

Westcare (Somerset) Ltd

Beech Tree House Residential Home

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Beech Tree House Residential Home is a care home. It is registered with the Care Quality Commission to provide accommodation and personal care to up to 16 people. The home specialises in the care of older people who are living with dementia. Accommodation was set over two floors.

At the time of the inspection there were 12 people living at the home.

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

People lived in a home where the provider did not have effective oversight to identify and address concerns and shortfalls in the service. During the inspection we identified a number of issues relating to people's health and safety and fire safety. These issues had not been identified by the provider's quality monitoring systems and potentially placed people at risk.

A fire safety officer raised concerns regarding fire safety. Although the acting manager was able to address some issues immediately, others required the provider to take action.

The provider had not followed robust recruitment procedures to make sure staff working with people were safe to do so.

People's needs and risks were poorly assessed and managed. People's care plans did not all contain up to date information about their needs. There was no clear information about how risks to people would be minimised in accordance with their current needs. This placed people at risk of receiving care which was inconsistent or inappropriate.

People were mainly supported to have maximum choice and control of their lives and staff usually supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were being supported by an acting manager who was open and approachable. They had been working with the Local Authority to identify issues and make improvements.

People looked comfortable and relaxed with staff who supported them with tasks. The acting manager was working to promote a more person-centred approach to care. They were updating care plans to make sure staff had the information required to provide care and support in accordance with people's wishes and preferences.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the home was good (published 27 January 2018)

On 8 March 2021 a targeted inspection was carried out to look at infection prevention and control practice. This did not identify any concerns.

Why we inspected

We received concerns in relation to the quality of people's care including, how people's legal rights were respected in relation to their capacity to make decisions and how people's nutritional needs were being met. Issues were also raised about staff competency in administering medicines and records at the home. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-led only.

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

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 changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beech Tree House Residential Home on our website at www.cqc.org.uk.

Enforcement action

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 breaches in relation to safe care and treatment, good governance, premises and equipment and fitness of person's employed at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Beech Tree House Residential Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. There was an acting manager at the home.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at the information we held about the service.

We sought feedback from the local authority.

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 met with 11 of the 12 people who lived at the home. We spoke with four people and two visitors. Some people were unable to fully express their views to us as they were living with dementia. We therefore spent time observing care in communal areas and interactions between people and staff.

We spoke with seven members of staff. This included the acting manager, the area clinical lead, care staff and a cook.

We made a referral to the local fire service in relation to fire safety.

We looked at a selection of records relating to people's individual care and records relating to the running of the home. This included three people's care and support plans, four staff recruitment files, health and safety checks, a sample of medication administration records and minutes of meetings.

The provider's nominated individual was present for part of the first day of the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.



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 that people could be harmed.

Assessing risk, safety monitoring and management

Before the inspection concerns were raised with us that risks to people were not being effectively assessed and managed.

- People were placed at risk because the provider had not ensured that appropriate health and safety measures had been put in place. On the first day of the inspection we found recommendations identified by the fire safety risk assessment (completed November 2021) had not been actioned. This included ensuring the electrical wiring at the home was tested, completing fire drills and ensuring all staff had training in fire safety.
- A fire safety officer visited the home during our inspection. They identified shortfalls in fire safety at the home which potentially places people at risk during an emergency situation. The acting manager took immediate action to minimise some risks, but further action was needed by the provider.
- Individual risks to people were not well assessed or managed. On the first day of inspection one person was using a pressure relieving mattress and bedrails. The care plan did not give details of the equipment in use and there were no guidelines for staff to support them to reposition the person to minimise the risk of tissue damage. There was a chart in the person's bedroom for staff to complete when they supported the person to change position, but this had not been completed since the evening before the inspection. This placed the person at risk of receiving inappropriate and inconsistent care. A new care plan had been put in place by the second day of the inspection.
- People were placed at potential risk because action was not always taken when risks were identified. For example, the water temperature for the bath on the first floor was taken and recorded as being above the recommended temperature. There was no effective monitoring system of the checks undertaken and therefore no action had been taken to prevent the risk of people being scalded.
- Where risks had been identified and control measures put in place, these were not always being followed. For example, a moving and handling risk assessment stated staff would be trained and competent. There was no system to check staff competency. The 'Risk of Covid entering the home' risk assessment was out of date. It stated staff would complete a PCR test weekly and people would complete a PCR test every 28 days.

The failure to identify and mitigate risks to people is a breach of regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The acting manager was taking action to ensure that individual risks to people were assessed. They had begun to update care plans to make sure staff had guidelines about how to manage risks to people. This work was on going.

- Staff confirmed they were completing LFT tests twice weekly in accordance with up to date government guidance.

Staffing and recruitment

- People were potentially placed at risk because the provider was not following a robust recruitment process. We looked at four staff recruitment files and found full checks had not been carried out to make sure staff were suitable to work at the home. Disclosure and barring checks had been undertaken but application forms did not have full employment histories and there was no evidence that the person's employment history or gaps in employment had been explored by the provider. Two of the four staff files did not include a recent photograph.

The failure to operate a robust recruitment procedure is a breach of regulation 19 (Fit and proper persons employed) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported by adequate numbers of staff to meet their care needs safely.

Using medicines safely

Before the inspection concerns were raised with us about staff training and competency to administer medicines. The provider had acted swiftly to make sure senior staff had access to training. Their competency had been assessed when we carried out the inspection.

- People received their medicines safely from senior staff.
- Some people were prescribed medicines, such as pain relief, on an 'as required' basis. There were protocols in place to give staff information about when people should be offered these medicines if they were unable to request them. This helped to make sure medicines were administered in a consistent way.
- There were suitable storage facilities for medicines, including medicines which required refrigeration.
- People received their prescribed creams in accordance with their needs. Care staff supported people to apply prescribed creams and lotions and records were kept of when these had been applied. This enabled their effectiveness to be monitored.

Systems and processes to safeguard people from the risk of abuse

- Risks of abuse to people were minimised because staff had received training in safeguarding adults and told us they knew how to recognise and report abuse.
- People looked comfortable and relaxed with staff who supported them. When staff assisted people with tasks, they were kind and friendly.
- The Local Authority have raised concerns that safeguarding issues have not always been shared with the appropriate authorities. This meant that investigations may not be carried out to ensure protection plans were put in place for people.

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 admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were not assured that the provider was accessing testing for people using the service and staff in accordance with Government guidelines. We found that a new member of kitchen staff had not been made aware they needed to carry out LFD tests.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

- People were able to see personal and professional visitors without restrictions.

Learning lessons when things go wrong

- Prior to the acting manager commencing work there was no evidence that audits had been carried out. This meant there were limited opportunities to learn or improve.
- The acting manager had used audits to identify shortfalls and look at how improvements could be made. For example, we saw that findings from a medication audit had been shared with staff at a staff meeting. The next audit carried out showed that improvements had been made.
- The acting manager had a system in place to have an overview of any accidents, incidents or near misses.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant 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

- The provider had not ensured that all areas of the home and equipment were safe for people and staff. For example, water temperatures were above recommended levels. Lifting equipment was due to be serviced by outside contractors by 17 July 2022 but this had not been carried out. The acting manager was trying to arrange for this to be done.
- A fire safety officer identified concerns with the environment which placed people at risk. These included the concerns that doors within the building were not closing properly and some had gaps around them which would place people at risk in the event of a fire. They also highlighted concerns with the fire detection system which needed addressing by a qualified engineer.
- People lived in a house which was homely and comfortable. However, some areas required redecoration and refurbishment to make sure they provided a pleasant environment.
- Various adaptations had been installed to meet people's needs. There was a stair lift and assisted bathing and showering facilities. There was no accessible shower on the first floor and the assisted bath on the ground floor was not in use. This meant people may have to use a bath or shower on a different floor to their bedroom.

The failure to ensure the building and equipment was safe is a breach of regulation 15 (Premises and equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People had their needs assessed before they moved to the home. However, further assessments were not always carried out or updated to make sure they reflected people's current needs. On the first day of the inspection we found that two people's falls risk assessments had not been reviewed or updated since October 2021. The acting manager had identified that care plans and risk assessments were not up to date and was working with staff to update these. This work was on going.
- Assessments relating to people's mobility, pressure care needs, and nutrition had not been regularly reviewed or updated. This placed people at risk of receiving care and support which did not meet their current needs.
- The acting manager had implemented a handover sheet to make sure all staff had basic information about each person living at the home. This included information about mobility, diet and fluids and personal care.
- People may not always receive care which was person-centred because there was limited information about their beliefs, previous lifestyles choices or wishes. Most people were living with dementia and were

unable to fully express their views or wishes. Care plans contained a section called 'Life history.' However, in records we saw these were either blank or contained only basic details.

- People's basic needs were outlined in hospital passports. This would help to ensure people would receive appropriate care and support from other professionals if they were admitted to hospital.

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

Before the inspection we received concerns that staff were not working in accordance with the Mental Capacity Act 2005.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Applications had been made to deprive people of their liberty where they needed this level of protection to keep them safe. The providers area clinical lead was working with the acting manager to make sure further applications were made where appropriate.
- Staff were not always working in accordance with the Mental Capacity Act 2005. Although some care plans gave details of where individual best interests decisions had been made others did not. For example, one person had bedrails on their bed. There was no assessment of the person's capacity to consent to this and no information to state that the decision had been made in their best interests. However, another person had a capacity assessment and best interests decision for the use of a pressure mat. The acting manager was working with the Local Authority and provider's clinical lead to address these issues.
- One person had a newly created care plan which gave information about their capacity to consent to various aspects of their care. The plan stated the types of decisions the person was able to make and who they would like to support them with more complex decisions. There was evidence that this had been discussed with them and they had signed some consent forms.
- Staff had undertaken online training regarding the Mental Capacity Act and further face to face training had been arranged. This will hopefully ensure that staff have a fuller understanding of how to protect people's rights.

Staff support: induction, training, skills and experience

- People were supported by staff who had access to, and had completed, online training in a variety of subjects. This included safeguarding adults, communication, equality and diversity, dementia awareness and infection prevention and control. However, there was no system in place to check staff learning or competency which could mean that staff were not able to put their learning into practice.

- The provider had started to arrange face to face training for staff. Staff had already completed practical training in safeguarding, basic life support and moving and handling. Further training had been booked to make sure staff were able to safely support people.
- The acting manager had begun to carry out appraisals with staff. This would help them to identify and address each staff members strengths and weaknesses to ensure people received good quality care.

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

- The provider had not acted appropriately when people had lost significant amounts of weight. Although people had been weighed regularly no action was taken when weight loss or gain was identified. The provider's oversight had not identified these issues. The new acting manager had identified where people had lost weight and had taken action to ensure other professionals were aware and able to support these people.
- People did not always have their nutritional needs assessed. We looked at the care plan for one person and there were no guidelines recorded to support the person. At lunch time we saw this person received full support with their meal. The person's weight records showed they had lost over four kilogrammes in seven months. The lack of a care plan placed the person at risk of receiving inconsistent support with their nutritional needs. By the second day of the inspection a new care plan had been written to give staff the guidelines they needed to effectively support this person.
- The acting manager had ensured people received the correct meals following concerns raised by the local authority. People who required their meal to be served to them at a specific consistency received the correct meals. Some people had been assessed by speech and language therapists and had clear plans of care in place about how their meals should be served. At lunch and teatime, we saw people who had these plans received appropriate meals.
- People had varied mealtime experiences. Tables were not laid and had no tablecloths. People did not have access to condiments. Due to the layout and space available within the dining room, people who needed support with their meals received support from staff standing over them. We discussed our observations with the acting manager who told us they would seek to improve people's mealtime experience.

We recommend the provider continues to review people's mealtime experience in line with appropriate good practice guidance.

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

- The acting manager was working with other professionals to identify shortfalls in the service and make improvements to peoples care and support.
- People had access to healthcare professionals according to their individual needs. This included GP's, speech and language therapists and community nurses.
- The acting manager had liaised with the memory support team. The support offered included assessing people's needs and providing practical advice to help staff to meet people's specialist needs.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement.

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

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

- There was no registered manager at the home. The last registered manager de-registered with the Care Quality Commission (CQC) in January 2022. A registered manager is a person who has registered with the CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- People lived in a home where the provider did not have effective oversight of the quality of the care and support provided to people. We found a number of health and safety issues which had not been addressed to promote people's safety.
- The provider had a range of audits to monitor quality but no effective system to ensure they were carried out or led to improvements. The acting manager had begun to use the audits to monitor standards and identify shortfalls. However, before they were appointed no audits had been carried out. This had not been identified by the provider's senior management team. This meant that issues were not addressed in a timely manner.
- The lack of provider monitoring and oversight had led to people receiving poor care. For example, some people had lost a significant amount of weight, but no action had been taken and no medical advice sought. No care plan audit had been carried out to make sure there were plans which reflected people's up to date needs.
- The provider was reactive to issues raised with them but did not have robust systems to identify shortfalls. The provider had taken action to address some issues raised by CQC and the local authority quality team. However, the issues had not been identified by the provider.
- Changes in the provider's senior leadership meant there was a lack of consistent support for the acting manager and staff. There was no business continuity plan to provide details of what staff should do in the event of an adverse event or emergency. There was no provider service improvement plan to drive high quality care delivery.

The failure to have a robust and effective system to monitor quality and drive improvement is a breach of regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The acting manager had only been in post for a few weeks and had highlighted areas which needed improvement. These included, out of date information in care plans, risk assessments which did not reflect current risks to people, some environmental concerns and staff training needs. Work to address these shortfalls was ongoing.
- During the inspection the acting manager was supported by members of the provider's senior management team.

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

- The acting manager was very visible in the home and was leading by example to promote a person-centred culture.
- Staff and visitors praised the acting manager at the home and said they would feel comfortable to raise any issues.
- People who were able to express their views said they were content living at Beech Tree House. One person told us, "It's nice. They always help you."

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 we spoke with were confident that any issues raised with the acting manager would be investigated and dealt with.
- The provider had begun to take action to address some of the issues highlighted by the Local Authority's quality team.

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

- People were supported by an acting manager who was engaging with staff to share information and promote improvement at the home. They were holding staff meetings and minutes showed a variety of subjects were discussed.
- Visitors were welcomed into the home. One visitor told us, "They always make me feel so welcome."
- The acting manager was working with outside professionals to identify and address shortfalls in the service.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that risks to people were assessed and had not put measures in place to mitigate risks.</p> <p>Regulation 12 (1) (2) a b</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not followed a robust recruitment procedure for new staff.</p> <p>Regulation 19 (1) (2) (3)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had not ensured that the premises and equipment was properly maintained and fit for purpose.</p> <p>Regulation 15 (1) [c] [e]</p>

The enforcement action we took:

WN to be served

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service provided.</p> <p>Reg 17 (1) (2)</p>

The enforcement action we took:

WN to be served