

Kirklands Care Limited

The Beeches

Inspection report

665 Uttoxeter Road
Stoke-on-trent
ST3 5PZ

Tel: 07827368462

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Beeches is a residential care home providing personal care to up to 40 people. The service provides support to older adults, some of whom are living with dementia. At the time of our inspection there were 36 people using the service.

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

The provider's auditing systems were not always effective at identify improvements. The registered manager did not always record the lessons learnt when things went wrong.

Systems and processes were in place to safeguard people from the risk of abuse. Staff were aware of potential risks to people's health and wellbeing and monitored them. People were supported by enough staff who were safely recruited to work at the home.

The provider had effective infection prevention and control processes in place. People's needs and choices were assessed and monitored to form their plan of care. Staff completed training and received an induction when first employed to help meet people's individual needs. People were supported to eat and drink and maintain a healthy diet. Staff worked with health and social care professionals to ensure people received effective care. The provider adapted the home to meet people' needs and preferences.

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.

People were well treated and supported by staff who respected their equality and diversity. People's care records included their preferences and input into their care. People's privacy, dignity and independence was respected and promoted.

People received personalised care to meet their needs and preferences. The provider was aware of the accessible information standard and confirmed information could be provided in accessible formats where required. The registered manager kept records of any complaints or compliments made by people, relatives, or staff. The provider was in the process of reviewing people's future wishes and preferences.

Managers and staff were clear about their roles and responsibilities. Staff shared a positive culture which was person-centred and helped ensure people achieved good outcomes. The registered manager understood their legal responsibility to be open and honest. People, their relatives and staff were involved in the service and had the opportunity to suggest improvements. The provider worked in partnership with others to help ensure people received good outcomes.

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 under the previous provider was requires improvement (published 18 March 2022).

Why we inspected

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

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?

The service was not always safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

The Beeches

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

This inspection was carried out by 1 inspector and an expert by experience on the first day of inspection, and 2 inspectors on the second day of the inspection.

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

The Beeches 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. The Beeches 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 reviewed information we had received about the service since the last 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 all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 2 relatives about their experiences of the care received. We spoke with 8 members of staff including the registered manager, deputy manager, operations manager, seniors, care staff, and a kitchen assistant.

We reviewed a range of records, this included 3 people's care records and multiple medicines 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 also 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 provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were in place to safeguard people from the risk of abuse.
- When staff raised concerns, the registered manager took action and local authority safeguarding referrals were made where required. We found, however, there was not always a clear record of internal safeguarding investigations, or the lessons learnt.
- When informed, the registered manager was aware of actions taken to keep people safe and implemented a form to record this information and confirmed lessons learnt discussed in team meetings would be recorded.
- Accidents and incidents were recorded, and immediate required action was taken and documented. The registered manager investigated, and recorded lessons learnt in response to falls. Records showed action taken to help reduce the risk of them happening again. Further information was required in response to non-fall related incidents.
- People and relatives we spoke with, confirmed people were safe at the home and with the staff supporting them. One relative told us, "[Person's name] feels safe, they know all the care workers and gets on well with them."
- Staff we spoke with told us the process they followed if they had any concerns, including reporting it to the registered manager.

Assessing risk, safety monitoring and management

- Staff were aware of potential risks to people's health and wellbeing and monitored them.
- We found, 1 person's care plan informed staff of how to monitor risks associated with their catheter care needs. A catheter is a tube inserted into the body to empty the bladder. Whilst staff reported any concerns they had, there was no record of regular monitoring of the person's care. We also found staff were not recording the completion of changing the person's leg bag and there was a discrepancy of the frequency of the change. When raised the provider took immediate action to implement a monitoring form with required input when staff changed the person's bag.
- People's care records did include clear guidance for staff to follow to monitor and manage identified risks. Staff were directed to inform senior staff if they had any concerns with people's risks or needs and people's records included where required referrals were made, for example to the GP or district nurses.

Using medicines safely

- The provider used an electronic system for the management of people's medicines. However, this was not always effective as the recorded stock count did not always match the physical stock. When raised the registered manager took action to investigate and make changes. Daily stock counts were also

implemented on paper records.

- People received their medicines as required and where people received 'as required' medicines protocols were in place to inform staff.
- People's medicine administration records were completed to show people received their medicines as prescribed. Body maps and records for patch medication were in place and completed as required.

Staffing and recruitment

- People were supported by enough staff who were safely recruited to work at the home.
- The provider completed pre-employment checks prior to staff employment. This included, 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.
- People and staff we spoke with felt there were enough staff to meet people's needs, they confirmed however, they missed the support from the activities coordinator.

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 mostly assured that the provider was promoting safety through the layout and hygiene practices of the premises. The provider was working through an environmental action plan which included refurbishment of several areas of the home, this would help ensure areas could be kept clean. One person told us, "It is clean and tidy".
- 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's visiting approach was in line with government guidance.

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 of this newly registered provider. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed and monitored to form their plan of care.
- People received an assessment period when first admitted and had regular reviews of their care to ensure their needs and preferences were as required and up to date.
- Staff were aware of people's needs and preferences and tailored their care in line with them. One member of staff told us, "[Person's name] does not like personal care in the morning, we know how to support them and ensure a very calm approach."

Staff support: induction, training, skills and experience

- Staff completed training and received an induction when first employed to help meet people's individual needs.
- Staff we spoke with confirmed they received the right training and information to support people and meet their needs. They told us they could access further training or development opportunities if requested and supported each other and worked as a team.
- People we spoke with were complimentary of the staff group and their knowledge of people's needs. One person told us, "If I need help there is always someone there. I wash and dress myself and I can manage, but I know that the offer is there."

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

- People were supported to eat and drink and maintain a healthy diet.
- People's care records included information of their food and fluid needs and monitoring was in place where required.
- Staff were aware of people's dietary needs or preferences, and they received any updates or changes to people's requirements to ensure their needs were met. A kitchen assistant informed us, "There is a folder in the kitchen with information of people's food levels and any allergies. We have a weekly update to discuss any changes. If the SALT (Speech and Language Therapist) team make any changes or recommendations, we are informed straight away."

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 health and social care professionals to ensure people received effective care.
- People had access to a range of professionals to support their needs. These included, general practice (GP's), district nurses, speech and language therapists, occupational therapists, and dentists. One person told us, "I do see a social worker. I'm not allowed to go out of the home alone. I've seen a chiroprapist and

have had my toenails done. I've also seen an optician."

- People were supported to access healthcare services. The provider arranged at home healthcare to support people to access services. For example, a dentist visited the home to ensure people had regular check-ups.
- People's oral healthcare needs were assessed and documented in their care records. People's records contained clear information to guide staff on their individual oral healthcare needs. Staff were also prompted to report any concerns to senior staff.

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

- The provider adapted the home to meet people's needs and preferences.
- The home was adapted to meet people's physical needs and signage was displayed to help people orientate.
- People were encouraged to individualise their bedrooms with personal items and things of importance to them.
- The environment required some refurbishments which the provider was in the process of actioning and kept record through an action plan.

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.

- The provider identified where a previous manager had completed DoLS applications which were not required. For example, where people had capacity to make decisions about their care and treatment. The provider took action to ensure their DoLS records were updated where applications were not required.
- People's care records detailed where they did not have capacity to consent to aspects of their care and treatment. We found however, there was no evidence of how that decision was determined. Once raised, the provider took action to include mental capacity assessments in line with the MCA to ensure there was clear documentation around people's capacity.

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 of this newly registered provider. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated and supported by staff who understood equality and diversity.
- People we spoke with were complimentary of the staff caring for them. One person told us, "They [Staff] are very good, they will listen to me, and they know me. You couldn't wish for better help from a person."
- Staff completed training in equality, diversity, and inclusion to help ensure they respected people's individual needs.

Supporting people to express their views and be involved in making decisions about their care

- People's care records included their preferences and input into their care.
- People we spoke with confirmed staff supported them to be involved in their care. One person told us, "They [Staff] ask me if I want a bath or shower. I can choose to do small jobs to help out like collect up the dirty cups and saucers and pick up the cushions after the night shift in the mornings."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- We observed staff knocking on people's bedroom doors before entering and handover meetings being held discreetly to share information or update staff on people's changing needs.
- People's care records detailed information for staff of aspects of their care people could do themselves, to ensure their independence was promoted.
- Where people had a do not attempt cardiopulmonary resuscitation (DNACPR) in place, their bedroom door contained a butterfly image to subtly inform staff.

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 of this newly registered provider. 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 received personalised care to meet their needs and preferences.
- People's care plans detailed their likes, dislikes, and choices around their care. People's records also included things of an interest to them including family members.
- Staff confirmed they tailored people's care to suit their needs and preferences. One person was assessed with different moving and handling equipment depending on their needs. One staff member informed us they supported the person to decide which equipment was required based on their mobility that day.

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.

- The provider was aware of the accessible information standard and confirmed information could be provided in accessible formats where required.
- People's communication needs were documented in their care plans, with prompts for staff to report any changes or concerns.
- Photographs of food meals were displayed in the dining area to provide people with visual images to help them choose their meals.

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 encouraged to maintain relationships with family members to avoid social isolation, however there was not always enough activities provided to ensure people followed their interests.
- The activities coordinator was not available at the time of our inspection, however, people confirmed they organised external facilitators to come into the home to provide different activities. In their absence however, people and staff felt activities were limited. One person told us, "There is not much going on."
- Staff we spoke with confirmed to improve the service an interim designated activity coordinator would be beneficial. Whilst staff currently spent time once a day doing activities with people individually, they felt this was not enough. During our site visits, whilst activities were limited, we did observe staff spent time with people and interacted with them whilst delivering care.
- People had weekly access to an on-site hairdresser who they had appointments with at their preference. There was a secure outdoor space and communal areas for people to use to watch television including a

quiet area where books were available for people to read.

Improving care quality in response to complaints or concerns

- The registered manager kept records of any complaints or compliments made by people, relatives, or staff.
- At the time of our inspection there was 1 complaint, which the registered manager was in the process of investigating. The registered manager had responded to the complainant and informed them they would be investigating the concerns in line with their complaints policy.
- People and relatives, we spoke with confirmed they knew how to raise any concerns or complaints they had. One person told us, "I can't recall ever making a complaint. I would go to one of the three women in the office if I wanted to make one."

End of life care and support

- At the time of our inspection there was no one receiving end of life care.
- People we spoke with felt they had not had the opportunity to discuss their end of life care choices or preferences. The registered manager confirmed however, they were in the process of reviewing this aspect of people's care with people and their families. We reviewed some people's care records which contained the up-to-date details of their future wishes and preferences.

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 of this newly registered provider. 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.

Continuous learning and improving care

- The provider's auditing systems in place were not always effective at identify improvements.
- The provider completed a medicine audit; however, this was not effective at identifying where the electronic stock count did not match the physical medicine stock. When raised, however, the registered manager took action to investigate and help ensure the stock counts were correct.
- We found some gaps in people's electronic repositioning records. When raised, the registered manager confirmed some entries had been recorded on paper records. This had not been actioned to ensure staff were recording consistently. Following our inspection, the registered manager took action to ensure all staff were recording this information in the same place.
- The registered manager had systems in place to keep people safe, however they did not always record actions taken or lessons learnt. For example, the action taken following a call bell audit was not recorded. We also identified lessons learnt from incidents were not always recorded.
- Audits of people's care records were in place, however they did not highlight where further information was required, for example the recording of monitoring people's catheter care.
- During our first day of inspection we identified the use of closed-circuit television (CCTV) with no signage to inform visitors. It was also not clear if any consent had been gathered from people living at the home. On our second day of inspection, signage had been displayed and letters had been sent to relatives to inform them. The provider was also in the process of discussing the CCTV with people to gain consent. We recommend the provider improves the recording of outcomes.

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

- Managers and staff were clear about their roles and responsibilities.
- The provider took action to ensure checks were in place to ensure the responsible person completes actions within required timeframes, this was following the fire risk assessment actions being incomplete.
- The provider completed CQC notifications when notifiable events took place in the home and the previous report was displayed in the home in line with their requirements.
- Staff confirmed they had supervisions and appraisals to support them in their role. One staff member told us, "We have supervisions and appraisals, you get to tell the manager your ideas and what you are struggling with. They will try and sort it straight after the meeting."

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

- Staff shared a positive culture which was person-centred and helped ensure people achieved good outcomes.
- People and their relatives confirmed staff were positive and caring. One person told us, "I have a good relationship with the staff." We also observed positive interactions between people and staff.
- Staff we spoke with were passionate about the care they provided for people. One member of staff told us, "It is great here, the environment is very friendly. The residents are great, they are safe, and we get supported."

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 legal responsibility to be open and honest.
- Staff we spoke with confirmed they were encouraged and supported to share any concerns and be open and honest. One member of staff told us, "We are encouraged to be honest; we are not afraid to be honest either."

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

- People, their relatives and staff were involved in the service and had the opportunity to suggest improvements.
- People and their relatives raised any concerns or suggested improvements informally to the registered manager which the provider acted on. For example, 1 relative told us, "As soon as we tell staff about things, they sort it. For example, when [Person's name] had spilt yogurt down their front, staff came and changed them straight away."
- Staff attended daily meetings where they received updates and were informed of any changes to people's care or needs. Staff we spoke with confirmed they had the opportunity to raise any issues and suggest alternatives or ways to improve people's care. One staff member told us, "I suggested a chair raiser when 1 person was struggling as the chair was too low. The managers then came and assessed them."

Working in partnership with others

- The provider worked in partnership with others to help ensure people received good outcomes.
- The registered manager ensured actions were taken following a recent local fire risk assessment.
- The provider worked with the local authority to complete required actions from their quality assurance visits.