

Signature of Brentwood (Operations) Ltd Signature at The Beeches

Inspection report

The Beeches
London Road
Brentwood
Essex
CM14 4NA
Tel: 0845 6804048
Website:

Date of inspection visit: 7 and 8 May 2015
Date of publication: 27/08/2015

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?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 7 and 8 May 2015.

Signature at the Beeches is registered to provide accommodation for 110 older people who require personal or nursing care. People may also have needs associated with dementia. There were 58 people living at the service on the day of our inspection, including two people who were in hospital.

At our last inspection on 14 May 2014 we identified concerns relating to the accuracy and detail of people's care records.

At this inspection we found that care plans included all areas of people's needs and were completed so as to promote people's safety and well-being.

A registered manager was not in post in the service. 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.

Summary of findings

Medicines were not safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. You can see what action we told the provider to take at the back of the full version of the report.

The current records to guide staff about people's care needs were not always available to staff.

The service was not consistently well led. The provider's systems to check on the quality and safety of the service provided were not always effective in identifying areas needing improvement.

Staff had attended training on safeguarding people. They were knowledgeable about identifying abuse and how to report it. Recruitment procedures were thorough. Risk management plans were in place to support people to have as much independence as possible while keeping them safe.

People had regular access to healthcare professionals. A wide choice of food and drinks was available to people that reflected their nutritional needs, and took into account their personal preferences or health care needs.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People felt their dignity and privacy was respected and they all spoke in a complimentary way about the kind and caring approach of the staff. Visitors felt welcome and people were supported to maintain relationships and participate in a wide range of social activities and outings.

Staff were well trained and with the exception of medicines management used their training effectively to support people. Staff understood and complied with the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People living and working in the service had opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response.

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 consistently safe.

People's medicines were not always safely managed.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

There were enough staff to meet people's needs safely.

Requires Improvement



Is the service effective?

The service was effective.

Staff received induction and training to enable them to care for people effectively.

People were supported appropriately in regards to their ability to make decisions.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet.

People had access to healthcare professionals when they required them.

Good



Is the service caring?

The service was caring.

People were treated with kindness and respect.

People were supported to maintain important relationships.

Staff knew people well.

Good



Is the service responsive?

The service was not consistently responsive.

Accurate care records were not always available to staff. People's care was responsive to their individual needs.

Activities provided reflected people's hobbies and interests.

People who lived at the home and their relatives were confident to raise concerns if they arose and that they would be dealt with appropriately.

Requires Improvement



Is the service well-led?

The service was not consistently well led.

A registered manager was not in post.

The provider's systems to assess and monitor the quality of the service were not always effective in identifying areas where improvement was required.

Requires Improvement



Summary of findings

Opportunities were available for people to give feedback, express their views and be listened to.

Signature at 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 was planned to check 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 7 and 8 May 2015 and was unannounced. The inspection team consisted of three inspectors.

Before the inspection we reviewed the information we held about the service including notifications received from the provider. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

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 seven people who used the service, a visiting professional, eight members of staff and the provider's representative.

We reviewed seven people's care medicines records. We looked at the service's staff training plan, five staff files including recruitment, induction, supervision and appraisal records. We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

Is the service safe?

Our findings

People's medicines were not always managed safely. Staff monitored the storage temperature of the medicines room and medicines fridge. These records showed that medicines were regularly stored at temperatures above the safe recommended level. This could affect their medicinal properties and have an adverse effect on the health and safety of people living at the service.

Some people were prescribed medicines on an 'as required' basis and in variable doses. There was no guidance in place to tell staff when each person should receive these medicines so that its effectiveness in meeting their needs could be monitored. Staff were unable, in some cases, to tell us what amounts of this medicine should be given and in what circumstances. These medicines could not be administered reliably which could lead to people experiencing unnecessary pain or taking unnecessarily high amounts of medicines.

Appropriate arrangements were not in place to record when medicines were given to people. The medication administration records showed some gaps where staff had not signed for medicines that should have been administered. One specifically prescribed pain relief medicine was being treated as an 'as required' medicine by staff. No medication administration records were maintained to show that prescribed topical creams or lotions had been applied. This meant the provider could not always demonstrate that people received their medicines as prescribed.

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

People told us that they felt safe living in the service. One person told us, "I do feel safe. They provide all I need in terms of essentials. I am less likely to fall here as I don't have to go shopping and the staff are always available."

There were suitable arrangements in place to safeguard people. This included reporting procedures and a whistleblowing process, which staff were aware of. Staff told us they received training and updates to help them identify how abuse could occur in a care home setting so as to help them safeguard people. Staff were knowledgeable

on how to identify and report abuse and poor practice and confirmed they would do this. One staff member told us that, should action not be taken within the service, "I would tell head office, the local authority or CQC."

Staff supported people to feel safe in their day to day lives. One staff member told us, "We know our people and would notice any changes. We are trying hard to keep consistency of staff to build bonds and relationships so people feel more at ease and safer." People had access to information on who to speak with if they felt concerned for themselves or others. Clear large print information posters were displayed in communal areas telling people of their right to be treated with dignity and of the services zero tolerance approach to any form of abuse.

Risks had been identified to support people's safety and actions were in place to limit their impact. Staff were aware of people's individual risks and how to manage these safely in line with the person's plan of care. Risks were also assessed regarding the safe running of the service including in relation to the kitchen and to maintenance matters.

Safe recruitment and selection processes were in place. The provider had taken steps to assess if staff were of suitable character and competence to work with people. Staff told us that they were interviewed and that the provider took up references from their previous employer before staff started working in the service. Records confirmed that the recruitment process was thorough and that the prospective staff member's criminal history record had been checked.

People were supported by sufficient staff to keep them safe. The service reviewed people's level of dependency each month. We saw that staffing levels had recently been reviewed by the provider. The staff rotas showed that the service had used a high level of agency staff, which could impact on the consistency and quality of care for people. The provider's representative told us that this was improving and that recruitment was on-going. People also told us that this was improving. One person who told us that there had been inconsistent staffing due to agency said, "It is better now during the day, the response to the buzzer is good now, it wasn't a while back but I am quite happy now."

People told us there were enough staff available to meet their needs. One person said, "The staff do change quite often and sometimes they don't always know who is who,

Is the service safe?

however it is alright overall. They are sometimes busy but usually come quite quickly and, for the most part, things are fine." Other people commented, "Staff respond to the buzzer promptly" and "There is no problem. If I need assistance the staff come."

Is the service effective?

Our findings

People spoke positively about staff working at the service. One person said, "Staff know what they are supposed to do and they do it."

People were supported by staff who had received the appropriate training for their role. Staff had had an induction when they started working at the service and had worked alongside more experienced staff to begin with. Staff told us that the induction and training provided them with the knowledge they needed to meet people's needs safely and effectively. Staff received regular training updates to ensure their knowledge was current to support them to meet people's needs. Staff told us that the training was informative and interactive. One staff member said, "The training is very comprehensive." Another said, "I was given enough time to learn the practical part of moving and handling."

Staff told us that, while they did not consistently receive regular formal supervision, they felt well supported in their work. Senior staff confirmed that staff supervision meetings had lapsed in some cases. However, the administration manager told us that they were now in the process of setting up a more robust system to ensure improvement in the provision of regular formal staff supervision.

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The dementia care manager had a good understanding of the Act and was in the process of ensuring that all appropriate applications had been made to the local authority for DoLS assessments. We saw assessments of people's capacity in care records. Staff sought people's consent before providing care and support. We heard staff check with people that they were happy with what was happening and that the pace suited the person.

People were supported to eat and drink sufficient amounts of their choice and told us they enjoyed the food. Where people were unable to express a verbal choice, they were offered two plated meals to choose from. One person said, "The food is very good, there is too much at times and always a choice, including of drinks." Another person said, "The food was lovely today, it has improved." Where people had an apartment with their own kitchen, they told us that they had their own food and drinks which they could help themselves to as they wished. Snacks and drinks were also freely available to people in the café area as required.

We saw that people were offered a choice of nutritious food in accordance with their dietary needs. In the unit supporting people living with dementia, staff ate with the people living there as was the provider's policy. This created an environment that gave people cues on mealtimes to encourage people to eat and drink well. People who needed assistance were supported by staff in an attentive and sensitive manner. Care staff were knowledgeable about people's dietary requirements and staff assisted people to eat where needed. People who were at risk of not eating or drinking sufficient amounts were monitored to ensure their needs were met and appropriate referrals made.

People told us their health care needs were well supported. One person said, "There are nurses here who bring my medicines and I can talk to them. The GP is here regularly so I can see him when I need to, staff do listen when you ask. The chiropodist comes regularly so everything is all right." This meant that people had their health care needs met in a timely fashion. People's care records demonstrated that staff sought advice and support for people from relevant professionals. Outcomes were recorded and included within the care plans so that all staff had clear information on how to meet people's health care needs.

Is the service caring?

Our findings

People were treated in a kind and caring way. One person said, "Staff treat me very kindly, they are very nice people here." Another person said, "The staff have made me very welcome and chat with me. They have helped me to settle and they are very friendly and kind."

We saw that staff addressed people by name and gave people time to participate in conversation. Staff used other forms of communication to engage with people such as holding their hand and smiling and giving eye contact. It was evident from discussions that staff knew the people they supported and their individual needs well. Staff gave people individual time; this included talking with them about current affairs, their lives and the work they did, so increasing people's sense of connection and well-being.

People felt able to make decisions and told us of the choices they had available. One person said, "They respect my preferences. I live a quiet life. I prefer to have my meals in my room. I do not go to the activities, I prefer to stay here. I have a shower weekly but I know I could have one every day without objection if I wished to. They are always very pleasant." Another person said, "The care is good."

People told us that staff respected their independence and their right to make their own decisions. One person said, "They will get me drinks if I ask for them but I can just help myself when I want to." Another person said, "I can do what

I can for myself." Some people told us they had been out that day to the local polling station so they could vote and others had chosen to attend a bible study group in line with their beliefs and interests.

People's dignity and privacy was respected. Staff showed respect for people and their personal space. In one area of the service staff consulted with people to seek their agreement for us to view their private accommodation. People who needed support with personal care were assisted discreetly and with dignity. We saw staff talk quietly to people and close doors when people were receiving care.

In another areas of the service each person's apartment had its own front door and people had the opportunity to have the key to this should they wish. One person said, "They do always knock and ask if they can come in, they are very kind and caring." People's right to confidentiality was respected and their personal information was securely stored.

People were supported to maintain relationships with others. People told us their visitors were always welcomed. One person said, "My visitors are welcomed, they make everyone welcome here." People could entertain their visitors in their own private rooms, in the communal areas or in the café. Visitors told us they always felt welcomed at the service and could visit without restriction.

Is the service responsive?

Our findings

At our inspection of the service on 14 May 2014 we found that the registered provider had not protected people against the risk of receiving care and support that was unsafe and did not meet their needs as records about them were not accurate or comprehensive as to the care provided. This was in breach of Regulation 20 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(c) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us an action plan that outlined the actions taken to make improvements. We received this on 16 June 2014.

At our inspection of 7 and 8 May 2015, we found that the required improvements had been made.

Each person had a plan of care in place that reflected their assessed needs. These included where people may have been at risk of falls or of developing pressure sores. We also saw that fluid balance charts were totalled for monitoring purposes. Repositioning charts had been completed to ensure people's care was being provided to meet their needs.

People were involved in the assessment and planning of their care. One person told us, "Before I came here they asked me what I wanted and what I liked and what I needed. I was able to bring some of my own things." People told us they received personalised care that met their needs.

The care records were prepared on a computerised system. Paper copies of people's care plans were stored in people's individual apartments and their consent for this had been recorded. Most staff worked from these printed care records. While some written care plans available to staff had been reviewed and updated, others had not. At the end of our inspection, the provider's representative demonstrated that the updated documents were available in the manager's office and confirmed they would be made available to staff immediately. This delay in distributing the records meant however that staff were working with out of date documents that may not have accurately reflected people's current information and requirements.

Staff responded to people's needs and broke off conversations with us, for example, to ensure that people were assisted as their first priority. We saw one member of staff observed that a person was walking in an unsafe way without their walking aid. The staff member acted promptly to ensure the person was assisted in order to minimise the risk of the person falling. One person said, "You can ask staff and they will do whatever you need."

People had access to a range of social activities. A daily activity planner was delivered to each person's room to ensure they had up-to-date information on the opportunities available to them. Information on planned activities was also displayed in the communal area. Information was provided in a suitable format to make it easier for people to see and understand. People told us that the activities were suitable to meet their needs. People also told us that they were free not to participate in arranged activities and to pursue their own interests as they wished.

An assessment of social activities was being undertaken by a member of a recognised organisation actively involved in promoting quality activities for older people. The assessor told us that they found the activities provision in the service to be excellent. The activities co-ordinator for the service was fully involved in the induction of new staff. This helped staff to understand that activities were an intrinsic part of the support they provided to people rather than an add-on after other care tasks were completed.

People told us they felt able to express their views about the service and they had no complaints. One person said, "I have no complaints. I am looked after very well and would say if I wasn't as that is what I pay for." The provider had a clear system to manage complaints received and to show how they were investigated and responded to. Information on how to access the complaints procedure was displayed. Staff were aware of how to respond to complaints received and to ensure people's views were listened to and acted upon.

Systems for people to make suggestions and comments were in place. A number of positive comments had been recorded. These included compliments regarding the benefits to a person from the stimulation and activities available as well as to the level of privacy and dignity afforded to people living in the service.

Is the service well-led?

Our findings

The service was not consistently well-led. People expressed varying views on the leadership of the service and the way the home was managed. One person said, "The place seems to be run properly and better than most. It is a difficult job." One staff member said, "This is a good company to work for, everyone is supportive and it feels quite stable. There is a good external management structure to support us just now while there is no registered manager in place." Another said, "The service is not really well led. The unit manager is approachable but there are a lot of changes needed to make the home work. We have had a high turnover of staff, including managers and use a lot of agency, but now we are recruiting."

The provider had notified us as required that the registered manager was no longer working in the service. A new manager had been selected but was not yet working at the service. Support was being provided by the provider's representative. While unit managers were in post, an interim manager had not been appointed to lead the service overall. This meant the provider could not be reassured of effective management oversight and monitoring to ensure the quality of the service.

The provider's representative could not demonstrate that the service was managed to ensure the safety of the people living and working there. They confirmed they were unable to provide us with some information we requested over the two days. This was because they did not know the service well, whether the information existed or where it might be kept. Examples included records to demonstrate the servicing and maintenance of safety equipment, including the fire systems, an emergency business continuity plan and information on the provider's quality monitoring and assurance system.

While there were checks and audits in place, the provider's system to assess and monitor the safety and quality of the service provided was not always shown to be fully effective. It had not identified areas needing improvement, for example, medicines or the consistent availability of accurate care records. Information was not made available to show that audits were being used effectively to identify trends or concerns, such as in relation to accidents and weight monitoring.

The provider encouraged an open culture in the service and had supported meetings for staff and people living there. People and staff had opportunity to attend regular meetings with heads of the various departments and be updated about issues relevant to the service. These included informing people that in response to an issue raised at the previous meeting there would be more female carers available at night and the provision of a new coffee machine. A staff member told us, "Staff meetings happen monthly. We can speak up there, it is a two way and open communication." People had opportunity to share their views about the service. The analysis of the most recent survey showed overall that people were satisfied with the service they received including in relation to activities, care delivery, confidentiality and privacy and dignity.

Staff told us they felt supported and listened to by their senior staff and unit managers. Staff understood the management structure and knew how and with whom to raise concerns should they need to do so. The provider ran a range of incentives to encourage and reward staff achievement so that staff felt valued for their contribution. Staff were aware of the provider's aims for the service. One staff member said, "We try our best to follow the Signature way and the high standards expected."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not protected against the risk of poor medicines management. Regulation 12 (2) (g).