

# Care Care Care Limited The Beeches

## Inspection report

59 Ferrybridge Road  
Castleford  
West Yorkshire  
WF10 4JW  
Tel: 01977 517685  
Website: www.example.com

Date of inspection visit: 30 July 2014  
Date of publication: 29/01/2015

### Ratings

#### Overall rating for this service

Requires Improvement



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?

Requires Improvement



### Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection carried out on 30 July and 13 August 2014.

This is the fourth inspection that CQC has carried out since July 2013. In July 2013 the provider was found not to be appropriately managing medicines or assessing and monitoring the quality of service provision. In November 2013 the provider had improved systems to assess and monitor the quality of the service but had not improved how they managed medicines so a warning notice was served. An inspection in March 2014 found they had improved their arrangements for managing medicines and they achieved compliance with the Regulations.

# Summary of findings

The Beeches is a care home registered to provide personal care and accommodation for up to 23 older people. There were 17 people staying at the home when we visited. The home has several communal areas including three lounge areas and a dining room. Accommodation is provided on the ground floor and first floor. There are four double rooms and 15 single rooms.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We saw people's safety was being compromised because the provider did not always make sure people were protected against the risks of unsafe premises. Some décor around the home was damaged and worn. The provider had identified they needed to decorate but there was no plan to show when this would be carried out. Appropriate systems were in place to ensure the home was clean and people were protected against the risk of infection.

Staff were not always following the requirements of the Mental Capacity Act 2005 which meant people who lacked capacity were not being supported to ensure they received appropriate care. The provider had not completed mental capacity assessments even though people could not make some decisions.

Our observations showed some aspects of care focused on getting the job done and did not take account of people's welfare and individual preferences. Staff were getting some people up early in the morning and one

person was regularly bed bathed during the night. We also observed caring interactions between staff and people who used the service. Staff were attentive and showed respect and kindness when they offered support. People told us they were well cared for and did not raise any concerns about the home.

People were supported by sufficient numbers of staff. Checks were carried out prior to the staff starting work; however, they did not receive a comprehensive induction when they started work. And although they had a programme of training, supervision and appraisal, staff competency was not checked following completion of 'workbook' training.

People received a choice of suitable healthy food and drink ensuring their nutritional needs were met. At meal times appropriate assistance was provided.

People's needs were assessed and care and support was planned. However, accurate records were not always maintained in relation to the care provided so at times we could not be sure the care delivered was in line with their individual care needs.

The provider had a system to monitor and assess the quality of service provision although this was not always effective because there was evidence that risk was not always assessed and managed.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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.

We found there were some environmental hazards when we looked around the home. These had not been assessed and the provider had not taken action to reduce the risk to people who used the service. The home was clean.

People were not appropriately supported to make decisions. The provider had not carried out mental capacity assessments to determine if people could make decisions but it was clear from the care records that some people needed support. The provider did not have any guidance to help management and staff understand their role and responsibilities in relation to the Mental Capacity Act 2005.

People said they felt safe and the staff we spoke with knew what to do if abuse or harm happened or if they witnessed it. However, the provider had not always followed their safeguarding procedures.

Inadequate



### Is the service effective?

The service was not always effective

Staff received training through the use of workbooks but their competency was not checked following completion; staff did not complete a comprehensive induction when they started work so the provider could not be sure they understood how to deliver care safely.

People enjoyed the meals and were supported to have sufficient to eat and drink and to maintain a balanced diet. Care records identified if people were at risk of malnutrition and action to minimise the risk.

People received appropriate support with their healthcare and a range of other professionals were involved to make sure people's healthcare needs were met.

Requires Improvement



### Is the service caring?

The service was not always caring

People we spoke with said they were happy with the care they received. People were complimentary about the quality of staff.

We saw staff were kind and considerate with people when we observed interactions throughout our visit. However, we also found people's welfare was not always taken into consideration. Staff were getting some people up early to suit the convenience of staff.

Requires Improvement



### Is the service responsive?

The service was not always responsive

Requires Improvement



# Summary of findings

People usually received appropriate care that met their identified needs; however we found some people were not protected against the risks of inappropriate care because there was a lack of proper information about them.

People were asked to comment on the quality of care provided which included completing questionnaires and having the opportunity to attend meetings about the home. The provider had not received any complaints about the service.

## Is the service well-led?

The service was not always well-led

During our inspection people were complimentary about the registered manager and felt there had been noted improvements since she took up post.

The service had systems in place to monitor the quality of service provision although these were not always effective.

People were not always protected against the risks of inappropriate care because accurate records were not maintained.

**Requires Improvement**



# The Beeches

## Detailed findings

### Background to this inspection

The inspection team consisted of two adult social care inspectors and an expert by experience in older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the home. This included information of concern we had received from two relatives. After the first day of our visit we received additional information of concern so a second visit day was carried out.

During our inspection we used different methods to help us understand the experiences of people who lived at the home. We spoke with nine people who used the service, three relatives, and nine staff including care workers, ancillary staff, senior care workers and the registered manager. We looked around the home and observed how staff interacted and how people were supported. We looked at six people's care records, staff training and induction records and the quality assurance audits that the management team had completed.

# Is the service safe?

## Our findings

Before we carried out our inspection we received information of concern from two relatives about the cleanliness and state of the premises. We looked around the home and found the environment was clean but there were some environmental hazards. When we visited it was a hot day and we found rooms and the corridors on the first floor were very warm, uncomfortably so. On the first floor two bathroom windows were wide open and the restrictors in place had been dislodged. The deputy manager said the restrictors were dislodged by staff and it was on-going problem but they would monitor this more closely in future. We asked to look at the relevant environmental risk assessment but were told this had not been completed.

The registered manager said people only used the bathroom on the ground floor. There were two bathrooms on the first floor; one housed a bath and the other a shower. The bath in the bathroom was not accessible because the room was being used for storage. We checked the water temperature of the electric shower but could not keep our hand under the water flow because it was so hot. The registered manager said the electric shower was not used by people who used the service but said they would replace the existing shower. We asked to look at water temperature checks but were told these were not carried out. This meant people were at risk of scalding.

We looked at a number of service records that showed the equipment and premises were checked for safety. For example, hoisting and fire equipment had been serviced. However, the home had a passenger lift which people on the first floor used daily to access all communal areas. This had been serviced but was 30 years old and the registered manager said they were aware there was a risk this could break down. A risk assessment and management plan had not been completed. We also found there had not been testing of the water systems for the presence of legionella bacteria. This is a breach of Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

When we spoke with staff and the management team we found they were unsure about their role and responsibilities in relation to the Mental Capacity Act. Two staff said it was a few years ago when they did the training and another member of staff said they had not completed Mental Capacity Act training. The registered manager said

despite most staff completing training they needed to provide additional training because not everyone fully understood the key requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Care records showed some people received support to make decisions. However, assessments had not been carried out to determine if they had the capacity to make decisions. Care plans did not include information about what decisions people could make. Neither did they provide information about how to support people to make decisions. The Mental Capacity Act 2005 and accompanying Code of Practice highlights that steps should be taken to assist people to make decisions and the decisions people can make should be recorded.

The provider did not have any guidance to help management and staff understand their role and responsibilities in relation to the Mental Capacity Act. The registered manager said they had a Deprivation of Liberty Safeguards (DoLS) policy but they had not applied for any DoLS authorisations. However, people living at the home could not leave the building unaccompanied and could not freely access their rooms. People's rooms were locked during the day and they did not generally hold keys. Access had not been assessed on an individual basis. The provider had not made an application for DoLS authorisations even though people's liberty may have been restricted. This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

When asked if they felt safe all the people we spoke with said yes. One person said, "I feel safe and comfortable here." Another person said, "If I need help I call and someone comes straightaway." Another person said, "The staff come round and ask if everything is ok." When we visited people in their room we noted they had lockable cupboards. One person said, "I have my own room and a cupboard I can lock."

Staff we spoke with knew what to do if abuse or harm happened or if they witnessed it. Everyone said they would report any concerns to the management team and were confident they would respond appropriately. The registered manager understood safeguarding procedures and how to report any safeguarding concerns.

Although discussions with everyone indicated procedures were in place to protect people we found these were not always followed. One person's records clearly showed they

## Is the service safe?

were alleging, at times, they were not being well cared for. The management team and staff thought the person was making allegations because they were not well and had involved health professionals. However, they had not reported the allegations of abuse to the local safeguarding team and therefore not followed their procedure. When this was brought to the attention of the registered manager they made a referral to the local safeguarding authority.

We talked with staff, the deputy manager and registered manager about risk management. Everyone we spoke with said risks to individuals were identified and managed and they gave examples of how they did this. For example, staff said people had pressure ulcer risk assessments and prevention care plans. They were aware of who was at risk of developing pressure ulcers and we observed staff using pressure relieving equipment. Staff also told us safety checks were carried out around the home and any safety issues were reported and dealt with promptly.

During the inspection we observed staff assisting people to transfer using moving and handling equipment. Staff were confident and provided good support and reassurance during the transfers. The moving and handling techniques matched those that were recommended in people's care records.

People we spoke with told us they felt there were enough staff available to give them the support they needed and no concerns were raised about the staffing levels. We observed there were sufficient staff to meet people's needs and keep them safe. During the day staff were not rushed and spent time chatting with people. At lunchtime people received appropriate support to eat and drink. Staff we

spoke with said staffing levels changed in response to the needs of the service and gave an example when they were recently increased on a short term basis to meet the changing needs of one individual.

Two staff who were recently employed to work at The Beeches told us they had gone through a robust recruitment process before they started working at the home. They were interviewed and asked questions about their relevant experience. They said a number of checks to make sure they were suitable were carried out before they could start work. We looked at three recruitment files which confirmed all the appropriate checks had been completed. One file did not contain proof of identity including a recent photograph. The deputy manager said they looked at this during the recruitment process and it was an oversight that a copy was not obtained. They agreed to get a copy for the file.

The registered manager was responsible for interviewing and assessing the competency of staff during the recruitment process. The registered manager told us they always interviewed potential staff but did not have set interview questions and did not make a record of the interview. This meant the provider could not demonstrate candidates were not discriminated against or their knowledge and awareness was checked during the recruitment process.

The house keeper discussed the cleaning programme, shared the cleaning schedule with us and demonstrated how mattress audits were undertaken. These showed there was a system in place for cleanliness and infection control.

# Is the service effective?

## Our findings

The registered manager and deputy manager discussed the arrangements for supporting staff and felt good support was provided. They said staff received an annual appraisal and regular supervision. They also said staff had received relevant training and updates although new starters had not completed some of their training. Staff training mainly involved completion of workbooks which were then sent off for verification although there was a practical session for moving and handling. The registered manager said they did not have any formal process to check staff's knowledge or competency following completion of training. This meant the provider could not be sure staff understood how to deliver care safely and to an appropriate standard.

We looked at the home's training chart. This showed staff had completed a range of training courses which included safeguarding, first aid, food hygiene, medication, fire, health and safety, infection control, dementia, mental capacity and care planning. Staff we spoke with said they had completed 'training booklets'. The registered manager said they went through the 'common induction standards' with all new starters. These are designed to be completed within 12 weeks but when we looked at the induction records for three new starters we saw they had been completed in one day. On the first day of our inspection we discussed this with the registered manager who agreed it was not possible to go through all the standards in one day and enable staff to demonstrate their understanding of how to provide high quality care and support. The registered manager agreed to review this. When we visited the home the second day a new member of staff had just started working at the home. They told us they had already completed their induction with the manager in one day. This meant staff did not complete a comprehensive induction when they started work so the provider could not be sure they understood how to deliver care safely and to an appropriate standard. This is a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff told us they encouraged people to go out with friends or relatives. Staff also told us they responded to individual requests and took people out whenever possible.

Everyone we spoke with said the food was very good and varied. People said they got plenty to eat and drink and could have drinks and snacks whenever they liked. One person said, "If you don't like something they get you something else; I like the food." Another person said, "The cooking is always very tasty." We observed people having lunch in the dining room. The food was served promptly and courteously. It smelt and looked very appetising; everyone enjoyed their meal. A relative was very positive about the food and said, "A proper dinner every day. The quality of the food is excellent." Throughout the day we observed staff encouraging people to drink juice, tea and coffee. After lunch fresh grapes were handed round in the lounge and taken to people who were in their rooms.

The cook told us they carefully monitored how well the meals were received. Care records identified if people were at risk of malnutrition and action taken to minimise the risk. The registered manager discussed how the dietitian and speech and language team had been involved in assessing care and support in relation to eating and drinking. There was a record of people's likes and dislikes.

We noted when people were served drinks everyone was given a 'plastic mug'. However, visitors were given a pot mug. We asked the registered manager why people were drinking from different mugs. She said it was because the plastic mugs were unbreakable and lighter so easier for people to hold. However, based on our observations people could have managed well with pot mugs.

People we spoke with said they received appropriate support with their healthcare and saw their GP regularly. One person told us they had physio regularly and to assist their rehabilitation they had to get out of bed every day. They said, "The staff help me to do this safely." Staff told us they always reported any health concerns to the manager or person in charge of the shift. The registered manager said they always contacted other health professionals for advice and guidance. Care records showed people received visits from a range of healthcare professionals such as GPs, district nurses, chiropodists and opticians.



# Is the service caring?

## Our findings

After the first day of our inspection we received information of concern that staff were getting some people up early and they were not given a choice about the time they got up.

We carried out an unannounced visit at 6.20am and when we arrived we found five people were up, dressed and sitting in the lounge with the curtains closed. Three of the people were asleep. We could not establish from speaking with people if they had chosen to get up. The two night staff on duty told us people had chosen to get up. They said the people who were up required assistance from two staff; they also said one of the people had been assisted to have a shower.

We looked at the care records of the people who were up and could not determine from the daily records what time people usually got up because this was not recorded. We also looked at people's sleep assessments but these did not always state what people's preferred times for getting up. One person's did say they liked to get up between 6am and 7am. Another person's said they liked to get up around 7am and 8am. We concluded that staff were getting some people up early to suit the convenience of staff and the delivery of care was not meeting people's individual needs or preferences. We concluded an accurate record had not been maintained in respect of each person who used the service in relation to the care provided. This is a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Although we had concerns that the morning routine for some people was not caring we observed some very caring interactions throughout our inspection. We saw staff were attentive and showed respect and kindness when they offered support. Staff spent time chatting with people.

People we spoke with said they were happy with the care they received. One person said, "I go to bed at 8.30pm and I can go when I like." Another person said, "They are lovely people here." They told us about a recent experience when the manager had accompanied them to hospital and said, "She was brilliant."

People we spoke with said they could make choices about how to spend their day. One person told us she liked to choose what to wear and the staff helped her do this. She said, "It's like being on holiday here." One person who preferred to stay in their room told us they felt well looked after. They said, "I'm not bothered about going out but sometimes I sit in the garden." A relative said, "Staff know what Dad wants and they don't push him to do anything he doesn't want to do. It's a pleasure to come here and see Dad is happy."

Staff we spoke with said people were well cared for and talked to us about the importance of supporting people to make their own choices. They told us how they maintained people's privacy and dignity when assisting with intimate care, for example by making sure they give people plenty of time and ensuring doors were closed.

# Is the service responsive?

## Our findings

After the first day of our inspection we received information of concern that one person was being bathed during the night because this was more convenient for the staff. We looked at care records to establish bathing and showering routines and found one person was receiving a bed bath during the night, between 3am and 5am. A member of night staff told us they bed bathed the person every night when they were on duty. The registered manager told us the person received a bed bath during the night and during the day however, when we read the person's care records it was clear the person only had a bed bath at night. In the 28 day period before the inspection there were 23 entries of a bed bath during the night; none were recorded during the day. We concluded the person's welfare was not taken into consideration and staff were carrying out the task on a night to reduce the workload during the day.

The person who was bed bathed during the night was in a double room and shared their accommodation. We noted from the care records that the person they shared with had settled and unsettled nights. It was evident when we looked at the care records that staff were spending time in the room during the night, even when the person was settled which could have disturbed them. We concluded that the person's welfare was not taken into consideration.

Records about care and support of people who used the service were not always clear so we were unable to determine if people were protected against the risks of inappropriate care. People talked to us about having a bath and a shower but the care records indicated people were not having regular baths and showers. One person told us, "I have a bath when I like and I get plenty of help." However, the person's care records did not show they had received regular baths. One person's personal care plan stated they should be offered a shower weekly but the care records had gaps of three and four weeks between showers. Another person's care plan had conflicting information. In one section it stated to offer a shower weekly but in another section it stated they did not 'use bath/shower but preferred to strip wash independently'. Staff confirmed the person used the shower. Another person's care records indicated that the person had not had a bath or a shower for over ten weeks. We concluded an accurate record had

not been maintained in respect of each person who used the service in relation to the care provided. This is a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found people's care and support needs were, in the main, assessed and care plans identified how care should be delivered. For example, one person's care plan stated staff could use the stand aid or rota stand for moving and transferring. We saw staff used both pieces of equipment when they assisted the person to transfer from chair to chair. Care records contained information about likes and dislikes and what was important to each person. People had a range of assessments that identified how risks should be managed.

People we spoke with said they were well cared for and we saw appropriate care and support was being provided. Staff knew how to support individuals at meal times and with drinks. It was clear from our observations that staff knew the people they were supporting including their likes and dislikes. Staff addressed people by name and talked with them about family members. One person enjoyed looking at photographs and chatting to a member of staff about their family.

People told us they could take part in a range of activities. One person said, "I enjoy the activities here especially bowls." Another person told us they went out with their family during the day and sometimes on an evening. We saw that at a resident and relative meeting in March 2014 it was suggested people would benefit from more entertainment. The registered manager said since the meeting they had introduced additional activities and now provided a singer twice a month and a fortnightly exercise session which people enjoyed. During the inspection we observed there were different TV programmes in each lounge area and music was played in the dining room so people had a choice of entertainment.

We spoke with visiting relatives who told us the staff take time to talk with them about their relative's needs and that 'resident and relatives meetings' were arranged regularly. One relative said, "I know if I thought something was not right they would do something about it but nothing needs doing." Another relative said, "They tell me if they have any worries. Communication is good. I can talk to them about any concerns and they listen." Relatives said they could visit anytime and were welcomed.

## Is the service responsive?

The complaints policy was displayed in the home. People we spoke with said they had no complaints. They said they knew the manager and staff and told us they would talk to them if they had any concerns. The registered manager said they had not received any complaints in the last 12 months.

People said they were asked to comment on the quality of care provided. Relatives said they felt they could influence the service provided and had been asked to complete surveys. We saw an action plan that had been devised following receipt of 'resident and family questionnaires' in March 2014. There was a clear record to show individual suggestions had been addressed.

# Is the service well-led?

## Our findings

When we looked around the home we noted some décor and paintwork was damaged through wear and tear. We saw that the registered manager had identified through the auditing records that ‘some areas needed decorating’ and ‘some chairs looked dated’. The provider had also recorded that a decoration programme was discussed in May 2014.

An audit was completed by an infection prevention and control team which showed action had been taken to meet the required standards. The only outstanding actions related to the replacement of furniture and fittings, replacement of floor covering and the replacement of a hand wash basin. It was recorded these would be ‘done on refurbishment.’ However, there was no refurbishment or decoration programme that identified when the necessary work would be carried out.

The provider visited on a regular basis and made notes of the areas discussed. This included safeguarding, complaints, staff appraisal and cleaning. The registered manager and deputy manager completed audits to help monitor the quality and safety of the service. We looked at number of these records that showed some systems were being checked and areas for improvement were identified. We saw audits for falls, accidents, cleaning, care records and staff files.

Although the management team had some systems in place to monitor and assess quality and safety of the service these were not always effective. At the inspection we found multiple breaches in Regulations and therefore concluded the system for assessing, monitoring and managing quality and safety was not always effective. This is a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked through accident records. These contained detailed information which was then used to manage risk and plan appropriate care and support. One recently

completed form indicated a person had sustained serious injuries. However, when we discussed this with the registered manager they told us the information recorded was not accurate because the risk and injuries described were not reflective of what actually happened. The registered manager was responsible for ensuring new staff completed an induction programme. We looked at a recent induction record which was misleading because it had been post-dated and indicated the induction programme was completed out over a longer period of time. This is a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager had been registered with the Care Quality Commission since April 2014. During our inspection people were complimentary about the registered manager. A relative said, “The home is better managed now than previously and over the past six months the management had improved considerably.” Staff we spoke with said they felt well supported by the management team. They said they received formal supervision to discuss their work but would also talk to the manager at other times if they felt the need. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the service. Staff said they were confident the manager would deal with any concerns appropriately. They described her as “approachable”, “supportive” and “helpful” and said she had improved the quality of service for people living and working there. A social care professional said, “Whenever you ring up the manager always knows what is happening and can answer any queries.”

Staff had completed provider surveys in March 2014 and the results had been analysed. These showed staff felt there had been significant improvements and they were consulted more. There were more team meetings and better support from colleagues and line managers. They said they had a good understanding of work requirements and staff choice.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers  The registered person did not have effective systems in place to monitor the quality of the service delivery.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises  The registered person did not protect service users and others against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment  The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records  The registered person did not ensure that service users were protected against the risks of unsafe care arising from a lack of proper information about them by means of an accurate record.

This section is primarily information for the provider

## Action we have told the provider to take

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

The registered person did not have suitable arrangements in place to ensure that staff were appropriately trained to deliver safe care and support.