Maricare Limited

Beech Haven

Inspection report

Beech Haven Care Home
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Ratings

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

Overall summary

We visited Beech Haven on 11 November 2014. Beech Haven provides nursing care for people over the age of 65. Some people living at the home had a diagnosis of dementia. The home offers a service for up to 29 people. At the time of our visit 19 people were using the service. This was an unannounced inspection.

We last inspected in June and July 2014. At this inspection we identified a range of concerns. Following this inspection we issued a warning notice because we found the provider and the registered manager did not have effective systems to ensure the quality of the service people received. We required the provider take action by 31 August 2014.

We also found that people could not always be sure that medicines were administered safely, or that staff had knowledge of safeguarding reporting processes. People did not receive appropriate care and treatment and their

Summary of findings

welfare was not always protected. The provider gave us an action plan and told us they would take action by 31 October 2014. We found the provider had taken appropriate action regarding these previous breaches.

There was a registered manager in post at 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.

The registered manager had identified the needs of people had changed, but there was not always enough staff on duty to meet people's needs. People went for long periods of time without support or reassurance from staff, as they were not always available.

People were not always safe from the risk of injury, as staff did not always use safety measures which protected people from using stairs unsupervised. The provider and registered manager had acted on concerns raised by the local fire safety authorities to ensure people were protected from harm in the event of a fire.

Staff had knowledge of safeguarding processes, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Where people were deprived of their liberty, this was done in accordance with best interest assessments and legal processes. People told us staff respected them and that they felt safe in the home.

People received their medicines when they needed them. Staff had taken responsibility for the management of medicines and could ensure people received their medicines as prescribed. The home had audits in place to identify any concerns and take action.

People were cared for by competent, skilled care and nursing staff. People told us they were treated with dignity and respect. Staff supported people with kindness, patience and dignity. Staff had developed relationships with people and knew their needs and preferences.

Staff supported people to maintain their independence and where appropriate supported people to make decisions around their care even if there was an assessed risk. People's needs were documented and these were reviewed and updated monthly or more frequently if needed.

The management acted upon feedback and complaints from people and their relatives. Feedback was used to inform changes to the service people received. Following a recent survey the registered manager had implemented an action plan around activities, entertainment and people's religious needs. The registered manager had an overview of the quality of service provided and had developed systems to identify concerns and develop the service.

The provider had a clear goal for Beech Haven. This had been communicated with staff at recent meetings. The provider was looking to develop a caring culture and staff told us this could be achieved by caring for people in a personalised way, involving people in their care and good communication. The provider and registered manager were looking at dementia training courses to improve activities and engagement for people with dementia.

We found two 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 this 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?

Requires Improvement

The service was not always safe. There were not always enough staff on duty to ensure the needs of people were met. People did not always receive reassurance and support when needed as staff weren't always available.

While there were security doors in place to reduce the risk of people falling down stairs, these doors were not always secured. This left people who were mobile at risk of serious injury.

Staff knew how to keep people safe from abuse. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

People received medicines when they needed them. Staff had systems in place to ensure the risks around people's medicines were managed safely.

Is the service effective?

Good

The service was effective. People felt staff were skilled and were trained to meet their needs.

Management supported staff and staff had the skills and professional development they needed to care for people in the home. The management and staff had knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to ensure people were supported with decision making.

People told us they had access to the treatment, support and food and drink they needed.

Is the service caring?

Good

The service was caring. People were involved in planning their care and where possible made decisions regarding their care.

People were treated with kindness and dignity by care staff and nurses. Staff had respect for people's privacy.

Staff supported people to be as independent as possible whilst supporting them with personal care.

Is the service responsive?

Requires Improvement

The service was not always responsive. People could not always get involved in activities or reassurance as staff were not always available. People told us they were sometimes bored.

People's care plans reflected people's needs and were reviewed and updated when people's needs changed. People and their relatives were involved in developing care plans. Relatives told us they were always informed if their relative was unwell.

Summary of findings

The provider and registered manager responded to people's concerns and complaints. People and their relatives felt the service was responsive to any concerns they raised

Is the service well-led?

Good

The service was well led. The provider and registered manager had a clear aim for the service and were in the process of developing a caring culture after a period of difficulty.

People, their relatives and staff felt the management team were approachable and improvements were being made to the service. Staff told us they were involved in making changes to the service.

The registered manager had effective systems in place to monitor the quality of the service, this included audits and acting on comments from a recent quality assurance survey.

Beech Haven

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 November 2014 and was unannounced. The inspection team consisted of two inspectors.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We also attended a safeguarding meeting regarding the service. As part of this meeting we sought the views of the local authority safeguarding, commissioning and two healthcare professionals.

We had requested a Provider Information Return, but the provider had not received this request. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven of the 19 people who were living at Beech Haven. Not everyone we met was able to tell us their experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with four people's relatives.

In addition we spoke with two registered nurses, two house keepers, four care workers, the chef, the clinical lead and a director of Maricare Limited. We looked around the home and observed the way staff interacted with people.

We looked at five people's care records including their medicine records and at a range of records about how the home was managed. We reviewed feedback from people who had used the service, and a range of other audits.

Requires Improvement

Is the service safe?

Our findings

At our inspection on 25 June and 1 July 2014 we found people were not always safe because not all staff knew how to report safeguarding concerns. People could not always be sure their medicines were administered safely. At this inspection we found that both the provider and registered manager had made improvements. Audits around medicine management had been implemented to ensure people received their prescribed medicines. Staff had received supervision and training around safeguarding and knew how to raise concerns.

We spoke with people about staffing levels and if staff were available when required. One person told us, "There is never enough staff." When we asked how frequently this happened, they said, "I mean there is never enough staff. They take ages to come (to respond to the person's call bell)." We also spoke with a relative who told us the staff were "wonderful, but there weren't enough of them." They said, "Sometimes it takes a while to find a member of staff or a long time for the door to be answered. One time we used the call bell. It rang for a while, but no one came."

We observed five people in a lounge for 55 minutes. During our observation people received no support from staff. One person was anxious and was calling out; this caused another person to shout at them. A verbal confrontation between these two people continued because both were agitated. At the end of the observation we spoke with a care worker who told us they had been assisting a person with personal care with another care worker. They told us; "they need two staff to assist them, sometimes three. It can often take us an hour."

A staff member who was due to work the afternoon shift had called in sick. There was no replacement for the absent staff member. Staff said there was often not enough staff to provide personalised care to people. Comments included, "It takes personalised care and compassion out of it. It feels institutionalised" "We don't always have time to involve people in their care or promote their independence" and "The needs of people have changed. Some people need a lot more support. Management have identified this, but staffing hasn't reflected this."

The clinical lead informed us seven staff (including a nurse) were needed to care for people in the morning and six staff (including a nurse) in the afternoon. This amount of staff was based on the dependency of people and the level of care they required. On the afternoon of our inspection there were three care staff and a nurse on duty. The clinical lead was a nurse; however staff had not asked them to assist with people's care. The provider gave us a copy of three weeks of duty rota; we saw that often there was the risk that people's needs would not be met due to the actual number of staff falling short of the number required and agreed.

We discussed these concerns with the clinical manager and a director of Maricare Limited. They told us there had been problems with staff sickness and recruitment which they were hoping to improve and in the short term would use bank staff. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Someone on the first floor of the home was unsteady on their feet. This person had opened a door to the staircase which the clinical lead told us should be locked with a key pad, the person was holding onto a rail and the door for balance. Throughout the day this door was not always secured and posed a risk to people who were mobile. We observed staff using this door and another secure door to a staircase, without ensuring they were locked after use. There were people in the home who walked around the home; however these people were unable to use stairs independently, due to the risk of falling. We discussed this with the clinical lead who told us they would ensure staff locked the door. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People and their relatives told us they felt safe within the home. Comments included, "I'm safe here. I feel respected", "I am most definitely safe, I'm really well looked after", "I have no doubt they are safe. They are settled and really happy at Beech Haven" and "Staff know them, they look after them, I have no concerns."

One person had raised concerns that their bed was too low to let them move freely at night. The person wanted a high bed to enable them to get out of bed when they wanted. Staff discussed this with the person and the risks of this such as falling from bed. The person was supported to make their decision. Staff put additional measures, such as

Requires Improvement

Is the service safe?

a crash mat in place to assist the person and respected the person's decision. One staff member said, "It's important for people to make choices. If there is a risk we'll explain it, but it's their choice."

Staff were knowledgeable about types of abuse, signs of possible abuse, and their responsibility to report any concerns promptly. Staff described changes which would cause concern such as a person being "pale" or if they had a "swelling." Staff members told us they would document concerns appropriately and report them to the nurse or registered manager. One staff member added that, if they were unhappy with the registered manager's response they would contact CQC Staff were aware of the local authority safeguarding team and its role.

Prior to the inspection we attended a local authority safeguarding meeting about the home. We also looked at safeguarding notifications made by the registered manager and emails we had received from the local authority safeguarding. The registered manager worked with local authority safeguarding to ensure people were protected from abuse.

Risk assessments were reviewed monthly or when changes to people's needs had been identified. One person had pressure ulcers on their feet. A nurse had assessed the ulcers and written a detailed care plan and risk assessment to ensure the person was protected from further pressure damage. The risk assessment was written with support of local healthcare professionals. Staff explained this person's wound care management in detail and the person's pressure ulcers were healing.

People received their medicines when they needed them. Medicine records were completed with details of where people received medicines, the amount of medicine and the time the medicine was administered.

All medicines were securely stored in line with current and relevant regulations and guidance. Medicine records accurately reflected the medicine in stock for each person. Stocks were checked monthly by a senior member of staff. These checks showed staff monitored stock to ensure medicines were not taken inappropriately and people received their medicines as prescribed.

Records relating to the recruitment of new staff showed that relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring checks (criminal record checks) to ensure staff were of good character. In addition staff told us they received induction training and a period of shadowing of more experienced staff.

Good

Is the service effective?

Our findings

People told us they had plenty to eat and drink. Comments included, "There is always enough. If I want a drink, I just have to ask", "There is enough food. I don't feel I ever go without", "I'm happy. I enjoy my food." A relative told us, "The food always looks appealing. They seem to enjoy it."

People enjoyed having access to fruit and snacks but these were not always available. Fresh fruit was delivered weekly but staff told us it did not last the whole week. We discussed this with the clinical lead and a director of Maricare Limited who said they would look at ensuring fruit and snacks were provided throughout the week.

At lunch people chose what meal they wanted and where they wished to eat. Care staff took time to communicate choices to people. One staff member asked a person what they wanted, they talked to the person at eye level and gave them time to respond. The staff member looked for signs of non-verbal communication (because the person was not able to communicate their choice verbally), and confirmed the person's choice.

Staff knew about people's dietary needs, including those who had diabetes and who required a pureed diet. Staff were aware of people's food allergies, individual likes and dislikes and the importance of presenting food in an appealing way. Staff raised concerns when people's appetite declined and this would be referred to the GP. Additional support such as dieticians or speech and language therapists would be accessed.

People and relatives spoke positively about the staff and their skills. One person said, "They know what I need. They're very good and confident." A relative told us, "I can't fault the staff. The staff that have been there for a while are very knowledgeable." A healthcare professional told us before our inspection that staff were knowledgeable and knew how to care for the people at the home.

Staff spoke positively about the training they received and this enabled them to care for people effectively. Staff received training in food hygiene, safeguarding, moving and handling, first aid and fire safety. New staff told us they received the training and the support they needed. One care worker said, "I receive so much support. I work alongside another carer. It's so supportive."

Staff had regular one to one supervision meetings with their line manager or a senior member of staff where they could discuss the needs of people in the home and any training and development they required. The registered manager gave staff questionnaires to assess their knowledge of certain topics, for example safeguarding. This had helped identify if staff required further training.

Staff completed training about the Mental Capacity Act 2005. They were aware of its principles and that on occasions some decisions were made in people's best interest when they lacked capacity. Care files contained a mental capacity assessment which documented if the person had capacity to make specific decisions related to their care. The registered manager or a healthcare professional had carried out these assessments. One person lacked capacity to make complex decisions regarding their life. There was clear guidance about the decisions they could make, such as what food they would like to eat and what clothes they would like to wear. Staff respected people's ability to make decisions. During our inspection staff offered people choice and respected their decisions.

Care staff told us how they cared for one person who could become anxious during personal care. There was clear guidance on how to assist this person with their personal care, which included how to care for the person in the least restrictive way. One staff member told us, "They get anxious around unfamiliar faces, therefore only experienced staff care for them. We go in pairs and only one of us talks and will explain what we're doing to make things clearer."

The registered manager had applied for a deprivation of liberty safeguard (DoLS) authorisation for one person who was at risk from harm if they left the service unsupervised. Deprivation of liberty safeguard is where a person who lacks capacity can be deprived of their liberties where it is in their best interests to keep them safe. A best interest meeting had been conducted to see how staff could care for the person in the least restrictive manner. The person's family had been involved in the best interest decision and DoLS had been granted by the local DoLS supervisory body.

A range of healthcare professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, community mental health nurses, and professionals from a local care home support team. Care plans showed us people had access to opticians and dentists where needed.

Good

Is the service effective?

Recommendations made by healthcare professionals were clearly recorded in people's care plans and this guidance was being followed. For example, one person had been referred to speech and language therapists and recommendations were being followed by staff to reduce the person's risk of choking.

Good

Is the service caring?

Our findings

People and their relatives told us they were treated with kindness and compassion. Comments included, “The staff are so kind and lovely”, “Nothing is too much for the staff, they care about me”, “I’m happy when they’re around.” Relatives told us: “They’re so happy at the home. The staff really care and develop relationships”, “The staff are very caring, my relative thinks they’re nice” and “The staff build such good relationships. I can see in my relative trusts the staff, and I know the staff care.”

One member of staff talked with a person who was looking through the newspaper. They discussed current events and the papers headlines. The person led the conversation and the staff member encouraged other people to join in. The staff member encouraged the person to ask questions and the person smiled throughout their time together. This person told us, “It’s good to talk. I enjoy it.”

One person found it difficult to communicate verbally. We saw one staff member take time to support the person. The staff member held their hand and talked about a dog which was visiting the home. They asked if the person wanted to stroke the dog. The person smiled and the staff member supported them to stroke the dog, they were happy and continued to watch the dog.

One relative told us about how their relative had improved since living in the home and they always looked “smart and appeared happy”. They said, “The staff have been brilliant. They’ve built such a good relationship. I can tell they’re happy here, they smile when they see the carers.”

People were involved in planning their care wherever possible. One person had a clear plan regarding their end of life care. They had made a decision about the medical treatment they wanted and their preferences were clearly documented.

Staff demonstrated a good understanding of how supporting people to be as independent as possible helped them to feel valued and empowered. One care worker told us "We try and promote choice and involve people as much as we can. If someone can help in personal care, we wouldn’t do it all for them.” One person was being supported to drink a cup of tea. The member of staff gently assisted this person until they felt confident to do this on their own.

Staff told us how they ensured people received their care in private and respected their dignity. One care worker said "I always ensure personal care is done in private.” Another care worker told us "I explain what I’m going to do. When it comes to personal care I use towels to respect people’s dignity.”

Staff knew the people they cared for and what their likes and dislikes were. One staff member told us, “It’s important to know who people are. Some people have dementia and knowing about their past is so important to know who they are.” Another member of staff told us about one person who use to play football, and they had spent time talking to the person about their common interest. People’s life histories were documented and these contained information about their families and previous occupations.

Requires Improvement

Is the service responsive?

Our findings

There were not always enough staff available to support people to follow their interests and take part in social activities. One person said, "There's not always much to do sometimes." Two people were watching television during the afternoon, however they complained because this was loud, they asked the inspector to change the volume, because they were unable to and staff were not available. People and their relatives told us things had improved, but there were periods when people said they were often bored.

People told us that when staff were available they had things to do. Comments included: "We read newspapers, do quizzes and have lots of visitors. I like when the dog is here. We have a cat too", "We used to sit at the back of the home, but now we're at the front I can see the world go by and people working in the allotments", "I like sitting with my friend, that's what I enjoy." One relative said, "there is more going on. I know they [relative] really like dogs and kids visiting."

One person said, "people from the allotments sometimes come over with fresh vegetables, it's really nice." Another person said they went to a day centre weekly, which they really enjoyed.

The registered manager had asked people at resident meetings what they would like to do and had agreed to look at shopping trips. We spoke with staff and the clinical lead who said they were looking to develop links with the local community, external entertainment and also to look at excursions for people. The home was in the process of recruiting an activity co-ordinator.

Care plans included information relating to social and health needs. They were written with clear instructions for staff about how care should be delivered. They also included people's preferred routines for getting up and going to bed, what they had enjoyed doing in the past, work and social life as well as family and friends. The records showed where people and their relatives had been involved in planning their care and documenting their preferences. Each care plan documented if people wished to have a male or a female care worker, and what parts of their personal care they liked to do themselves.

The care plans and risk assessments were reviewed monthly and where changes were identified, the plans were corrected to reflect the person's needs. Staff told us the care plans gave them the information they needed to care for people. On-going care notes were mostly completed on a daily basis, and provided clear information on how the person was and what assistance care staff provided.

Staff knew the care people needed to meet their needs. Staff told us about one person whose needs had changed significantly. Staff had informed the registered manager and clinical lead about this change. The support of local healthcare professionals had been sought to assist staff to continue meeting the person's care needs.

One relative told us staff always informed them if their relative was unwell. They said staff were "incredibly responsive. I am always kept informed and involved." Another relative told us their relative had been unwell recently and they had been invited to attend a review of their care.

One relative told us, "I've raised a concern and I went down and spoke with the manager. I have no concerns at present, but if I did I would let them [management] know, and I'm confident it will be resolved." Another relative said, "I can always speak to staff, they're so caring they tell me if there is any concerns about my mum." One person said, "I'm happy, and I know who the manager is, and I'd grumble if I needed to."

There was guidance on how to make a complaint displayed in the home in an accessible location for people and their visitors. We looked at the complaints file and saw all complaints had been dealt with in line with the provider's policy and people were happy with the outcomes. One relative made a complaint about their relative's needs not being met. The registered manager had taken immediate action which included a review of the person's needs with an external healthcare professional

Staff told us the action they would take if a person or a relative made a complaint. This included escalating to the nurse or registered manager if they were unable to resolve the matter promptly themselves. Staff said that they would support people to raise a concern and look for signs of discomfort in people's body language to identify any concerns.

Good

Is the service well-led?

Our findings

At our inspection on 25 June and 1 July 2014 we found the provider and the registered manager did not have effective systems to ensure the quality of the service people received. At this inspection we found that both the provider and registered manager had made improvements. Audits for medicine management and accidents and incidents were implemented and were used to identify and address concerns. The registered manager had taken action to seek people's views on the service and make changes so people received a service tailored to their preferences.

People and their relatives told us they had confidence in the management and staff and felt improvements had been made to the service people received. One person said, "I see the manager a lot more now and staff are happier." One relative told us, "It's got much better."

The clinical lead and a director for the provider told us about the recent quality concerns that had been experienced at Beech Haven. They explained the actions they had taken to improve the quality of people's care and how they monitored the service people received. Changes had been made to the management of the home, and increased support was available from the provider. The staff had additional support from a manager in another home owned by the provider and a training manager employed by the provider.

The provider aimed to provide a high standard of care to people. They had produced a document which had been shared with staff to show how they planned to meet this goal. This plan gave information to staff on their roles and responsibilities and the systems in place to support them. Staff told us they supported this goal and the importance of promoting a caring culture through spending time with people, involving them in their care and improving communication. A recent team meeting discussed how staff could help meet the provider's goals and what additional responsibilities they could take, such as writing and updating people's care plans to promote staff responsibility.

Staff spoke positively about the registered manager and the changes the service had recently undergone. One care worker said, "The manager is approachable. They listen to our concerns. The home has really improved in the last few months." Another care worker told us, "I've been supported to make changes in the home. I've also been able to request training."

Medicine audits had been conducted following concerns raised at our last inspection. We saw the results of these audits were given to the registered manager. Where a concern had been identified, the registered manager took action to ensure people were protected and systems were improved. Following this audit staff had been involved in identifying concerns to help ensure medicines were managed effectively.

One staff member had set up medicine audits and had taken responsibility around the obtaining, storage and disposal of people's prescribed medicines. They discussed how they had been supported to do this and the benefits it has had, such as enabling them to identify medicine administration errors quickly and ensure people had the medicines they needed. A nurse spoke positively about the changes the staff member had made, they said, "It's much better, there are less issues and they've taken ownership and they should be proud of it."

In September 2014 the registered manager and the provider conducted a survey of people's views on activities, religious needs and celebrations within the home. These surveys identified people did not feel there were enough activities available. For activities, staff were asked to identify what people liked to do and the registered manager was going to look at arranging a dementia workshop to enable staff to plan a range of activities. Staff had engaged with people to identify which activities they enjoyed and recorded this in people's care plans. The registered manager hoped to complete all actions by 31 December 2014.

The registered manager audited all incidents and accidents on a monthly basis to ensure people were safe and identify any trends. They looked at where accidents happened and what time of day. We looked at audits and saw the registered manager would be able to identify trends in incidents as they looked at incidents for each person, room and time.

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 Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **How the regulation was not being met: There were not always enough staff at all times to ensure the needs of people were met. Regulation 22**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises **How the regulation was not being met: People were not always protected from harm as safety measures in place were not always used. Regulation 15**