need for the correct window restrictors and radiator coverings. This meant people were placed at risk of harm because the systems in place had not mitigated risks effectively.
- The provider failed to respond to the risk of the open door of the machine room despite being alerted to the risk in the morning. The door was left unsecured and unsupervised for the duration of a full day. People were observed walking up and down the corridor next to the electrical room throughout the day without supervision. Action should have been taken straight away to temporarily secure the door.
- Staff were not always effectively deployed, this meant people were not always receiving timely support. People waited prolonged periods of time before they received the required support.
- The auditing systems of the call bell was insufficient to monitor impact. The auditing process had been reduced from weekly audits to monthly audits, despite each audit viewed exceeding the identified waiting time. These audits only evidenced the longest wait and not the amount of times people were left waiting. This meant it was unclear how many people were waiting each week outside the providers agreed time limit.
- A dependency tool was in use to ensure there were enough staff in the home. This tool helps providers identify how many staff are needed to keep people safe. However, staff were not always deployed where they needed to be. Communal areas were not staff sufficiently to ensure people were supervised and adequately supported.

We found no evidence people had been harmed. However, systems were either not in place or robust enough to demonstrate effective management to ensure quality and manage risk. This was continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed how action had been taken to address some of the immediate shortfalls identified. Radiator covers were in the process of being fitted to all radiators, water temperature regulators had been installed and window restrictors were in place.

- Kitchen audits were being regularly completed, this included the food stored in the fridge, which was identified last inspection. Handwashing facilities located in the kitchen were clean and usable.
- Care planning, medication and equipment audits were in place. Recommendations were made to the registered manager to ensure how people who completed the audits and action planning was identifiable at the end of each audit.

#### Continuous learning and improving care

- The provider had not acted upon the previous inspection safety concerns. This showed how they had not learnt and improved care practices. Staff deployment and environmental safety practices continued to put people at potential risk of harm.
- Family members felt the provider had managed the recent pandemic well. One relative said, "They [staff] handled COVID-19 really well over the summer. The conservatory has had a screen put in there for visiting. They [the provider] did have outbreaks; I knew about them."
- We saw the comments, compliments and concerns folder. This detailed accounts from family members expressing their feelings about the care and support received. This showed how the provider encouraged people to feedback on the service provided.

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

- We received mixed reviews from the staff team. Some staff felt the culture was open and empowering, others expressed a lack of support from the senior team. One staff member said, "The management team are brilliant, I had some personal issues, they were really supportive". Another staff member had conflicting views, commenting, "The problem is the lack of support, when I was about to complete a task, I asked for one of the management team to come onto the floor to help out for a short time. They just ignored me."
- Relatives gave mixed feedback on the service achieving positive outcomes. One relative said, "Yes, I am more than happy with the service. They treat us like part of the home's family, and they have regular activities. They have kept me informed." Other relatives raised concerns over the low levels of staff and time staff can spend with their family members.
- People felt the service achieved good outcomes. One person told us, "Staff are always asking me if I'm okay, they are always checking on me, it's nice." Another person said, "I know I can go to staff; I can speak to them if I am not happy."
- Care plans contained relevant information and evidenced regular reviewing and updating in line with peoples changing care needs and support requirements.

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

- Staff members gave mixed feedback about feeling involved in the service and able to express their opinions. One staff member said, "I have mentioned some suggestions, but I am just ignored." Whereas,

another member of staff told us about an improvement they suggested to improve care and how this had been implemented.

- People told us they felt engaged in the service. One person said, "The best thing about here is spending time with my friends. They [the staff] ask us what we want to do all the time."
- Relatives felt involved in the service. One relative said, "The registered manager has always kept us informed of everything. If there is a problem, they have always dealt with it." Another relative told us the name of the staff member who they contact and how they felt able to ring and discuss the care provided.

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

- Relatives felt the registered manager was open and honest. One relative told us about a medication error. They said, "It was reported to me on the day, their duty of candour, was first class, I was really pleased."
- The service apologised to people, and those important to them, when things went wrong. A relative told us how the registered manager had apologised after their relative was seen wearing someone else's clothing. They were happy with the outcome. This evidenced how the registered manager understood their responsibilities under the duty of candour.

Working in partnership with others

- Relatives told us the provider works in partnership with others. One relative told us, "I have had long conversations with the management team about [my relatives] increased care needs and they think they can take care of [my relative] which I am happy about." Another relative told us, "They do ring if [my family member] has a fall or a cold and they have contacted the GP."
- Health plans were in place and documented regular reviews and consultations with health professionals.
- We saw minutes of professional's meetings and correspondence, this showed how the registered manager regularly communicated with health professionals and the local authority.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Risks were not always mitigated. Water temperatures exceeded safe temperature limits, radiator covers were not always present. Window restrictors did not comply with safety standards. Electric room door was left open and unsupervised. Regulation 12(2).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff were not always effectively deployed to ensure people were supported when they needed it. People needed to wait long periods of time to receive support from staff. Regulation 18(1)