

Brook Care Homes Limited

Beeches House

Inspection report

53 Park Hill
Carshalton
Surrey
SM5 3SE

Tel: 02084010071

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31 March 2016

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Ratings

Overall rating for this service

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The last inspection of this home was carried out on 08 December 2015 when we found the provider was in breach of two regulations. This was because the provider had failed to notify the Care Quality Commission (CQC) in a timely manner about all the incidents and events involving people who lived at Beeches House. This related specifically to several incidents that had adversely affected their health and welfare, including a death, several serious injuries and the outcome of a number of Deprivation of Liberty Safeguards (DoLS) applications. 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 Mental Capacity Act 2005 (MCA). The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

After the home's last unannounced comprehensive inspection, the provider wrote to us to say what they would do to meet their legal requirements in relation to these breaches. We undertook an unannounced focused inspection on 31 March 2016 to check the provider had followed their action plan and now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Beeches House' on our website at www.cqc.org.uk

Beeches House is a care home that provides accommodation and personal care for up to 12 people. The home specialises in supporting older adults who have learning disabilities. The home also caters for people living with physical disabilities. There were nine people living at the home when we inspected.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

During our focused inspection, we found that the provider had followed their action plan, which they had said would be completed by 31 March 2016. We saw legal requirements had been met because the provider now notified the CQC in a timely way about the occurrence of any incidents and events that affected the health, safety and welfare of people using the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

We found that appropriate action had been taken by the provider to ensure they now notified the CQC in a timely manner about the occurrence of any incident or event they were legally required to.

However, while improvements had been made we have not revised the rating for this key question. To improve the rating the provider must demonstrate consistent good practice over a more sustained period of time in relation to the submission of notifications to us.

We will review our rating for well-led at our next comprehensive inspection of this service.

Requires Improvement 

Beeches House

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 checked 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 unannounced focused inspection was undertaken by a single inspector on 31 March 2016. This inspection was carried out to check all the improvements the provider said they would take to ensure they met their legal requirements had been implemented. We inspected the service against one of the five questions we ask about services: Is the service well led?

Before our inspection we reviewed the information we held about the service. This included notifications the provider had sent to us since their last inspection and the action plan we had asked them to send us. The action plan set out how the provider intended to meet the regulations they had breached.

During our inspection we visited the home and spoke with the trainee manager and two care staff, and talked with the services director over the telephone. We also looked at various records that related to the management and clinical governance of the service.

Is the service well-led?

Our findings

We inspected the service on 08 December 2015 and identified the provider was in breach of two regulations. Specifically we found the provider had failed to notify us about the occurrence of several incidents and events involving the people using the service. This included a death, several serious injuries and the authorisation of a number of Deprivation of Liberty Safeguard (DoLS) referrals. This meant the CQC did not always have enough up to date and accurate information about these incidents or events so that where needed, we could take follow-up action to assure ourselves the provider had responded appropriately to them.

At this focused inspection we found the provider had taken appropriate steps to follow the action plan they had sent us. CQC registration requirements, including the submission of notifications were being met by the provider. The provider's records of incidents and events involving people living at the home, matched the information we held about the home. It was clear from discussions we had with the trainee manager and service director that they both understood when and how to submit notifications to us.

The provider's management also ensured staff were aware of their legal obligations to notify the CQC about any event or incident that adversely affected the health and welfare of people living at the home. Records showed team meetings had been held with staff after our last inspection where discussions had taken place about the importance of informing senior staff without delay about the occurrence of such incidents and events. Staff were clear about their responsibilities to keep managers up dated about any accident or incident involving the people using the service. One member of staff told us, "I would always tell the manager in charge straight away if I witnessed an incident involving someone who lived here so they could decide who else needed to know". Another member of staff said, "We all know that we should talk to the managers about anything that affects the health of the people we look after".

Records showed as part of the provider's quality monitoring audits the management now regularly checked any incidents or events involving people using the service or the running of the home to determine whether or not they were legally obliged to notify the CQC.