

Beech Haven Limited

Beech Haven

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Beech Haven is a care home for up to 30 older people. The service is a family run business and they have managed the home for over 30 years as a partnership. In April 2021 the registered owners became a limited company, which is managed by the family.

The home is a converted building on a residential street in the London Borough of Ealing.

At the time of our inspection, 15 people were using the service. Some people were living with the experience of dementia.

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

Medicines were not always managed in a safe way.

Some of the records about people's care needed to be improved to give clearer information.

People using the service were happy living there. Their needs were being met and they were able to make choices about their care. People liked the staff and had good relationships with them. There were a range of different activities people could take part in.

The staff were happy working at the service. They felt well supported and had the information and training they needed. They knew people well.

The management team were the family who owned the care home. They worked alongside staff providing support for people using the service. They had a very good knowledge of the individual needs of the people who were living there and had good relationships with them and the staff. People using the service and staff told us they felt managers were approachable.

The management team had a good overview of the service. They had plans for improving the quality of the service and had introduced changes already. These included using technology which helped people to communicate with their families and friends and to access their own activities.

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.

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

Rating at last inspection

This was the first inspection of the service since it was registered as a limited company. They were rated

good at the last inspection under the previous registered providers.

Why we inspected

This was a planned inspection based on the date of registration.

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.

Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

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

Follow up

We will request an action plan for 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 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service as effective.

Details are in our effective findings below.

Good ●

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 well-led findings below.

Requires Improvement ●

Beech Haven

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.

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 conducted by one inspector, a member of the CQC medicines inspection team and an Expert by Experience. 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

Beech Haven 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held about the service, including information from the service under the previous registration.

During the inspection

We spoke with five people who used the service and one visitor. We observed how people were being cared for and supported. We spoke with the registered manager, two other managers and three care staff. We looked at records used by the provider to manage the service which included the care plans for four people, records of audits and checks, staff training and management records. We looked at how medicines were being managed and conducted a partial tour of the environment, which included an audit of infection prevention and control.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

Using medicines safely

- Medicines were not always safely managed. Not all medicines were safely secured, and some records were not appropriate. The Controlled Drugs (CD) cabinet did not conform to legal requirements as set out in The Misuse of Drugs (Safe Custody) Regulations 1975 (as amended). Controlled drugs are medicines which require additional arrangements for storage, recording and administration. This meant the provider had not taken all the necessary steps to make sure these types of medicines were stored appropriately.
- There was no medicines fridge and medicines requiring refrigeration were stored in the home's main fridge. The medicines room and fridge temperatures were not checked or recorded. This meant the provider could not be assured medicines were being stored safely or at the right temperatures.
- There was not enough information about 'when required' (PRN) medicines and the protocols to support staff to administer these safely were incomplete. For example, there were no details about the condition these medicines were prescribed for, clear dose instructions for variable doses of medicines, signs/symptoms to look out for, when to review the medicine, and whether the medicine was effective as well as no authorisations in place by the person constructing the PRN protocols.

There was no indication people were being harmed or had not received their medicines as prescribed. However, failure to safely manage medicines was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We looked at the medicines administration records for nine people. These had been completed appropriately and indicated people had received their medicines as prescribed. There were separate charts for people who had medicines such as patches and creams prescribed to them, and these were filled in appropriately.

Systems and processes to safeguard people from the risk of abuse

- There were systems designed to protect people from the risk of abuse. People using the service told us they felt safe and well cared for.
- Staff received training in safeguarding and were able to tell us about different types of abuse and what they would do if they had any concerns someone was being abused.
- The provider had worked with local authority safeguarding teams to share information and help protect people during past concerns. There had not been any safeguarding concerns since the limited company took over as registered provider.

Assessing risk, safety monitoring and management

- The staff assessed the risks to people's safety and wellbeing and worked with others to help manage these risks. For example, where people were identified as at risk of falling or needing equipment, the staff had made referrals for them to be assessed and receive this support.
- The staff supported people in a safe way, helping them to move safely around the building. Where people required texture- modified diets or fluids, because of a choking risk, they received the right support, and this was monitored.
- The building was safely maintained with the provider carrying out a range of checks on equipment and the environment to make sure it was safe. There were fire evacuation procedures and individual plans to show how people should be supported to evacuate in the event of an emergency.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. The registered manager and two other managers, who were part of the family business, worked at the service alongside staff, providing additional cover and support when needed. There was a stable staff team, with no new staff starting at the service in over a year.
- People told us they did not have to wait for care and staff were available when they needed them.
- The provider had systems for recruiting new staff including checks on their suitability.

Preventing and controlling infection

- People were protected from the risk of infection because the provider had systems for preventing and controlling this. Since the start of the COVID-19 pandemic, they had updated their procedures and systems in line with best practice, guidance and legislation.
- People using the service and staff took regular COVID-19 tests and had access to COVID-19 and flu vaccinations. There were appropriate procedures for receiving visitors, such as undertaking COVID-19 testing and supplying them with personal protective equipment (PPE), temperature checks and hand sanitiser.
- There was enough PPE for staff, and we saw them wearing this appropriately. There were arrangements for clinical waste and staff had training to understand about good infection control procedures.
- The building was clean throughout and there were systems to ensure regular cleaning and checks of the environment.

Learning lessons when things go wrong

- The provider had systems for learning when things went wrong. They recorded and investigated all accidents and incidents and discussed these with staff so they could learn from these.
- We saw medicines related incidents were investigated properly with appropriate action plans. There were adequate processes in place to ensure staff learned from these incidents to prevent them occurring again. For example, on the day of inspection a check by the manager revealed a recording error in the Controlled Drugs Register and this mistake was rectified, with lessons learned.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

- People consented to their care and treatment. Care plans were discussed with people and, where relevant, their representatives. The staff had a good knowledge of people's mental capacity, and ability to make different decisions, but this was not always recorded clearly. We discussed this with the managers so they could improve records relating to this.
- People told us they were offered choices and able to make decisions about their care. Where people lacked the mental capacity to make decisions, the provider had sought consent from their legal representatives.
- The staff had undertaken training about the MCA and were able to explain how this should be implemented at the service.

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

- The provider assessed people's needs and choices when they moved to the service. People and their families were able to view the service before they moved in, and the managers met with them to discuss their needs.
- Care plans were created based on people's assessed needs and these were regularly reviewed and updated.

Staff support: induction, training, skills and experience

- People were cared for by well trained and supported staff. The staff confirmed they took part in regular training updates and were able to tell us how they implemented some of their learning.
- Staff felt supported. The managers worked alongside the staff each day and staff told us they felt able to approach them and ask for help and support. The managers offered training and supervision and there were

systems for communicating about the service, so staff knew about changes, procedures and expectations of their roles.

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

- People had enough to eat and drink. People commented that they liked the food.
- People's nutrition and hydration needs had been assessed and planned for. The staff made referrals to dietitians when this was needed and monitored people's food and fluid intake.
- There was a suitable menu which offered a variety of different meals. People were able to make choices about what they ate and their preferences, likes and dislikes were recorded.

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

- People had access to health care services when they needed this. The provider made timely referrals and worked closely with other professionals to make sure needs were assessed, planned for and met.
- People told us they were able to see the doctor when they needed and had support with oral care, chiropody and other services.
- Care plans included information about people's health needs and how these should be met.

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

- The environment was suitable and designed to meet people's needs. People were able to personalise their rooms. All floors could be accessed via passenger lifts and corridors were well lit, large and equipped with handrails.
- There were large communal areas and a garden which people were able to access in good weather.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported. People told us they had good relationships with the staff and that they were kind and caring.
- We observed the staff being polite when speaking with and supporting people. People were not rushed and were able to make choices. We witnessed an incident where a person became visibly upset. A member of staff provided gentle reassurance and support and stayed with the person until they felt settled and happier.
- People's individual cultural needs were respected. Specific requirements were recorded in care plans.

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

- People were able to make choices about their daily lives and care. People told us they were able to rise and retire when they wanted each day and could spend time in their rooms or communal areas. They told us they were able to make choices about activities and the food they ate.
- People's known preferences and views were recorded in their care plans and the staff were aware of these. Staff and managers knew people well and were able to tell us about them and how they liked to be cared for.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff were respectful and discreet when interacting with them. People told us the staff knocked on their bedroom doors and addressed them politely.
- People were supported to maintain independence where they were able. One person told us they used to access the community, although this had not happened since the start of the COVID-19 pandemic. People had been involved in activities which enhanced their skills and independence, such as cooking together.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and preferences. They explained they felt their needs were being met. The visitor told us one person's health and condition had improved since they moved to the service.
- The staff had a good knowledge of people's individual needs. Care records showed that care had been provided as planned and that people's health and wellbeing was monitored.
- When people's needs had changed, the provider had made appropriate referrals to other professionals and reviewed their care plan to make sure they could still meet these needs and provided the right care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. The staff had created communication care plans which included information about special requirements.
- Staff were familiar with people's sensory impairments and adapted their communication to support people. The provider had sourced virtual assistants (voice activated electronic devices) and some people had these in their bedrooms to help them access music and entertainment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to stay in touch with friends and family. They used the virtual assistants and electronic tablets to contact relatives and friends. Visits to the service also took place and were arranged in line with government guidance regarding safe visits to care homes.
- There was a programme of activities and entertainment, with daily group activities such as baking, quizzes, exercise, games and craft activities. There had also been special projects for individuals and small groups. One person told us about how they had painted the garden furniture. We saw photographs of different activities and events.
- People were supported to celebrate special events and days by making decorations and having themed activities. One of the managers told us a local school had made contact and they hoped to develop the relationship with the school by exchanging letters.

Improving care quality in response to complaints or concerns

- The provider had policies and procedures regarding complaints. People told us they knew who to speak with if they had any concerns and felt these would be addressed appropriately.
- There had not been any complaints since registration as a limited company or in the previous year under the registered partnership.

End of life care and support

- No one was being cared for at the end of their life at the time of the inspection, but where people had needed palliative care in the past, the provider had worked with other professionals to enable them to remain at the home if possible.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Continuous learning and improving care

- The provider's systems for monitoring and improving the quality of the service had not always been operated effectively. Concerns about medicines management were highlighted at past inspections and during a local authority visit to the service in 2020. However, during this inspection, we identified medicines were not always safely managed.
- Systems and processes had not always been operated to ensure records were not always in place. Whilst staff had a good understanding of people's needs and mental capacity, information about these was not always clearly recorded.

Failure to effectively monitor and improve the quality of the service is a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider had made improvements to the service, updating care records to an electronic care planning system and helping people using the service to access electronic devices. They had also made improvements to the environment and more of these improvements were planned.
- The management team met regularly and had created detailed action plans to show how they would make improvements.

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 provider had not always notified CQC of notifiable events, for example events that stopped the service and deaths. We discussed this with the managers, and they explained mitigating circumstances for this failure. They understood their responsibilities to do this and knew they had to submit notifications in the future. We were assured this failing would not be repeated.
- The provider had procedures for dealing with complaints, adverse events and for duty of candour. The managers understood these.

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

- There was a positive culture at the service. People using the service, the visitor we met, and staff all spoke positively about their experiences. Some of the comments from people included, "I am quite happy here", "I couldn't have picked a better place" and "I like it here. I wouldn't change a thing."
- There was an inclusive atmosphere where people were involved in group activities and spent time

together with staff and managers. The staff felt supported and had worked at the service for many years.

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

- The service was a family run business. The registered manager and two other managers were part of the family who had run the service for over 30 years. They knew the service well, including the individual needs of people living there and staff. They worked alongside staff, directly supporting people.
- People using the service spoke positively about the management team. Their comments included, "The owners are quite easy to talk to", "[Registered manager] is always here in the lounge and yet [they] have their own job to do as well", "I know them well" and "[Owner] is a nice man and often comes to speak with me, he is a useful man and is always doing something."
- The staff team had worked at the service for several years and knew the owners/managers well. They said they felt well supported and had opportunities to learn about their roles and responsibilities. Some staff had undertaken vocational qualifications. The registered manager was in the process of completing a management in care qualification.

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

- The provider engaged with people using the service, staff and other stakeholders. They had not asked people to complete any formal surveys in the past year, but they had regular discussions with people and asked for their opinion and feedback.
- People's protected characteristics were respected and information about their individual needs and any special requirements, such as religious needs, were recorded and these needs were met.

Working in partnership with others

- The managers attended local authority forums and meetings to discuss issues affecting the care industry and local area.
- The staff worked with other health care professionals to make sure people's needs were assessed, planned for and met.

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 registered person did not always ensure safe care and treatment for service users because they did not always ensure the safe and proper management of medicines.</p> <p>Regulation 12</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons did not always effectively operate systems and processes to assess, monitor and improve the quality of the service and assess, monitor and mitigate risks.</p> <p>Regulation 17</p>