

Miss Julie Windows and Mrs Janet Windows

The Beeches

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 caring?

Good 

Is the service responsive?

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 and accommodation for up to 23 people. At the time of the inspection there were 17 people living at the service.

People's experience of using this service:

Since the last inspection the registered manager had failed to assess and monitor staff training, to equip staff with essential skills and knowledge. They had not considered that training was out of date and not assessed whether the training staff had received was effective. This had a potential impact on people's safety, for example, around infection control and medicines management.

Staff were not supported through the home's formal supervision process and those supervisions that had taken place were not always effective. Improved quality monitoring and record keeping would have highlighted the above improvements.

Despite the above improvements required, there was no doubt that people were very happy living at The Beeches. They spoke fondly of the provider, registered manager and all staff. Likewise, although staff wanted to be better supported by the registered manager, they enjoyed caring for 'their residents' and felt proud when they went home.

Satisfaction and views around feeling safe were positive. One person told us, "We all feel very safe, it's one of the main reasons we decide to live in a care home. Staff are kind and support us 24 hours a day, we have good food, we are warm and safe and have a nice home to live in".

Staff understood their responsibility to keep people safe from harm. People were supported to take risks and promote their independence. Risks were assessed, and plans put in place to keep people safe. There was enough staff to safely provide care and support. Checks were carried out on staff before they started work to assess their suitability to support people in a care setting.

Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were provided a healthy, nutritious, balanced diet whilst promoting and respecting choice and they confirmed this when we spoke with them.

Everyone we spoke with agreed that staff were caring and kind. Comments included, "Oh they are a super bunch", "I like them all. I feel they genuinely care about us and enjoy their job", "I have no concerns they are very respectful and always have a smile on their faces".

Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. They were knowledgeable about people's lives before they started using the service. The service was responsive to people's health and social needs. People received person-centred care and support. Regular monitoring

and reviews meant that referrals had been made to appropriate health and social care professionals. Where necessary care and support had been changed to accurately reflect people's needs and improve their health and wellbeing.

People were encouraged and supported to make their views known and the service responded by making changes. Although improvements had been identified the provider and registered manager had good intentions and people and staff said positive things about them. The registered manager was genuinely disappointed that training and supervision had lapsed, and they had missed this. They agreed that quality assurance needed to improve to ensure the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

We identified three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: Good (published September 2016)

Why we inspected: This was a planned, comprehensive inspection based on the services previous rating of Good. At this inspection we found that in some areas the service required improvement.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at 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?

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 Safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our Safe findings below.

Requires Improvement ●

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 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.

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 personal 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 inspection was unannounced so the provider, registered manager and staff team did not know we would be visiting. We visited the service on 12 and 13 February 2019.

What we did: Before the inspection, we had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection. We also looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law.

During our visit we spent a period observing how people were spending their time and the interactions between them and the staff team. We spoke individually with eight people to ask about their experience of the care provided. We spent time with the provider, registered manager and administration manager. We spoke individually with eight staff. We looked at four people's care records, together with other records relating to their care and the running of the service. This included four staff employment records, policies and procedures, audits and quality assurance reports.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. 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. Some regulations were not met.

Although people told us they felt safe and in good hands, we could not be satisfied that people were not at risk. This was because staff training had not always been completed and some required updating. Lack of knowledge, up to date guidance and best practice meant people were potentially put at risk.

Preventing and controlling infection

- We could not be satisfied people who used the service were protected from the risks of cross infection. Training for staff was either out of date or they had not received any.
- Although staff wore gloves they did not wear an apron when providing personal care. This was particularly concerning when staff told us that on occasions they would have to cook meals when a cook was absent. This was in addition to providing care and they wore the same uniform throughout the shift.
- The provider and registered manager were not following the Department of Health, Code of Practice on the prevention and control of infections, or other relevant guidance.

The failure to follow appropriate guidelines in infection control were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the above breaches the home was clean and smelt fresh throughout. One area of carpet in the dining room and lounge required a deep clean and this had already been identified by the registered manager.

Using medicines safely

- Although there had been no significant errors and some systems around medicine management were safe, improvements were required. Some staff who dispensed and administered medicines told us they had received training. However, they did not feel the training they had attended equipped them with the confidence and knowledge they required. One staff member had received some practical training but not any theory. Staff felt nervous with medicines management and would benefit from further support and training.
- The medicines policy required updating to reflect best practice and up to date guidance.
- Audits identified where on occasion staff had not signed to confirm medicines had been given. Staff told us this was largely due to being interrupted during the medicine round. This had not been considered by the registered manager to help reduce the errors. During feedback at the end of the inspection it was agreed that safety would be further enhanced if staff wore a red tabard when administering medicines alerting people not to interrupt them during this process.

The failure to ensure the safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained details leading up to events, what had happened and what action had been taken.
- There was evidence of learning from incidents that took place and appropriate changes were implemented. However monthly audits of incidents needed to be completed to help identify any trends to help ensure further reoccurrences were prevented.

Staffing and recruitment

- During the inspection, the atmosphere in the home was calm and staff did not appear to be rushed. They responded promptly to people's requests for support.
- People told us they thought in general there were enough staff and expected to wait a little while if they were busy.
- Staff explained that there were occasions when they were short staffed at the last minute, usually due to unexpected absence. When this occurred, it was apparent that staff on duty worked well as a team and had the competency to continue provide good care and support. They told us they still 'promoted choice, didn't rush or cut corners'. The provider and registered manager were available to provide hands on help and staff confirmed they did call them when required.

Assessing risk, safety monitoring and management

- Staff managed potential risks relating to people's health and well-being. This included risks associated with weight loss, maintaining skin integrity and difficulty with swallowing and potential choking risks. Staff knew people well, they monitored their wellbeing and were confident to refer people to relevant professionals should their health and social care needs changed.
- Systems in place ensured the maintenance checks in the home were completed and any action required was completed.
- Fire drills were completed for all staff at the required times and they were aware of people's emergency evacuation plans in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- The provider followed safe recruitment procedures. Disclosure and Barring Service (DBS) checks had been carried out for all staff to check whether they were suitable to support vulnerable people.
- Staff understood the processes to follow to safeguard people in their care. The manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse, had occurred. Agencies they notified included the local authority, CQC and the police.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Some regulations were not met.

Staff support: induction, training, skills and experience

- Since the last inspection the registered manager had failed to assess and monitor staff training, to equip staff with essential skills and knowledge. They had not considered that training was out of date and not assessed whether the training staff had received was effective.
- Training that was essential for maintaining safety included: infection control: moving and handling, medicine management, food hygiene and Control of Substances Hazardous to Health (COSHH).
- Training that would enhance care and support also needed to be considered to increase knowledge and understanding. This included: dementia awareness, end of life care, dignity in care, diet and nutrition and person-centred care.
- On the second day of inspection the registered manager showed us evidence that they had made improvements and some training had been booked over the coming weeks.
- Staff had received one supervision in the last year. Supervision had not been tailored to individual need and it was not onerous. It had not been an agreed appointment, a face to face meeting between the supervisor and supervisee, and staff had not had time to prepare in advance.
- Staff felt there was no value to the supervision they had received, and, in this area, they did not feel supported. The registered manager agreed they had not been fulfilling their role as supervisor. On the second day of our visit they had written a letter to staff to address this.

The failure to provide appropriate support, training, and supervision was a breach of Regulation 18 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Adapting service, design, decoration to meet people's needs

- The Beeches had a homely feel. Bedrooms in particular were very personalised, and it was evident that these rooms were places of sanctuary and enjoyment for people.
- The service had been well maintained. There was a rolling programme for continued redecoration.

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

- Thorough assessments were always completed for those who were considering moving into the home. The information was detailed and supported the manager and prospective 'resident' to decide as to whether the service was suitable and their needs could be met.
- Care and support was reviewed and evaluated so that people received support that was responsive and person centred.

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

- People received a healthy balanced diet. One of the home's cooks confirmed they accommodated and respected choice and preferences at mealtimes. One person told us, "The choices are good, and you can always ask for something else".
- People told us mealtimes were enjoyable and the food was tasty. There were two dining rooms people could choose from and some preferred to receive meals in their bedrooms. People told us, "There is plenty to eat and I don't feel hungry", "The meals are traditional and I like that, puddings with custard and roast dinners are very good" and "I love using the dining room, it's a good atmosphere and I like eating with my friends".
- If people were at risk of weight loss staff had guidelines to assist with developing a care plan and identifying any action required. Food and fluid intake was recorded if required, so that any poor intake would be identified and monitored. People were weighed monthly, but this would increase if people were considered at risk. Referrals had been made to specialist advisors when required, including speech and language therapists, GPs and dieticians.

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

- The service ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services.
- Staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected.
- People had documentation that was used when they transferred between services for example hospital admissions or when attending appointments. These provided other care providers with essential information to help support consistency in care and promote people's safety.

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

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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the principles of the MCA, how to implement this and how to support best interest decision making. Extensive work and support was being provided to a gentleman who was considering a move to a care home closer to a family member. It was good to see this person being supported by the staff to have full autonomy with this decision-making process. During our visit he was on the phone talking to a social worker who was helping him to facilitate this.
- There were no restrictive practices and daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home, socialising together and one person liked to go out independently.
- The service had submitted two DoLS applications for people. These were waiting to be processed by the

local authority.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- People had good relationships with staff and they looked comfortable and relaxed when approached. The atmosphere appeared to be good and we observed a lot of friendly, caring interactions, and smiles.
- There was an inclusive, homely feel and people had got to know each other and form friendships. There was a mutual respect and appreciation amongst people who lived there.
- The home's recent survey had received some lovely compliments from people and their relatives about the staff. Comments included, "The staff are wonderful and very obliging", "Staff are friendly and helpful", "Staff have a positive attitude" and "All staff are helpful and welcoming, they are kind and encouraging".
- Staff were proud about how they supported people and felt they provided care that was caring and respected individual wishes. They had built up good relationships with people and their families.
- During our visit we saw staff demonstrating acts of patience and kindness. Mealtimes were a good example, where staff promoted an atmosphere that was calm, respectful and conducive to dining.
- Visitors were welcome any time and people saw family and friends in the privacy of their own rooms in addition to lounge/dining rooms in the home. Family and friends were invited to special events.

Supporting people to express their views and be involved in making decisions about their care

- People told us about how they spent their day, how they made decisions and how preferences were supported. Comments included, "I make all my own decisions, there are no problems there", "As much as I live with others, I feel I live a life that suits me", "I like to be involved and enjoy the meetings we have and share ideas and opinions" and "I have some set routines to my day because that's how I like it".
- People told us that following a recent residents' meeting they had requested that one particular entertainer didn't visit the home any more. This choice was respected and people chose an alternative entertainer.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with agreed they were treated with respect and dignity, and their privacy was maintained.
- People were smartly dressed and looked well cared for. People were supported with personal grooming and staff had sustained those things that were important to them. This included preferred style of clothes that were clean and ironed, shaving, manicures, and access to weekly visits with the home's hair dresser.
- Independence was always promoted. One gentleman had a daily routine of 'popping to the local shops' and enjoyed going to the pub on an evening. We saw people had been assessed for walking aids due to restricted mobility. Staff were seen assisting discreetly, keeping an eye on them, but giving them the space and room to move around independently. One relative told us, "They supported my grandmother and her mobility has improved".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans and they took part in developing these so that they respected individual wishes. This meant care documentation provided staff with a good level of detail about how people wished to be supported and cared for. Work continued to make the plans reflect the person-centred care people were receiving.
- Staff were knowledgeable about people and how they wished to be supported. They knew about people's lives before they moved to the home and their past and current medical history and needs.
- During our visit we saw people being cared for and supported in accordance with their preferences. People said they were 'very content' and 'more than satisfied' with the care and support they received. Comments included, "I am very happy here and I am looked after well" and "Everything is fine for me and I am well".
- People's changing needs were responded to quickly and appropriately. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required. One person told us, "The staff are very good if they think I should see a doctor and equally they will call one if I feel I like would a visit".
- People were offered and provided with a range of activities, outings and things of interest. They handpicked what they liked to do or take part in.
- Activities were always included on the agenda at the 'residents' meetings. They took ownership about preferred interests and hobbies and were encouraged to express, discuss and share new ideas.
- One new initiative since our last inspection included, a pre-school group of children who visited the home every week. This received a positive response from people and was enjoyed. One person told us, "The children always bring a smile to our faces, we look forward to seeing them".
- Systems were in place when information needed to be shared with people in formats which met their communication needs. This was in line with the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People felt they had formed relationships with staff and they felt confident to express their views. Small things that had worried people or made them unhappy were documented in the daily records. There were clear accounts of any concerns raised, and how they were dealt with and communicated to staff. This information was also shared with staff in shift handovers.
- People told us they were listened to and concerns were taken seriously and acted upon.
- There had been no formal complaints in the last year.

End of life care and support

- People were cared for when they required end of life care, with the support of GP, district nurses and

palliative care nurses.

- Staff told us they felt privileged to care for people when they were dying and took pride in making sure they respected choices and maintained people's dignity.
- Staff had received some lovely written comments from relatives when they had lost a loved one, thanking them for their kindness and support.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations had not been met.

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

- Systems and arrangements were not always effective to monitor and improve the quality and safety of the service. Audits had not identified that staff had not received training required and that some training was out of date.
- Determining what training staff had completed was difficult because this had not been recorded effectively. On the second day of inspection the registered manager showed us evidence that they had made improvements around recording the training staff had received so they could arrange training and target areas as a priority.
- The registered manager had failed to ensure that staff felt supported by receiving regular supervisions.

The failure to ensure effective assessment and quality assurance was a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

- Staff we met were loyal and fully committed to their roles and this was reflected in their attitudes and integrity during the inspection. Although staff wanted more formal support they were complimentary about the provider and registered manager; they liked them and cared about them.
- The PIR demonstrated where the service was working to improve the quality provided.
- The registered manager submitted relevant notifications to CQC. These notifications inform CQC of events happening in the service and are a legal requirement. The rating from their last inspection was displayed in the home.

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

- The service continued to seek the views of everyone using the service by way of annual surveys.
- The service promoted and encouraged open communication amongst everyone who used the service. There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis.
- Other methods of communication included planned meetings. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. The minutes reflected meetings that were effective, meaningful and enjoyed.
- Social events were organised to enable people and their families to get together.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility

- When we spoke with people and staff it was clear and evident that people were living their lives as they chose to and were supported to do this wherever possible.
- The ethos of a person-centred approach to care and treating people as individuals was consistent amongst all staff.
- People consistently told us they were happy and content with their lives and living at The Beeches. Relatives continued to play an important role in the lives of their loved ones and were always informed of any changes in care and to people's health.
- The service had a small, steadfast group of staff. Staff told us they felt supported fellow colleagues and that they were a good, cohesive team.
- Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handover reports, staff meetings and written daily records.

Working in partnership with others

- The service ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLS teams and CQC.
- The provider and registered manager had made good progress since the last inspection to involve the wider community with the home and to raise awareness of what residential care 'looked like'. This included initial meetings and contacts with local schools and colleges.
- The provider and registered manager attended local provider and care home forums and Care and Support West meetings, in order to network with others, share ideas and keep up to date with best practice.

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 Appropriate guidance was not always followed and staff did not always have the knowledge to protect people from unsafe practice and potential risks. Regulation 12 (2) (c)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not robust to drive improvements in the service. Regulation 17 (1) (2) (a)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People who use services were not supported by sufficient staff, with the appropriate skills and training. Staff were not being supported in their roles through regular supervision. Staff had not always received training based on the needs of the people they were supporting. Regulation 18 (1) (2) (a)