

Whitelodge Alveley Limited

Beech Dene Residential Care Home

Inspection report

Westwood Road
Leek
Staffordshire
ST13 8DL

Tel: 01538388087
Website: www.oldfieldcare.co.uk

Date of inspection visit:
29 November 2022
01 December 2022

Date of publication:
08 February 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Beech Dene Residential Care Home is a care home providing personal care to 32 people at the time of the inspection. The service can support up to 35 people.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care for or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support

The environment was not always safe for people because checks had not identified areas where people may have been at risk of harm, such as a lack of window restrictors and large openings made in some radiator covers. Refurbishment was on-going to make the home more reflective of the needs of the people who lived there. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support best practice. Medicines were not always safely managed. People were supported to access support from other organisations to achieve positive health outcomes.

Right Care

Some improvements were needed to people's care plans; although they were person-centred, these were not always updated in a timely way and not all health risks were assessed and planned for. Some aspects of people's dignity and privacy had not fully been considered by the registered manager. Not all people sharing bedrooms had been fully involved in the decision-making process. People and relatives told us they felt staff were caring and respectful. Staff knew people and their needs well. There were enough staff who received appropriate training and this was updated as needed. This included how staff recognise and report abuse to keep people safe.

Right Culture

The registered manager was responsive to our feedback and took some immediate actions to ensure people were safe from environmental risks. People, relatives and staff were positive about the management team. Staff promoted a caring environment for people. Staff felt supported in their role and felt able to raise concerns if needed.

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

Rating at last inspection

This service was registered with us on 29 October 2021 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 2 July 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Enforcement

We have identified breaches in relation to people's dignity and respect, consent not being obtained, environmental risks in the building as well as the overall governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Beech Dene Residential Care Home

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 was carried out by 3 inspectors (2 inspectors visited the home and 1 made telephone calls to relatives after the visit) 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 Dene Residential Care Home is a 'care home'. 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. Beech Dene Residential Care Home is a care home without nursing care. 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 sought feedback from the local authority and professionals who work with the service. 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 information gathered as part of monitoring activity that took place on 4 August 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 6 relatives about their experience of the care provided. We spoke with 9 members of staff including; kitchen staff, a maintenance person, senior care staff, care staff, the deputy manager, the registered manager and the nominated individual.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The registered manager had not always identified the risk of harm to people.
- Most windows above ground level did not have compliant window restrictors fitted in line with guidelines. This meant people were at risk of harm from falls.
- The provider had made physical adaptations to some radiator covers, resulting in large holes being cut out of the covers. This meant people were at increased risk of scalding themselves from being able to access hot radiators.

We found no evidence people were harmed. However, systems were not robust enough to identify issues and concerns. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This registered manager acted on our feedback promptly and compliant window restrictors were starting to be installed during the initial site visit and work to make the radiators safe began soon afterwards.

- Equipment was serviced regularly, although we did find a hoist that was in the home that had not been serviced. This was in an empty room on the top floor therefore unlikely it would have been used. However, this was removed from the building to remove the risk.
- Fire safety checks were being completed and staff told us they had been part of the fire drills. One staff member told us, "Every Tuesday there is a fire test. We have regular fire drills as well." During the first day of inspection there was a fire test completed.

Using medicines safely

- Medicines were not always safely managed, although people told us they were happy with how their medicines were managed. One person told us, "I get my medication in a morning and afternoon and it's always on time." Another person told us, "I am able take my medication myself."
- Medicines audits were not robust. Stock checks were not being completed and therefore the registered manager could not be assured people's medications were being given to them appropriately. This meant people were at risk of harm because checks were not in place to identify and address stock errors.
- 'As and when' medicine protocols were in place, however, some needed more information to ensure staff followed a consistent approach and people received their medicines when needed.

We found no evidence people were harmed. However, systems were not in place monitor medicine stock levels, and 'as and when' protocols were not sufficiently detailed. This placed people at risk of harm. This

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

The registered manager told us they had implemented a new system of auditing medicine stock levels after our visit. We will review the effectiveness of this when we next inspect.

- Medicine administration records were in place and staff were recording when they had given a medicine in line with the person's prescription.
- Staff told us they received medicine training which they up-dated annually, training records reflected this. Staff also told us they had regular spot checks which was in line with the provider's medicine policy. A staff member told us, "I have updates every year, [the registered manager or deputy manager] watch us do the meds [medicines] round, and make sure we are doing it right, this is done every 3 months."

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse and people told us they felt safe. One person told us, "I feel safe here because of the people who run it. Some are better than others, but I get on well with them and the young ones are good as well."
- Relatives told us they felt people were safe. One relative told us, "I think [person] is very safe."
- Staff understood what abuse was and how to report their concerns. The registered manager reported concerns to the safeguarding authority when required.

Staffing and recruitment

- There were enough safely recruited staff.
- The registered manager obtained references to ensure staff were suitable for the role and completed pre-employment checks such as Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager told us agency staff were used if needed, mainly to cover holidays and sickness, and recruitment was on-going. A member of care staff told us, "There are agency staff at the moment. We usually have the same 2 or 3 people so they know what they are doing."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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.
- 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.

Visiting in care homes

Visitors were able to come into the care home to visit people, in line with current government guidance, and staff encouraged this to be done safely.

Learning lessons when things go wrong

- Staff were involved in regular staff meetings which is where information was shared with staff about lessons learned. One staff member told us, "We discuss things as a team and make decisions together. We have also talked about ordering medication, and lessons learnt."
- The registered manager was receptive to our feedback and started to take action to address areas of concern.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS had been applied for if restrictions were in place. However, for one person, their mental capacity in relation to their living arrangements had not been assessed prior to this application being made. Therefore, one of their restrictions was not included on their DoLS application, so this could not be considered by the appropriate assessor. This meant the registered manager had not followed the principles of the MCA and had not included all restrictions.

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received care in line with their assessed needs.
- Care plans were generally detailed and reviews were taking place, although changes in people's needs were not always reflected in their care plans. For example, nutritional supplements being prescribed to a person had not been updated in their care plan. However, staff knew people well and were aware of changes through handovers.
- People's cultural and religious needs were considered in their care plans, and some people and their families were involved in this planning.

Adapting service, design, decoration to meet people's needs

- Due to the building not being purpose-built, adaptations had been made, when needed, to support people who lived there, to better access the home.
- People were happy with the home and their own rooms. One person told us, "I think the place is clean enough and I like my room."
- The registered manager told us the home was undergoing on-going improvements. They said, "We are trying to get it to a good standard." The registered manager explained people's rooms were being redecorated first and then communal areas would be painted in lighter colours and carpets would be replaced with suitable floor coverings throughout the home.

Staff support: induction, training, skills and experience

- Staff completed an induction and had suitable training to support people in the home.
- People told us they felt staff were competent. One person told us, "The staff seem to know what they are doing." Another person told us, "The staff are great with me I have no complaints. Since I've been here they have really looked after me well." And, "I've no problem with the staff; I think they do a good job and are easy to talk to."
- Staff kept their training up to date. Most training was online, although practical training, such as moving and handling, was completed face-to-face.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported in line with their dietary needs.
- People told us they were satisfied with the food. One person told us, "The food is varied and tasty and if I suggest something different they will listen to me. I mentioned having some different cakes. Even though the food is good sometimes you can get bored of the same old thing." Another person told us, "The food is pretty good and I get plenty to eat and drink."
- Relatives we spoke with spoke positively of the food. One relative told us, "We have sampled the food, it's excellent."
- Staff understood people's dietary requirements and where to access this information in people's care folders.
- Kitchen staff had people's dietary information readily available and knew how to cater for people's specific requirements.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other organisations to ensure people were supported if there were any changes in their needs. Staff made referrals to healthcare organisations when needed.
- One person told us, "If I wanted a doctor I would ask them to get me one." Another person told us, "I've seen a doctor and a dentist." A relative told us, "They even had a nutritionist to see [person] to talk about [person's] diet."
- Professionals visited the home regularly to support people with their health needs. Professionals visits and recommendations were documented in people's care folders and these were understood and followed by staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was not always promoted and people had not always been meaningfully involved in decisions about their own support and care.
- Some people were sharing bedrooms not through their own choice. A change in need and a lack of ground floor rooms led to this arrangement for several people. This decision was not undertaken in line with legislation and guidance to determine whether this arrangement was in everyone's best interests. For example, one person was not consulted about this specific decision. Personal care interventions were a particularly distressing time for this person and having someone move into their room meant there was a lack of dignity and privacy during times of personal care support when both people were in the shared bedroom.
- Not all shared rooms had curtains. The registered manager told us this was due to COVID-19 and cleaning of curtains. The registered manager also told us they requested provider approval for disposable curtains following our feedback, and this had been approved.

People were not always being supported in a way that promoted their dignity, respect and privacy. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they protected people's privacy while undertaking personal care tasks. One staff member told us, "When we are getting people up and dressed, we make sure their curtains are closed and the bedroom doors are shut." Another staff member told us, "If the district nurse comes we have the privacy screen to put around [people]."

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with care and compassion by staff.
- People we spoke with told us they felt the staff respected and cared for them well. One person told us, "I like it here. I've got a lovely room and everything I need. The staff speak to me like a human being and come in and check on me to see I am alright." Another person told us, "I appreciate the staff because they look after me and if I want anything they don't moan they just do it." A further person told us, "The staff are like friends and I feel safe because there are a lot of people around."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised plans; however, some care plans needed updating to reflect changes in people's care needs. The registered manager was receptive to our feedback and told us they would address this.
- People were involved in their initial care plans, although it was not clear whether they were involved in reviewing or changes to their care plans.
- Staff knew people's preferences and supported them in a person-centred way. One staff member told us about person-centred support, "It's not treating everyone the same. People's needs are in their care plans including their preferences."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported with activities in the home as well as to maintain relationships with people outside of the home.
- People's views on activities in the home were mixed. One person told us, "There's not really a lot to do apart from TV. We have the odd quiz which is okay because it gets your brainbox going." Another person told us, "I like staying in my room but there's not much to do downstairs anyway." Whilst another person told us, "Occasionally they do exercises with us and games to keep us occupied."
- Staff told us they felt there were enough activities for people in the home. Care staff also engaged people in activities because the activity coordinator was part time and would also provide care to people when cover was needed.
- The registered manager told us they hoped they could recruit a further activity coordinator in the future, as the previous activity coordinator had left, but the recruitment focus was on care staff at the current time.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported in line with their individual communication needs.
- Information was available in accessible formats for people who needed this. For example, staff supported a person whose first language was not English. Staff used a communication book containing pictures and words in the person's language to communicate with them.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and complaints were responded to, to people's satisfaction.
- Issues raised through different routes were addressed by the registered manager. For example, from relative feedback in questionnaires.

End of life care and support

- People and relatives were involved in end of life care planning.
- People had information about their end of life wishes recorded in their care folders.
- Staff received end of life training and told us how they would support people at the end of their life. One staff member told us, "I would make the person as comfortable as I possibly could, I would talk to them it's about the general feeling of someone being there."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Medicine stock checks were not being completed in line with the care home's own internal policies. This meant people were at risk of harm because errors would be more difficult to identify without having this audit trail.
- Specific risk assessments were not always in place. For example, diabetes risk assessments. Staff in the service knew people well and understood their needs. However, there was a risk of signs or symptoms not being identified swiftly if new or unfamiliar staff were to provide support.
- Quality audits were not robust enough. Audits were not always effective in identifying areas of risk or concern. For example, environmental risks had not been identified.
- Where issues were identified, actions were not always recorded. This meant it was not clear if actions had been taken to address the identified issues.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives felt positive about the registered manager and staff. One person told us, "The Manager is [registered manager's name]. They are very nice and easy to talk to." A relative told us, "[The registered manager] is amazingly helpful. If I want anything, if I have a concern, they help."
- People were able to feedback about the service in residents' meetings. Minutes demonstrated people were listened to and actions taken to address areas highlighted by people.
- People told us they felt staff listened to them. One person told us, "If I want anything I generally speak to the staff who I know will listen."
- Staff worked in partnership with others. The registered manager told us, "If we are concerned about people's weight, we have our own dietician we can contact. Also, we contact the GP who will visit and we are guided by them." Records viewed showed various professionals involved in supporting people who lived in the home and staff told us how they followed other professionals' recommendations.

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; Continuous learning and improving care

- The registered manager reported safeguarding concerns to the local authority and sent information notifying CQC of such concerns, in line with regulations.
- The registered manager was receptive to our feedback and started to address environmental concerns while we were on-site as well as afterwards. The registered manager told us they continued to address issues we highlighted on our inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not always being supported in a way that promoted their dignity, respect and privacy.
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not always followed the Mental Capacity Act assessment process when people had restrictions in place.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not always identified risks to people to keep people safe from harm.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place were not effective in assessing and monitoring the quality and safety of the service.