

Care Concept HCP Ltd

The Beeches

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Beeches is a residential care home providing personal care, it can accommodate up to 22 people aged 65 and over. There were 13 people using the service at the time of the inspection.

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

Systems were in place to regularly audit and review the health, safety and quality of the service. However operational difficulties relating to COVID-19 and historical staff shortages as a result of staff turnover meant that audits were not always completed consistently. The registered manager had plans to address this.

Staff spoke positively about the support they received from the registered manager. Regular opportunities for staff to meet were provided. The views of people using the service were sought and where shortfalls were identified these were followed up.

Some relatives told us they thought communication from the service could improve but were confident in the staff and registered manager.

People's relatives mostly told us they were happy with the care and support people receive. Staff told us they were focused on ensuring people received care which was person centred and treated people as individuals.

Staff knew how to protect people from abuse and report concerns. The provider had a whistleblowing process which staff were aware of. Training records showed some new staff were yet to receive safeguarding training, the registered manager confirmed to us following the inspection that this was now scheduled.

Risk assessments were in place to ensure people were protected from known risks associated with health conditions. Staff were aware of these and described how risks were reviewed and acted upon. Risks associated with the building were managed, issues we identified at the previous inspection had been resolved.

Staffing levels were meeting the care needs of people living in the service. Some staff and relatives told us that an increase in staffing levels would be beneficial but stated that people's health and personal care needs were met. Recruitment records showed staff were recruited safely and in line with current legislation.

People received their medicines as prescribed. A clear policy was in place and staff receive training and their practice was observed.

Systems were in place to ensure risks associated with infection control were managed. Staff were following national guidance in relation to COVID-19. Cleaning schedules were in place and the service appeared clean and was free of malodour.

A system was in place to ensure accidents and incidents were recorded. Staff described confidently how accidents were reported and responded to.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 20 June 2019). Following this focused inspection, the rating has remained the same.

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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector

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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

We gave the provider 48 hours' notice of the inspection. This was due to the COVID-19 pandemic to ensure we had prior information to promote safety.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority and professionals who work with the service. The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with the relatives of four people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, team leaders, care workers and maintenance staff. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of

records relating to the management of the service, including policies and procedures were reviewed.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to assess the risks relating to the health safety of people and had failed to mitigate such risks as well as ensuring the premises safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Concerns identified at the previous inspection regarding subsidence to the building, repairs to windows and water leaks in the dining area had been resolved. Work had been carried out by professional tradespeople to address the subsidence and the dining area had been decorated following this. The provider had a plan in place to ensure ongoing repairs and refurbishment were carried out. This was reviewed on a regular basis.
- Environmental risks associated with fire, gas, electrical installations and equipment were managed appropriately. The service employed a maintenance officer whose role was to ensure safety checks were carried out on a regular basis.
- Known risks associated with people's health conditions were managed. For example, one person who was at risk of falls had a risk assessment in place to ensure staff provided the correct support to keep them safe and reduce the risk of falling.
- Staff were knowledgeable about how to reduce risks and reviewed people's needs on a regular basis. One staff member told us, "I am a key worker and picked up that a person's falls risk was increasing, they had been stumbling but didn't tell us. I contacted the GP and spoke with the nurse practitioner for advice. I updated the risk assessment and care plan and we are getting some new equipment for them."

Systems and processes to safeguard people from the risk of abuse

- Training records showed some newer staff had yet to receive safeguarding training. The provider is a qualified trainer and was planning to deliver this training to the team, but due to the COVID-19 pandemic had been unable to visit the service to provide it in person. We spoke with the registered manager and provider who confirmed to us following the inspection that the outstanding training had been scheduled.
- Staff we spoke with were knowledgeable about how to recognise and report abuse. One staff member told us, "If I was concerned, I would go directly to [registered manager] and discuss the next course of action."
- The provider had a safeguarding and whistleblowing policy which staff were aware of.
- People's relatives told us they were confident people were safe living in the service and were aware they could speak with the staff or registered manager if they had concerns.

Staffing and recruitment

- Records of rosters showed staffing levels mostly met the number of hours determined by the registered manager. The registered manager explained recruitment had taken place recently due to staff turnover and recruiting new staff during this time had been challenging. We considered the additional staffing pressures associated with the COVID-19 pandemic when reviewing this information.
- People's relatives and staff mostly confirmed that staffing levels were sufficient to meet people's assessed needs. Some people's relatives and staff stated that they thought an additional staff member would improve people's care but didn't feel that staff levels were having a negative impact on people.
- Recruitment records showed staff were recruited safely and in line with current legislation. New staff had criminal records checks carried out by the disclosure and barring service (DBS). The DBS enables organisations in the public, private and voluntary sectors to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially involving children or vulnerable adults.

Using medicines safely

- Systems were in place to ensure people's medicines were managed safely.
- People received their medicines as prescribed. One person's medicines administration record had not been completed to show they had topical cream applied. Action was taken immediately to address this, and staff assured us they had been applying the cream as prescribed.
- People who required medicines on an 'as needed' basis had clear protocols in place to describe how and when the medicine should be administered.
- Medicines were stored safely and securely, and people's medicines were kept under review.

Preventing and controlling infection

- The staff team were following national guidance in relation to the COVID-19 pandemic. Staff wore personal protective equipment (PPE) throughout the service. There was a designated area for staff and visitors such as healthcare professionals to put on and take off PPE.
- PPE stations were situated around the service which were restocked regularly. Staff confirmed they had access to the PPE they needed.
- The home appeared clean and was free of any malodours. Regular checks were undertaken to ensure cleanliness and hygiene standards were achieved.
- Records showed good hand hygiene was promoted and observations of handwashing were carried out to ensure staff were following the correct procedures.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported to the registered manager. Staff were aware of the process to follow if a person had a fall.
- A process was in place to review accidents and incidents on a regular basis. Due to staffing pressures associated with staff turnover and the COVID-19 pandemic this had not been fully embedded by the registered manager. At the time of inspection there were 13 people living in the service and we were assured the registered manager had seen all accident reports and was aware of emerging risk.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

At our last inspection the provider had failed to operate effective systems to improve the quality and safety of the service, as well as mitigating risks to people had not been implemented effectively. Accurate, complete and contemporaneous records in respect of each service users including an accurate record of all decisions taken had not been maintained. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 .

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

- The registered manager had developed systems to audit and check the quality and safety of the service. However, the systems had not been fully embedded, and audits were not carried out consistently. The registered manager was very open and honest about the lack of consistency and had developed a plan to address this. We acknowledged that recent pressures relating to staffing and COVID-19 had impacted on the registered managers ability to ensure audits were routinely carried out. Inconsistent auditing had not had a direct impact on people using the service.
- The registered manager had begun work to address shortfalls we identified at the previous inspection in relation to how people make decisions. Care plans now included information about how people consented to their care and ongoing improvements were being made to ensure that care plans contained more information about people's life history. This work had been slowed by the COVID-19 pandemic, but the registered manager had a clear plan to ensure the improvements would be achieved.
- The registered manager and the provider had regular weekly teleconference meetings during the COVID-19 pandemic. Information about the quality and safety of the service was discussed and an action plan had been developed and was reviewed on a regular basis. The provider informed us following the inspection they would now begin to visit the service to provide the registered manager with the support they required to ensure regular quality and safety audits were carried out.

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

- Most people's relatives told us they were happy with the service and staff were committed to ensuring people received good care and support. One relative said, "The home is fantastic [relative] asks for food and they take [relative] whatever they want whenever they need it." One relative expressed some concerns about the care their relative was receiving but had not raised this directly with the registered manager. We

recommended they speak with the registered manager in person.

- Feedback about communication between the service and relatives was mixed. Some relatives spoke positively about the regular contact they had with the registered manager and the staff and other relatives said communication could be better.
- Staff spoke very positively about the culture within the staff team and the support they had received from the registered manager. One staff member said, "[Registered manager] takes an interest in us as people and has been very supportive with my personal circumstances." Another said, "The service is 100 times better than when I first started, I speak with [registered manager] regularly, she is great."

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

- Most relatives we spoke with told us they had received a survey asking about their views and opinions of the service. One relative told us they had been contacted to discuss the concerns they had raised when they had returned the survey.
- Meetings took place each month for people living in the service. Topics for discussion included suggestions for activities such as movie nights and people had asked for a VE day celebration. Records showed staff had acted on people's wishes and suggestions.
- Staff confirmed that meetings took place on a regular basis and staff were encouraged to contribute and make suggestions to improve the service.
- The registered manager and staff team worked collaboratively with a range of health and social care professionals such as district nurses and GP's. The registered manager was part of a local care association and had actively sought guidance from the local authority and national health service to ensure they were following correct procedures during the COVID-19 pandemic.

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

- The registered manager ensured they notified us about incidents they are required to by law. The previous inspection rating was displayed prominently and clearly in the service.
- The registered manager communicated openly and honestly with the local authority and the care quality commission regarding safeguarding matters.
- Staff told us the culture within the team was open and they felt confident to raise concerns and discuss issues with the registered manager.