

Justcare Homes Limited

The Beeches

Inspection report

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Mansfield
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17 September 2018

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

This inspection took place on 11 and 17 September 2018; the first day of the inspection was unannounced.

The Beeches is a 'care home with nursing'. 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 Beeches accommodates up to 26 people in one adapted building. At the time of our inspection 18 people lived at The Beeches.

At our last comprehensive inspection in December 2016 we rated the service as 'Requires Improvement.' At this inspection the service had not made sufficient improvements and the service has been rated 'Inadequate' overall.

A registered manager had not been in place since August 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always protected from the risks associated with the use of equipment, as this was not always used as intended.

Medicines were not always managed in line with the provider's own policies and records did not show people always got their medicines as prescribed, or in the line with the least restrictive principle.

Information for pre-employment checks completed on staff before they started work had not always been sought and records retained.

Evidence was not in place to show all staff with direct contact to people had been trained in safeguarding vulnerable adults. The acting manager had not contacted the local authority safeguarding team to advise them of potential allegations of abuse.

We saw people had their needs met by sufficient numbers of staff, however prior to our inspection, records showed staff had not always been effectively deployed to meet people's needs in a timely manner.

People had care plans and risk assessments in place however, these were not always followed or were not up to date.

Emergency evacuation plans were in place for people however there was a lack of planning and equipment in place should an evacuation of the premises be required.

Accidents and incidents were reported; however, these were not always analysed to identify further learning and to mitigate future risks.

People are not always supported to have maximum choice and control of their lives and staff do not always support them in the least restrictive way possible; the policies and systems in the service do not support this practice because steps to ensure people's care followed the MCA and DoLS were not always taken. Conditions associated with people's DoLS were not always implemented.

Not all relatives felt comfortable raising issues or complaining. Not all relatives felt the service consistently responded when they had requested updates about their relative's care.

The system to manage complaints in line with the provider's policy required improvement.

Statutory notifications were not submitted to the CQC as required.

A registered manager is required at The Beeches; a registered manager was not in place.

Policies and procedures at The Beeches were not always current and up to date.

Systems and processes to assess, monitor and mitigate risks to people were not always effective.

Records were not always complete, legible or accurate.

Some meetings for people and relatives were held however, these were not held very frequently.

People's views had been sought, however it was not clear how these had been considered and what improvements they had led to.

The home was clean and tidy and staff understood and followed infection prevention and control practices.

Where people were at risk from areas such as falls, they had care plans, risk assessments and alert mats in place to help prevent risks.

Care staff were trained in areas relating to people's care needs and received support and supervision.

People received options for a nutritious and balanced diet and received support to ensure they ate and drank sufficient amounts.

People saw other healthcare professionals when needed and their care needs were assessed.

The premises had been adapted to the needs of people living at the home.

Staff were thought of as caring by people living at The Beeches. People had their privacy, dignity and independence promoted.

People's involvement in their care plans had been used to reflect their life histories and preferences.

People's communicated needs were assessed and met.

Care was provided when people reached the end of their lives.

Staff were positive and motivated in their work and found the acting manager, acting deputy manager and both directors approachable.

At this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

You can see what action we have asked the provider to take at the end of the full copy of this report.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

The service will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Equipment was not always used correctly. Medicines were not always managed and administered safely. Recruitment information for staff was not always in place. Not all staff had been trained in safeguarding vulnerable adults. There were sufficient numbers of staff, however these had not always been deployed to meet people's needs. Care plans were not always up to date and plans for emergencies were not fully in place. Learning from accidents and incidents was not always evident.

Inadequate ●

Is the service effective?

The service was not effective.

People's care did not always follow the correct processes to be compliant with the MCA and DoLS.

Care staff were supported with training and supervision. People's health, including nutritional needs were monitored and responded to appropriately. People's care and communication needs were assessed. The premises were suitable for people.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff were caring and provided reassurance to people. Staff respected people's privacy and promoted their independence. People's involvement could be seen in decisions about their care and support.

Requires Improvement ●

Is the service responsive?

The service was not responsive.

Not everyone felt they could raise concerns freely at the service. The complaints process required improvement. Some people and relatives felt some care, and some requests for further information had not always been responded to in a responsive manner.

Requires Improvement ●

People's communication needs were met. People received care when they reached the end of their lives.

Is the service well-led?

The service was not well led.

Systems were not always effective at monitoring and improving the quality of the service and mitigating risks. A registered manager was not in place. Statutory notifications had not been submitted as required. Policies and procedures were not up to date. Records were not always complete, legible or accurate.

Although people's views had been sought, these had not been used to help improve or develop the service.

Staff were motivated and worked in partnership with other healthcare professionals.

Inadequate ●

The Beeches

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 inspection took place on 11 September 2018 and we completed a second day of inspection on 17 September 2018; the first day of the inspection was unannounced. The inspection was completed by one inspector.

Before the inspection visit we looked at all of the key information we held about the service, this included whether any statutory notifications had been submitted. Notifications are changes, events or incidents that providers must tell us about.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Following our inspection visit we asked the provider to send us further information relating to the governance and quality and safety of the service. This was submitted by the provider as requested.

The information we held about the service before our inspection indicated potential concerns about the management of risk in the service. This was because a safeguarding incident was investigated by the local authority safeguarding team had been substantiated. Where an incident could be subject to criminal investigation, the circumstances of that specific incident were not investigated as part of this inspection. We did however look at the associated risks. These included management of risks associated with people's care needs, including falls and the involvement of other health professionals.

We spoke with the local authority commissioning teams. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group. The local authority commissioning team had completed a contract monitoring visit since our last inspection; they made some recommendations to support improvements to the quality of

care. We also checked what information Healthwatch Nottinghamshire had received on the service. Healthwatch Nottinghamshire is an independent organisation that represents people using health and social care services.

During our inspection we spoke with four people who used the service. In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with five relatives.

We spoke with the acting manager, deputy manager, two senior carers, one carer and the activities coordinator who also worked as a carer. We also spoke with the cook and kitchen assistant.

We looked at the relevant parts of four people's care plans and reviewed other records relating to the care people received and how the service was managed. This included risk assessments, quality assurance checks, staff training and policies and procedures.

Is the service safe?

Our findings

At our last inspection in December 2016 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not managed or administered safely. At this inspection we found medicines management still required improvement. In addition, we found people were at risk of not always receiving safe care and treatment.

Records to show medicines had been administered as prescribed were not always complete. This included records for one person who had been prescribed a pain relieving gel that should have been prescribed three times a day. Records showed there had been six days in July 2018 when the person had not been given this medicine at all; eleven days when they had been it given only once a day, and eleven days when they had been given the medicine twice a day. There was no record to say it had been offered three times a day but was not required. This meant the manager could not assure us the person was being offered their pain relieving gel as prescribed.

Some medicines are subject to additional controls and are called controlled drugs. We checked the controlled drugs register and found entries that had been overwritten or amended. This meant that the register was not always clear and did not comply with the Misuse of Drugs Regulations 2001.

Other people received their medicines covertly, without their knowledge, mixed with food and drink. The provider's policy on medicines stated this process should include a check made by a pharmacist so that any advice on the suitability of medicines to be mixed with food or drink was established. Records did not always record that advice from a pharmacist had been sought.

Staff had been trained in medicines administration and management, however not all staff who administered medicines had received an annual competency check. In addition, a written signature list of all staff responsible for administering medicines was not complete. Not all actions to help provide assurances medicines were managed safely were in place.

One person received medicine through the application of a skin patch. Staff told us they did not think the medicine instructions stated the patch should be placed on a different part of the person's body each time, but they told us they did do this. They told us they did not keep a record of where each patch had been applied and removed from. Patch application records are useful so the provider has assurance and staff know where it is safe to apply the next patch. We would expect to see a patch application record in place for this medicine so that staff know where it is safe to apply the next patch and the provider is assured of safe medicines administration.

Records showed one person was prescribed medicine if they became agitated. However, staff told us the medicine was not always effective. Their medicines care plan stated 'any prior interventions had been taken' before its administration. We looked at the administration records for this medicine. This did not detail what prior interventions should be or had been tried before the medicine was given. It just stated the medicine was given for 'agitation'. There was also no written evaluation of whether the medicine had been effective.

As there was no information to say other interventions had been tried prior to the administration of medicine to help relieve the person's agitation, the provider was not able to assure us this person was receiving their medicine in line with the least restrictive principle.

Our observations showed staff did not always use accepted safe moving and handling techniques when assisting a person to transfer from a chair to a wheelchair. Accident forms showed another person had suffered an injury whilst being assisted by staff between their wheelchair and the toilet. Another accident record showed a person had sustained a bruise when staff assisted them to bed as they caught their arm on a doorframe.

We also checked a person's air flow mattress; this was used to help protect a person from the risk of pressure areas developing and was set based on a person's weight. We saw it was set to the maximum weight; we checked this person's weight records and found they weighed less than half the weight the pressure mattress was set to. We saw another pressure mattress was in use. We asked the acting manager how they checked this equipment was being used correctly. They told us they did not know as the equipment was provided and set up by another agency. This meant people were not always protected from the risks associated with the use of equipment as checks were not made on air flow mattresses to check they were set correctly and good practice techniques were not always used when assisting people to move.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed staff recruitment files to check all the required pre-employment checks had been completed. We found that photographic identification checks were not retained on file, not all staff had been given a health assessment for their role and one person had not got a second reference in place. One person had a start date that was before the date of their DBS check. The acting manager told us their start date was incorrect and that they had not started work before their DBS check was received. The manager told us shortly after the inspection they had taken action to get the required information on recruitment in place.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe when staff provided them with care. One person told us, "Yes I feel safe, I've not thought about it, so I must feel safe." This view was shared by relatives. Staff understood how people could be at risk from harm and abuse and were able to tell us how they would report any concerns. Records showed most, but not all staff who had direct contact with people had been trained in safeguarding adults. We were aware that one member of staff who had direct contact with people had no record of any safeguarding training. We discussed this with the acting manager who told us they had been trained previously however they could not evidence this. They told us they would book this member of staff onto safeguarding training.

We discussed one incident of potential abuse that had occurred. The acting manager told us they had not reported this to the local authority safeguarding authority; we asked them to do so. The acting manager told us shortly after our inspection the local authority safeguarding team were satisfied with the actions taken by the acting manager at the time of the incident. However, we were concerned the acting manager had not contacted the local authority safeguarding team at the time of the incident. The provider had taken some, but not all steps to help protect people from abuse.

Most people told us staff were available to meet their needs. One person who spent time in their own room

told us, "Staff always pop their head in." Another person we spoke to felt staff were sometimes rushed and told us they had sometimes seen people waiting for care. Relatives views on whether there were enough staff were also mixed.

During our inspection we observed staff were able to meet people's needs in a timely manner. However, records showed one recent incident had been investigated where the staff on duty had not been available in the communal areas of the home for 45 minutes. During this time, it was reported that a person was distressed and crying out to go to the toilet. Another person required checks on their well-being every 15 minutes, and during this time there were no staff present to complete these checks. This incident had been investigated by the acting manager. They told us they planned staff based on people's needs. This was not recorded for example, by the use of a staffing dependency tool, however staffing rotas showed the numbers of staff deployed matched what the acting manager told us were needed. Whilst we observed enough staff to meet people's needs at our inspection, the deployment of staff had not, on one recent occasion not always been effective at meeting people's needs.

Risk assessments were in place for emergency situations. For example, personal emergency evacuation plans (PEEP's) were in place for each person and recorded what support people would require in the event of an emergency evacuation. However, we found a lack of information on how people would be evacuated down the stairs should an evacuation of the premises be required. We asked the acting manager what plans they had in place should this be necessary. They told us they had no proper equipment, such as evacuation sledges to use and would, if need be, use mattresses from people's beds to get them downstairs. We did not consider this to be an adequate plan for an evacuation of the premises should this be needed. We contacted the Fire and Rescue authority with our concerns.

Staff told us, and records confirmed any accidents, incidents and near misses were reported. However, we did not always see actions had been taken to ensure improvements. For example, on both accident forms where a person had sustained an injury whilst staff had been assisting them to move, there was no investigation indicated to understand what had gone wrong and how the accident could have been prevented and reduced in the future. There was nothing to indicate staff had had a review of their moving and handling competency. Learning from accidents and incidents was not always evident.

People told us they were satisfied their home was kept clean and most relatives agreed. Staff had been trained in infection prevention and control as well as in food hygiene. The provider had taken steps to ensure people were protected by the prevention and control of infection. We checked a selection of bedrooms and bedding, ensuites and communal toilets and found these to be clean and tidy. We found one area of the home that required further action to effectively remove an odour and the acting manager told us a request for new flooring had been made to the provider to help improve this area.

The provider had guidance in place to manage the risks associated with falls. People at risk of falls had a care plan and risk assessment in place. Staff were knowledgeable on people at risk of falls and told us how these risks were reduced. For example, by the use of alert mats and observations on people. Records showed other professionals were involved in the management of people's falls such as the person's GP to review medicines and any falls incidents were recorded and reviewed in their care plan.

Is the service effective?

Our findings

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had policies in place that covered the MCA and making decisions in a person's best interests. When people lacked the mental capacity to make some specific decisions by themselves these had been made in meetings with other professionals and family members when appropriate. These meetings were to discuss what decisions were considered to be in a person's best interests. For example, how best to manage people's medicines. However, this had not always been completed as required. For example, one person who received their medicines covertly, had no best interests' decision making recorded for this decision. We also found staff had recorded best interest decisions for when people did have capacity to make their own decisions. We asked the acting manager why this was and they were not aware these records had been made.

Applications for DoLS authorisations had been made. However, we found one person's DoLS authorisation had expired and no application to review or renew this had been made by the acting manager. This meant there was no legal authorisation in place for the restrictions on this person's care. Other people had conditions attached to their DoLS authorisation and we found these were not always met by the service. For example, the conditions for one person required their medicines to be reviewed and we found no action had been taken in response to this condition. For another person, their conditions stated there should be a risk assessment in place to manage their hearing aid and battery, and for a hearing assessment to be made at a hearing clinic. The acting manager was not able to show us any action had been taken to meet these conditions; in addition, the person's care plan contained no detail about their hearing loss or the hearing aids they required. The principles of the MCA had not always been followed and people's conditions attached to any DoLS had not always been met.

People were of the view that staff looked after them well and felt the staff understood their care needs. One person told us, "Staff really do look after us well." One relative told us, "Staff have [the right] skills and are really lovely." Care staff told us they received training in areas relevant to people's needs and records showed training had covered areas such as first aid, nutrition and infection prevention and control. The acting manager had records to show what training care staff had completed. However, the acting manager was not always able to demonstrate other staff who had direct contact with people had completed appropriate training. The service had provided care staff, but not all staff with the skills, knowledge and experience they needed to deliver effective care and support.

Staff told us they received supervision with the acting manager. Supervision is an opportunity to provide staff members with the chance to reflect and learn from their practice, receive personal support and professional development. Staff told us this helped them feel supported in their role.

People told us they were happy with the meals and drinks provided. One person told us, "I enjoy the food very much; if I say I don't like it staff get me something else." Another person told us, "The food is quite good; sometimes we get a choice; if I didn't like it I would probably get something else." Menu's showed different meal options were planned and we saw people having different meals options during our inspection. People received personalised meal portion sizes and we observed people were prompted by staff to eat well. Where people required assistance with their meals we observed this was done in an unhurried way. Staff were aware of people's preferences and any foods people needed to exclude from their diets. People were provided with their own drinking jugs and we saw people used these to get themselves a fresh drink throughout the day. People received a balanced and nutritious diet.

People's healthcare needs were assessed and they had access to other healthcare professionals when needed. One person told us about a recent health issue and said, "I have seen the doctor; he thinks it will mend." During our inspection we saw staff had arranged for a GP to visit someone. Staff told us, and records confirmed people had access to other healthcare professionals when they needed them. For example, records showed healthcare professionals such as GP's, tissue viability nurses and speech and language therapists had been involved in people's care when needed. Other professionals had contributed to assessments of people's care where appropriate. People were supported with their health care and staff worked with other organisations and other professionals to ensure people received effective care and assessment processes helped to ensure people received effective outcomes.

People told us staff asked them what help they wanted before care was provided. One person told us, "I'm happy that staff knock on my door before coming in." During our inspection we heard staff asking people about their care and offering people choices.

Adaptions, such as handrails to aid people with their mobility and a lift were fitted where needed in the property. Corridors were decorated to reflect different themes, such as sports and events; having memorable features in an environment can help people living with dementia to orientate themselves. People's rooms were personalised and reflected their tastes and hobbies. People's individual needs were met through the adaption of their premises when needed.

Assessment of people's needs, including in relation to protected characteristics under the Equality Act 2010 were considered in people's care plans with them. This helped to ensure people did not experience any discrimination. Records showed how people's disabilities had been assessed and what care was required to meet people's associated needs. We discussed with the acting manager how other protected characteristics, such as particular religious belief were identified and what steps were taken to meet those associated needs. The acting manager told us whilst no-one living at the service currently practised a religious belief, this would be assessed with the person on their admission. This helped to prevent and reduce the impact of discrimination and helped to meet people's needs under the Equalities Act 2010.

Is the service caring?

Our findings

People told us they felt staff were caring. One person told us, "The staff are very nice to us." Another person told us, "Staff are very kind." Most relatives felt the staff were caring, and one relative told us they felt some staff were more caring than others. They said, "Some staff have the right caring attitude and some haven't." They told us they had heard a person asking to go to the toilet and staff had not taken them. Some other people and relatives also mentioned staff did not always respond in a timely manner when people needed assistance to go to the toilet.

During our inspection we heard staff talking with people and offering reassurance. For example, we heard staff say, "Just shout me if you want me to help you." Care staff we spoke with told us they felt the staff team spoke respectfully to people and promoted their privacy and dignity.

We observed people who wished to spend time in private in their own rooms had this respected by staff. We saw staff knocked on people's doors and waited for people to answer before entering. Relatives told us they were able to visit people freely. Staff told us how they supported people to be as independent as possible. People's privacy, dignity and independence was respected and relationships with people's families and friends were supported.

Not all people and relatives we spoke with were familiar with a care plan, however care plans showed how people had been consulted. For example, people's choices and preferences for care were included in care plans as well as details on people's life histories.

Records showed people's care plans and risk assessments had been regularly reviewed, although people we spoke with could not recall being involved in their care plans we could see their care plans reflected their life histories and were personalised to their needs. Relatives shared the view they were invited to an annual meeting to discuss care plans. However, some relatives felt the service had not always responded when they had asked to be kept up to date with other changes to their relations care, such as changes to medicines. There was some involvement of people and their families in their care, however some relatives felt this could be improved.

Is the service responsive?

Our findings

People we spoke with told us they had no need to make a complaint and should they have need to, they told us they would speak to staff about any concerns. However, some relatives told us they had experienced negative reactions when concerns had been raised. They told us this made them not feel able to raise any concerns again. We were concerned that people felt they were not free to raise any concerns and we spoke directly to one of the directors about our concerns and they told us they would take action to ensure people and relatives could raise any feedback openly and freely.

Whilst the provider had a complaints policy in place we could not see there was a robust system in place to manage complaints and feedback. We were aware of a complaint being raised by two separate individuals, and whilst the acting manager could show us how this had been dealt with, we could not see how the two complainants had been told about the outcome and asked whether they were satisfied. As there was no system in place to record the date of the complaint, and the date it was resolved and the complainant informed, we could not see evidence to show that complaints were being managed in the timescales set by the provider's complaints policy. In addition, the complaints policy stated that any complainant who was not satisfied with an outcome to their complaint could refer it to the CQC. The CQC do not have a role to investigate complaints, this is the role of the Local Government Ombudsman. We were not assured complaints were being managed effectively, in an open and transparent manner and in a way to inform improvements at the service.

Staff told us, and records confirmed, people had care plans and risk assessments and these were kept under review. However, we found care plans and risk assessments were not always followed or were up to date. For example, one person's care records showed they were a risk of developing pressure area damage and they had been given a pressure relieving cushion to use. However, we observed this person on two separate occasions not being seated on their pressure relieving cushion. Another person's care had changed and they now required catheter care. Their care plan had not been updated and contained no guidelines for staff to follow on how to provide consistent catheter care. Records showed staff had been advised to attend to one person in pairs due to a change in the person's behaviour. This was not reflected in their care plan or risk assessments. Another person's care plan had not been updated to show they received their medicines without their knowledge and mixed into food or drink. Care plans and risk assessments did not accurately reflect the care people should receive. This meant people were at risk from not receiving responsive and personalised care.

Most people told us they were satisfied with how they spent their time, although the activities advertised for each day did not always run as planned. Staff told us this was because sometimes people preferred to spend time with individual staff and on some occasions the activities coordinator was working as a member of the care staff rather than having dedicated time for activities. We observed people enjoyed the time they spent with staff, for example one person had their nails done and another person enjoyed playing the keyboard. Other people enjoyed magazines and television programmes. One person told us, "There's no regular entertainment but we've had the school choir come twice now, they are lovely singers and very pleasant." Care plans contained information on people's life histories, interests and hobbies and staff were

knowledgeable about his when we spoke with them. This information and knowledge helped staff build understanding relationships with people.

People's communication needs were assessed. Where people had communication needs identified, staff were knowledgeable on how to communicate with people. We saw one person who had communication needs had a communication book with pictorial prompts to help aid understanding. This helped to ensure any communication needs associated with their health and wellbeing were identified and met in a responsive and individualised way. We discussed the Accessible Information Standards with the acting manager who was unaware of them. The aim of the accessible information standard is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. As information had been provided in a format that people could understand, the Accessible Information Standards had been met.

When appropriate people had been given the opportunity to discuss their wishes for any care they required towards the end of their lives. Records showed this had been planned with the person and their family. People received appropriate care and treatment at the end of their lives.

Is the service well-led?

Our findings

At our last inspection in December 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records were not always accurate or contemporaneous, people were not meaningfully involved in giving their views on how the service was run and systems to monitor the quality of the service were not effective in bringing about improvements. At this inspection we found systems to monitor the quality of services and make improvements and record keeping still required improvement. We found people had been able to share their views, however it was not always clear how people's views had been considered by the provider. The inspection in December 2016 rated the service 'requires improvement' overall. At this inspection sufficient improvements had not been made and the service has been rated inadequate overall. This meant that effective processes were not in place to ensure that improvements were made and sustained when required.

The provider is required to submit statutory notifications to CQC. Notifications are changes, events or incidents that providers must tell us about. We had not received any notifications for when Deprivation of Liberty Safeguards had been authorised for people living at the service. We looked at three care plans where DoLS had been authorised. The acting manager told us they were not aware they were required to submit these notifications. We discussed one incident where the acting manager was aware a safeguarding referral had been made. We also discussed where records stated a person had made an allegation of abuse, and where an incident may have been potential abuse. The acting manager had not submitted the required statutory notifications for any of these incidents; they again told us they were not aware of the responsibility to submit the notifications to CQC. Records also showed one person had fallen and sustained a fracture; fractures require a statutory notification to be submitted to CQC. No statutory notification was submitted.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

A registered manager is required at The Beeches. However, one had not been in place since the last registered manager left the service in August 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Prior to our inspection, the provider had not notified us to changing circumstances that meant an application to register a manager was on hold. Neither had they notified us to advise of how they intended to manage the service in the interim. Shortly after our inspection the provider sent us this information. At the time of our inspection, the service was being managed by an acting manager, with support from an acting deputy manager.

We were concerned that the policies and procedures used in the service were not always current. For example, various policies and procedures made reference to the Health and Social Care Act Regulations 2010; the current Regulations are dated 2014. The provider's safeguarding policy did not make reference to modern slavery and self-neglect as potential types of abuse under the Care Act 2014. The provider's record keeping policy had not been updated to reflect the General Data Protection Regulations. We were concerned that the service provided was not being governed by the most recent legislative frameworks and

that there was not a clear strategy to deliver high quality care that achieved good outcomes for people.

Systems and processes to assess, monitor and mitigate risks were not always effective. This was because audits of care plans identified improvements, however this did not lead to an action plan to ensure improvements were made. Other audits were not effective as they did not identify shortfalls in the service. For example, an audit of medicines management did not identify staff signatures were missing, there were gaps in topical medicines administration record charts, some medicines records had been overwritten and pharmacists were not always involved in agreeing covert medicines arrangements. There were also no systems and processes in place to identify that statutory notifications had not been submitted as required. Neither had systems identified that one person's DoLS authorisation had expired, or that conditions associated with people's DOLS authorisations were not being met. Accident and incident forms where people had sustained injuries when being assisted by staff had not recorded any review of the incident and had not looked to see if any lessons learnt could help to avoid similar incidents occurring again. Systems to continuously learn and improve were not fully effective.

Records were not always complete, legible or accurate. This was because we found people's care plans and risk assessments had not been updated when their care had changed. For example, when they started to use a catheter, or when their behaviour had changed and staff had been advised to attend to a person in pairs. Records for some medicines subject to additional controls were not always legible. This was because records had been overwritten.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people and their families how they were involved in the running of the service. People told us there were meetings held where they could share their views. One person told us, "There are occasional meetings, they are useful, we say what we think." Records showed the last meeting had been held on 4 December 2017 and had discussed the food, laundry, decoration and new developments. However, no meeting had been held since this date. One relative told us, "There should have been a meeting last Thursday but the meeting was cancelled." They did not know if a new meeting date had been arranged. Whilst meetings for people and their relatives had been held, none had been held recently.

Records showed one person had given feedback on a satisfaction questionnaire. The acting manager told us these were given out to everyone however, we could not see how the views shared had been used to inform the development of the service. For example, on the one form we were shown the person had said people were only partly involved in day to day tasks and the sensory items and reminiscence items were only partly used. We could not see how this feedback had been used by the service to reflect and see if they could identify any further improvements.

Staff we spoke with were positive and motivated in their work. One staff member told us, "We work really hard and are part of a team." Staff told us they had supervision with the acting manager told us this was helpful. All staff told us they found the acting manager and deputy manager approachable and open. Most relatives all told us they could approach the acting manager and they knew both directors. They told us the directors visited the home regularly and that they could speak with them. However, people and one relative we spoke with were not always clear as to the current management arrangements. They told us they did not know who was currently managing the home. We discussed this with the acting manager who told us people did know her.

People told us, and records confirmed where other professionals had been involved in their care and

treatment. For example, we saw where GP's and other health and social care professionals had been involved in people's care when needed. The service worked in partnership with other agencies.

Other checks on the quality and safety of services were completed. Records showed checks were made on portable electrical appliances and equipment used in people's care, for example hoists, were serviced.

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 18 Registration Regulations 2009 Notifications of other incidents Statutory notifications had not been submitted as required. 2(a) (e) (f) 4(A)(B)
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks associated with equipment were not always assessed and the correct steps taken to mitigate those risks. Actions to ensure safe medicines administration and management were not always followed. (2)(a)(b)(e)(g)
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The required information for the employment of staff involved in delivering a regulated activity had not always been obtained. (1)(a)(c)(2)

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	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes designed to assess, monitor, identify and mitigate risks were not always effective. Records were not always accurate, legible and complete. (2)(a)(b)(c)

The enforcement action we took:

We served a Warning Notice on the Provider.