

Maricare Limited

Beech Haven

Inspection report

Beech Haven Care Home
77 Burford Road
Chipping Norton
Oxfordshire
OX7 5EE

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Beech Haven is a residential care home providing personal and nursing care for up to 29 people. The service provides support to older adults who may be living with dementia. At the time of our inspection there were 26 people using the service.

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

We identified some improvements were needed to be made in respect of recruitment checks. The provider immediately addressed this. At times, staffing levels could be compromised, but the provider and registered manager did all they could to mitigate the risks from this. We saw on the day of the inspection, there were enough staff to support people and meet their needs. Staff were provided training to help them meet people's needs. Staff were well supported and encouraged to learn and improve in their role and to put people's needs and wishes at the heart of everything they did.

People were safe at the service. Staff knew how to safeguard people from abuse and keep them safe from identified risks to their safety and wellbeing. The service was clean and hygienic, and staff followed current infection control and hygiene practices to reduce the risk of infection. The provider carried out health and safety checks of the premises and equipment to make sure these were safe. Medicines were managed safely. People were supported to take their medicines as prescribed.

The service was managed well by an experienced registered manager. They understood how people's needs should be met and had oversight of the service. There were audits and checks at regular intervals, to monitor, review and improve the quality and safety of the service. There were systems in place to investigate accidents and incidents.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service worked with healthcare professionals involved in people's care and acted on their recommendations to deliver care and support that met people's needs.

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

Rating at last inspection

The last rating for this service was good (published 10 September 2019).

Why we inspected

We received concerns in relation to staffing levels and recruitment processes. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not

inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found minor concerns in relation to recruitment and the provider immediately acted to address this and avoid any future occurrences. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well Led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beech Haven Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Beech Haven

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Beech Haven is a 'care home' with nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service. Some people living in the home could not verbally give us feedback. As such we looked around the home and observed the way staff interacted with people. We further received feedback from four relatives. We looked at seven people's care records and four medicine administration records (MAR). We spoke with 10 members of staff including the registered manager who is also the nominated individual (responsible for supervising the management of the service), care staff, a registered nurse, activities co-ordinator, chef, domestic staff and maintenance person. We reviewed a range of records relating to people's care and the way the service was managed. These included staff training records, four staff recruitment files, quality assurance audits, incidents and accidents reports, and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted staff by email to provide their views about the service. We also received feedback from three healthcare professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider's recruitment processes had not always adhered to requirements. For example, some records we saw had not evidenced investigation of gaps in employment history. The provider immediately put a process in place and reviewed the policy to ensure these were followed consistently. This mitigated any future risks and we found no impact on people's safety.
- We had received concerns prior to the inspection about staffing levels. On the day of the inspection we saw there were enough staff on duty to meet people's needs. People were attended to in a timely manner and staff were not rushed. Records of staff rotas showed some dates when planned staffing levels were not always met. This was mainly due to short notice sickness absence. The provider had put a process in place to improve sickness absence and to support staff to improve attendance to lessen the impact on other staff.
- The registered manager said staff recruitment was ongoing and that they were continuously working on recruitment and retention strategies including considering apprenticeships.
- People's comments included, "Call bell here, don't need it much because I am independent. When I have called people get to me usually quickly" and "Used the call bell once or twice, they take a few minutes to get to me but not too long."
- A relative commented, "There are enough staff, they often say can I have a word, good relationship and understanding." Another relative acknowledged the current situation with staffing in the care industry stating, "Always a problem with staffing and don't think that that will ever change. Care is such a niche market. The girls here are very good, and I see a lot of the same faces."
- We received feedback from staff who said at times they felt the pressure, particularly if staff called in sick. Comments included, "There are occasions where staff may have phoned in sick leaving us short but then we get other staff members to cover or use agency", "We have had times especially since the pandemic where we have been short staffed due to sickness. It has been very difficult at times especially when staff call in last minute, it makes it difficult to get cover. Management have dealt with this by coming in and working on the floor themselves or getting agency staff when they can. They have been trying to recruit more staff too" and "Sometimes we have been short but we are a team and everyone helps out. I am on the night staff and we help each other out."

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place. There was a safeguarding and whistleblowing policy that gave staff clear guidance to follow in the event they needed to refer any concerns to the local authority.
- People told us they felt safe living at Beech Haven and liked the staff who supported them. Comments included, "Oh yes, I do feel safe because I can do a lot for myself. If I have a shower or go out, I do need a carer with me. Feel secure here" and "Safe, very safe, leave the doors open, never lock my room. Staff are

really nice, very understanding and you get what you need."

- Relative's commented, "This is the only place I would take her. It is safe, everyone is very kind and friendly and [person] likes everybody. Luckily [person] gets on with everyone and everyone gets on with [person]." and "Yes, it is safe, it all seems ok. [Person] is settled and safe. The [registered manager] is good at their job and has [persons] best interests at heart."
- Staff had received training and understood how to recognise and report different types of abuse and spoke knowledgeably about reporting concerns. Staff commented, "We have a whistle blowing policy on this and all staff are aware of the procedure" and "If any concerns are raised with the manager he always actions them and gives an update of what he has done."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Assessing risk, safety monitoring and management

- Where people had been assessed as being at risk of developing pressure sores and required positional changes, records seen did not provide evidence that this was being achieved at the recommended frequency. This was addressed immediately by the registered manager and systems put in place to ensure these were recorded and records audited frequently.
- Where assessments indicated that interventions were required, these were found to be in place, such as pressure relief equipment, application of barrier creams, moving and handling aids and slings, crash mats, bed rails and food and drink monitoring.
- Other risks to people and the service were managed well so that people were protected from the risk of harm. People's care plans reviewed contained risk assessments that included mobility, moving and handling, communication, eating and drinking, choking and tissue viability and personal evacuation. Where required, behavioural support information was incorporated in mental health and well-being support plans. Assessments seen had been reviewed monthly.
- Staff knew about and understood risks to individuals and received training in relation these risks such as choking. Staff comments included, "We manage risks of choking with referrals to Speech and Language Teams (SALT) referrals when we are concerned about a resident's swallowing/chewing. This lessens the risk of choking when they have pureed or fork mash diet and sometimes thickener in drinks".
- There were systems in place to ensure the premises were maintained safely. Emergency plans were in place highlighting the support people would need to evacuate the premises in an emergency, such as a fire.
- Up to date service and maintenance certificates relating to electric, gas, fire and water systems were available. Legionella testing had been completed which showed the premises were free from legionella. Legionella are water borne bacteria that can be harmful to people's health.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place. Comments included, "I do get a tablet in the morning for [Diabetes] and one to stop me getting a stroke. The nurse brings them round, always at the right time and "Very much on time with my medication, no problems with this side of things".
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing people living at the service and their visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The environment was clean, and staff were aware of Covid 19 enhanced cleaning procedures, such as deep cleaning and regular cleaning of high touch areas.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider supported visits to people living in the service, and this aligned with government guidance. People and relatives told us visits were facilitated and encouraged.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Records of staff meetings highlighted where learning and change had been implemented.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were systems in place for the registered manager and provider to oversee the quality and safety of the care and support that Beech Haven provided. There was a process of continual improvement and quality assurance with a variety of audits such as medicines, care plans, call bells, health and safety checks. During the inspection, the provider made immediate changes to ensure auditing of repositioning records were improved. We have not been able to assess whether this has been sustained.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.
- The registered manager and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- There was a clear management and staffing structure and staff were aware of their roles and responsibilities, were motivated, and had confidence in the management team.
- The management team and staff considered information about the service's performance and how it could be used to make improvements.

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

- There had been changes in the ownership of the organisation since the last inspection. We saw information about changes in management were explained to staff and what roles entailed. It was clear the registered manager had maintained a stable management and staff structure which created a general sense of calmness in the home. Staff looked happy.
- People, relatives, staff and health and social care professionals all told us they felt the service was well-led, with an open, honest, friendly and supportive culture and a clear management structure. People's comments about the registered manager included, "The manager [name] is brilliant. Very kind to me and he will take me anywhere I want to go. I go and see him every morning. He takes me to my appointments", "I chat he knows that I appreciate it and that he is here for me" and "I know [name of manager], lovely. It's easy to tell him a problem. He is a very nice man".
- Relatives commented, "I'm happy in the knowledge [registered manager] has good oversight of everything. They do keep me informed, they do that by phone or when we meet in person. It is definitely

well-led, [registered manager] is doing a good job. I am kept involved as well. It is much better; I have no complaints at all".

People and relatives also commented on the wider staff team with comments such as, "The atmosphere is lovely, everything seems friendly. We know the people [carers and staff]" and "Soothing, for visits you are always made welcome".

- Staff said, "I feel so supported by my manager. His door is always open if I have ever had any worries or issues. I am kept up to date regularly with changes through email or if it is urgent, I will be spoken to personally and then emailed to confirm what has been said."
- We had positive feedback from healthcare professionals had no concerns about the quality and management of the home. Comments included, "Having worked alongside the team for the last three years, I have been impressed at the apparent low staff turnover and continuity of care that they provide. The team show great care and attention towards their patients. I have no concerns" and "As a visiting professional over the last year I have been made to feel welcome and have been contacted with any information I have needed. The staff I have encountered have been helpful and demonstrated care and compassion and knowledge of [people's] needs. I enjoy my time there the residents look happy and cared for and there appears to be activity and stimulation making it a happy experience for all. Even in the most difficult time during the pandemic I feel they have continued to be a safe caring home."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, their families and friends were involved in a meaningful way through good communication.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. Records showed staff were constantly praised for their hard work and commitment. Domestic staff told us their work was appreciated by the manager and that he said thank you to them and provided cakes on Friday as a mark of thanks.
- Staff told us they had opportunities to develop and that the registered manager was supportive. Records of staff meetings showed staff development was a main feature on the agenda and discussed to identify staff progression.
- The provider had a 'You said, We Did' approach to improving care. For example, people and relatives had identified communication as an issue. The registered manager had introduced better communication through regular family meetings and shared the meeting minutes thereafter. They also sought feedback from those relatives who would have missed the meetings.

Working in partnership with others

- The service was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care. One healthcare professional commented, "On visits I have found the carers I have met with to be very warm, receptive, approachable and keen to engage with the process. Documentation has been completed by the carers, when requested and staff have come up with positive ideas and suggestions. Where there have been concerns regarding resident's mental health, nursing staff have escalated concerns and sought help and assistance as needed from GP or community mental team or care home support service."