

Beech Haven Limited

Beech Haven

Inspection report

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09 March 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Beech Haven is a care home for up to 30 older people. The service is a family run business and they have managed the home for over 30 years as a partnership and is now a limited company. The home is a converted building on a residential street in the London Borough of Ealing. At the time of our inspection, 24 people were using the service. Some people were living with dementia.

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

The provider did not always have effective systems in place to safeguard people from risk or manage medicines safely.

The provider had quality assurance systems in place to monitor and manage the quality of-service delivery. However, these were not always effective as they had not identified where improvement were needed. There were infection prevention and control policies in place, however the provider did not always follow these. We have made a recommendation that the provider follow national guidance for infection prevention and control.

We found that the environment was not always dementia friendly, and we have made a recommendation about this.

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 support this practice. We have made a recommendation that the provider consider current guidance and implementation of the Mental Capacity Act 2005 (MCA).

People at the service were happy living there. Their needs were being met and they were able to make choices about their care.

Safe recruitment procedures were followed. Staff knew how to respond to possible safeguarding concerns. The staff were happy working at the service they knew people well.

The management team were the family who owned the care home. They worked with staff providing support for people using the service. They had a good knowledge of the individual needs of the people who were living there and had good relationships with them and the staff. People using the service and staff told us they felt managers were approachable.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 October 2021) and there were

breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

Enforcement and Recommendations

We have identified breaches in relation to safe care and good governance. We have also made recommendations in relation to infection control and prevention, creating a more dementia friendly environment and further implementing the principles of the Mental Capacity Act 2005.

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

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Requires Improvement ●

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 Care Act 2014.

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 conducted by 2 inspectors, a member of the CQC medicines inspection team and 2 Experts 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'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 looked at all the information we held about the service including feedback from the local authority and notifications of significant events. 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

During the inspection we spoke with 9 people who used the service. We spoke with 6 members of staff including the registered manager, and care workers. We looked at 3 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures. We looked at records used by the provider to manage the service which included the care plans for 4 people, records of audits and checks, and management records. We conducted a full tour of the environment, which included an audit of infection prevention and control. After the inspection we continued to seek clarification from the provider to validate evidence found. Relatives gave us feedback about the service.



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 requires improvement. The rating for this key question has remained 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.

Using medicines safely

At our last inspection, we identified that medicines were not always safely managed because not all medicines were safely secured, and some records were not appropriate. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider remained in breach of Regulation 12.

- The service had addressed some of the issues from the last inspection, however improvement was still required in how medicines were managed.
- Medicines incidents had been recorded and investigated. However, for some incidents there were no details recorded on how the service could prevent them from re-occurring.
- Trained staff used Medicines Administration Records (MARs) to record when medicines had been administered. When handwritten amendments were made to MARs, they had not always been signed or checked by a second member of staff to ensure the transcribing was correct.
- Some medicines which had been prescribed to be taken 'when required' did not have protocols available to explain when it would be appropriate to administer these medicines. We also saw some protocols were not person centred and did not have specific details on exactly when they should be administered. This meant people may not have received their medicines in a consistent manner.
- When reviewing the records for controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), we saw that there were discrepancies between the quantities in the record book and the medicines available. When these medicines had been disposed of the quantities were not always updated in the record book.
- Medicines refrigerator temperatures were being monitored and recorded. However, the records showed that the maximum temperature was outside the required range. There was no recorded action to rectify this. The records could not provide assurance that medicines were being stored at appropriate temperatures.
- A medicines audit was completed, but it did not identify the potential risks around the safe management of medicines we found at inspection. This meant people may not have been receiving their medicines as prescribed.

We found no evidence people were being harmed. However, the failure to operate safe systems for managing medicines was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a medicines policy in place.
- Staff received medicines training and had completed competency testing to help ensure they administered medicines safely.
- The service had addressed some of the issues from the last inspection, however improvement was still required in how medicines were managed.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- The provider did not always have risk assessments for identified risks. One person who used a catheter did not have a risk assessment in place to ensure they were being supported effectively to minimise risks such as infection control.
- We saw people were living with identified medical conditions such as diabetes, but specific risk management plans for the conditions had not been developed. This meant that staff did not have appropriate guidance to ensure they were supporting people safely.
- The provider did not always have a record of how they investigated accidents and incidents, or lessons learnt. For example, one person had four falls in quick succession. There was no review of the accidents or updated assessments to guide staff how to protect the person from the same thing reoccurring.
- During our check of the environment we found the exit door to the garden area was open. We also saw the doors to a large shed were open. The contents included fall hazards such as boxes and a fridge freezer. There was also a large ride on lawn mower outside the shed.

Failure to assess and plan for risks was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- People had personal emergency evacuation plans (PEEPs) for how each person should be evacuated and the assistance which was required to help ensure people could evacuate safely in an emergency.
- Staff were aware of the reporting procedures for accidents or incidents that occurred.

Preventing and controlling infection

- Systems to prevent and control infection were not always effectively implemented. On the day of the inspection, we found some toilets did not have soap and one toilet had no toilet roll.
- Another toilet did not have a lid on the personal protective equipment (PPE) bin. We also saw PPE disposed of incorrectly in two open bins not meant for PPE.
- Two people had tested positive for COVID -19. They were isolated in their rooms, however there was no signage to indicate this.
- The provider was not always promoting safety through the layout and hygiene practices of the premises. Some areas of the home were in a state of disrepair, with broken tiles and chipped paintwork. This meant it was not possible to clean these areas effectively. We saw some areas of the home were visibly unclean.

We recommend the provider follows national guidance for infection prevention and control.

- The provider confirmed they had a plan for refurbishment of some toilets and bathrooms for May 2023.
- People were able to have visitors in the service when they wanted, and visits were carried out safely and in line with best practices.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to safeguard people from harm. People and their relatives told us they felt safe in the service. One relative commented, " [Person] is safe there and very well looked after".

- The provider had systems for reporting and investigating suspected abuse. The provider knew how to raise safeguarding concerns with CQC and the local authority to help protect people from further harm. Where concerns had been identified, the registered manager worked with the local authority to resolve the concerns.
- Most staff knew what to do if they thought someone was at risk of abuse.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. There was a stable staff team with two new staff members recently recruited. The registered manager and two other managers, who were part of the family business, worked at the service alongside staff, providing additional cover and support when needed.
- The registered manager told us they had a full staff team and they used internal bank staff to cover sickness and short-term cover.
- Staff members received an induction when they began working at the home. Training and supervision
- The provider had an effective recruitment process in place to recruit staff safely. Various checks had been undertaken for new staff, including Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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 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.

- The provider was not always consistent in following the principles of the MCA. In some people's records we identified relatives had signed their consent for the provider to care for the person but without having evidence the relative had the legal authority to do so.

We recommend the provider review and implement the principles of the Mental Capacity Act 2005.

- Where people could not give consent to their care, care staff had carried out best interests decisions and involved people's relatives as necessary.

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

- The environment was suitable to meet people's needs, However, the building needs some refurbishment which plans are in place to commence. People were able to personalise their rooms.
- All floors could be accessed via passenger lifts and corridors were well lit, large, and equipped with handrails.
- There were large communal areas and a garden which people were able to access in good weather.
- The provider had not followed best practice guidance when creating dementia friendly environments. For example, there were no signs on toilet bathroom doors and no pictures on peoples bedrooms doors.

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

- People's needs were assessed prior to moving to the home to confirm these could be met by the provider in line with legislation and guidance. This information was used to write people's care plans according to their assessed needs.
- Appropriate referrals to external services were made to help ensure people's needs were met.

Staff support: induction, training, skills, and experience

- Staff had safeguarding training. However, there was no evidence of refresher training or discussions with staff about keeping people safe. We discussed this with the provider, and they said they would address staff completing refresher training.
- The service had adequate staffing levels to meet the needs of people. One person told us, "There is enough staff, they are available if I need them".
- The registered manager told us they had a full staff team and good staff retention.
- The provider had a training system in place; however, this was not always effective, for example safeguarding training was undertaken when staff started working at the service, however there was no follow up training. We recommend the manager addresses this in line with guidance and safe practice.
- Staff members received an induction when they began working at the home. Training and supervision

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

- People were supported to have enough to eat and drink and maintain a balanced diet.
- People's nutritional needs were assessed, and food preferences recorded in their care plans.
- Meals and drinks were served to people to manage independently or on a one-to-one basis as required. Overall, people were happy with the meals and told us, "The food here is good, I can't complain".
- People were supported with drinks throughout the day of our visit and given options of what they would like to drink.
- When required, people's nutritional needs and weight were assessed and monitored for changes. One relative said, "[Person] is supported to have nutritional drinks. [They are] currently underweight and staff are always encouraging [them] to have snacks to maintain their weight."

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

- The management team and staff worked closely with external professionals where necessary. Referrals were made to other health and social care professionals such as dietitians when this was needed
- The local GP (General Practitioner) worked closely with the provider and a named nurse came to the service weekly to assess people's needs accordingly.
- Care plans included information about people's health needs and how these should be met.
- One relative said, "The nurse visits on a Monday and recently she was concerned about [person]. She called the paramedic, and [person] was taken to the hospital for assessment. I think they are good at responding to any medical needs."

Is the service well-led?

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.

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We recommend the provider review and implement the principles of the Mental Capacity Act 2005.

- This was not in line with MCA best interest decisions for people who did not have the capacity to consent to their care or for people with the capacity to consent to their care, who could sign their own consent forms.

We recommend the provider review and implement the principles of the Mental Capacity Act 2005.

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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 requires improvement. At this inspection the rating has remained 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.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, we identified systems and processes for monitoring and improving quality, and for monitoring and mitigating risk were not always operated effectively. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that not enough improvement had been made and the provider remained in breach of Regulation 17.

- The provider had quality assurance systems in place, however these were not effective as they did not always identify where improvements were needed so these could be addressed. This included managing medicines safely and implementing effective infection prevention and control processes.
- Systems and processes for assessing and mitigating risks had not always been operated effectively. Whilst we saw improvement since the last inspection, some care records did not identify all the risks people experienced. For example, there was a lack of risk assessments for people with specific medical needs such as diabetes or catheter care which the provider's monitoring systems had not identified. This meant processes around governance did not always support improved service delivery.

We found no evidence that people who used the service had been harmed. However, issues highlighted with monitoring the service indicated that there were not always robust systems in place to ensure safety and quality was effectively managed. This placed people at risk of harm. This was 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

- There was a positive culture at the service. People using the service, spoke positively about their experiences. One person commented, "Everyone is kind and looks after me." One relative said, "We have a good relationship with the manager, and he is very helpful."
- Staff felt supported and many had worked in the service for many years. One staff member said, "The managers are always around and very supportive."

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

- The registered manager understood their responsibility around the duty of candour.
- The provider had procedures for dealing with complaints.
- The provider submitted notifications of significant events to CQC and informed other relevant agencies such as the local safeguarding teams when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people using the service and other stakeholders. Relatives found the registered manager approachable and helpful. Comments included, "In our experience the manager has been great."

He manages the home well and makes it homely for the residents."

- The provider had carried out a satisfaction survey in the past year about people's experience of the service, and overall, the feedback was positive.
- Daily huddle meetings were held to share information and give staff the opportunity to raise any issues.
- People's care records included information about their protected characteristics such as religion and their communication needs.

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

- The service was a family run business. The registered manager and two other managers were part of the family who had run the service for over 30 years. They knew the service well, including the individual needs of people living there and staff. They worked alongside staff, directly supporting people.
- People using the service spoke positively about the management team. Their comments included, "The owners are always available" and "[Registered manager] is easy to talk to and reasonable".
- Most of the staff team had worked at the service for several years and knew the registered manager and provider well.

Working in partnership with others

- Records indicated the provider worked with other professionals to maintain people's wellbeing. These included the GP, weekly visit from a named nurse and the district nurse.
- Where appropriate they shared information with other relevant agencies, such as the local authority, for the benefit of people who used the service.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always ensure safe care and treatment for service users because they did not always ensure the safe and proper management of risks including those associated with medicines.</p> <p>Regulation 12(1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons did not always effectively operate systems and processes to assess, monitor and improve the quality of the service and assess, monitor, and mitigate risks.</p> <p>Regulation 17(1)</p>