

Oldfield Residential Care Ltd

# Beech Dene Residential Care Home

## Inspection report

Westwood Road  
Leek  
Staffordshire  
ST13 8DL

Tel: 01538388087  
Website: [www.oldfieldcare.co.uk](http://www.oldfieldcare.co.uk)

Date of inspection visit:  
30 May 2019

Date of publication:  
01 July 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

Beech Dene residential home is registered to provide accommodation and personal care for up to a maximum of 35 people some of who may be living with dementia. At the time of our inspection there were 34 people living at the home.

People's experience of using this service:

People did not always receive safe support with their medicines. Medicine records were incomplete and in some instances the directions for their use was missing.

The provider did not complete regular checks to ensure people received their topical creams as expected. However, staff members had been trained and assessed as competent to support people.

People were at risk of communicable illnesses as the provider had not imbedded effective infection prevention and control systems.

Risks to people, associated with where they lived, had not always been effectively identified or mitigated. However, the provider had assessed risks to people associated with their care and support.

People were not always supported by enough staff members so meet their needs in a timely way.

The provider did not have effective quality monitoring systems in place to identify and drive good care.

People were protected from ill treatment and abuse as the staff team had been trained to recognise potential signs of abuse and understood what to do to safely support people.

Staff members were aware of the necessary action they should take in the event of an emergency.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision. Staff members were knowledgeable about the relevant legislations that informed their practice and supported the rights of those receiving services at Beech Dene.

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

People were supported to access additional healthcare services when required.

People were supported to maintain a healthy diet by a staff team who knew their individual preferences.

People received help and support from a kind and compassionate staff team with whom they had positive

relationships.

People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability.

People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them.

The provider, and management team, had good links with the local communities within which people lived. The provider had systems in place to ensure the Care Quality Commission was notified of significant events in a timely manner and in accordance with their registration.

More information in Detailed Findings below.

Rating at last inspection:

At the last inspection Beech Dene was rated 'Good' (Published 9 December 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection, 'Good.'

Follow up:

We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### 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** ●

# 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector, one assistant inspector and an expert by experience carried out this 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. In this instance a family member receiving care in a residential setting.

#### Service and service type:

Beech Dene is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection took place on 30 May 2019 and was unannounced.

#### What we did:

Before our inspection visit we also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

We spoke with four people who lived at Beech Dene and four visitors. In addition, we spoke with the registered manager, deputy manager, one senior carer, one carer and the cook.

We reviewed a range of records. This included two people's care and support plans and medication records. We confirmed the safe recruitment of two staff members and reviewed records relating to the provider's quality monitoring, health and safety and staff training.

# Is the service safe?

## Our findings

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

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.

- People were not always safely supported with their topical creams. These were creams which were used to help maintain healthy skin. We saw significant gaps in the recording of people's topical creams. In some instances, the directions for the use of these creams was missing.
- We checked with people, relatives and staff members and assured ourselves this was a recording issue and people were happy with the support they received regarding their medicines. However, this lack of detailed instruction and recording put people at risk of inconsistent care.
- Staff members we spoke with told us they had received training and had been assessed as competent to support people with their medicines and how to record topical creams. However, staff members had not reported or acted on the issues we found at this inspection.

Preventing and controlling infection.

- The provider did not have effective infection prevention and control systems and practices in place. For example, we saw stained lighting pull cords in communal bathrooms and toilets, a hoist with evidence of rusting, missing grouting in bathroom tiles, compromised bath seals, side tables where people received their food and drink with compromised varnished surfaces and stair gates which had tape and bare exposed wood on it. These hindered effective infection prevention and control techniques putting people at risk of communicable illnesses.

Assessing risk, safety monitoring and management.

- All those we spoke with consistently told us they felt safe whilst receiving support and assistance from staff. However, we saw risks to people had not always been identified or minimised to keep people safe whilst living at Beech Dene. For example, we saw hot water pipes which fed radiators in the communal areas had not been safely covered to minimise the risk of burns. One bathroom had tiles on the wall which were loose to the touch and at risk of falling off. We spoke with the registered manager about these issues. We later saw they had acted to rectify these potential risks.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did see some positive aspects relating to the safe provision of care.

- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals, investigations into the error and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members we spoke with were

aware of these guidelines.

- People's care plans contained risk assessments linked to their support needs. These explained the actions staff took to promote people's safety and ensure their needs were met appropriately. For example, how to appropriately support someone with their mobility. We saw staff safely supporting people using the appropriate equipment to keep them safe.
- Risk assessments were updated following changes in people's needs. For example, one staff member told us how one person's mobility had changed and as a result a different piece of equipment had been provided. We saw this was then updated in the person's care plan.
- People told us staff members followed their individual risk assessments to ensure safe care and support.

Staffing and recruitment.

- People and relatives told us they didn't always receive support in a timely way which met their needs. One person said, "They (provider) could do with more staff, especially at bed time, and when they take training sessions." Consistently people told us, "Toileting" appeared to be a problem." At lunchtime we saw people were sitting for excessive periods of time before they received assistance with their meals. However, when they received assistance this was provided at a pace to suit their needs. All those we spoke with told us they didn't find staffing a major issue and their basic needs were met. However, they felt staff were task focused and unable to spend quality time with them interacting or chatting.
- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to any potential concerns.
- Information was available to people and staff on how to report any concerns.
- The provider had made appropriate notifications to the local authority to keep people safe.

Learning lessons when things go wrong.

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accident and near miss incidents were recorded and passed to the registered manager for their review. They analysed these incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people.



## 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.

People's outcomes were consistently good, and feedback confirmed this.

At our last inspection (published December 2016) we identified improvements were needed in the way people's ability to make decisions was assessed. At this inspection we found improvements had been made.

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

- All the staff members we spoke with had a clear understand of The Mental Capacity Act 2005 (MCA) and how this was effectively applied to those they worked with to ensure their rights were maintained.
- The 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 Act 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 with appropriate legal authority.
- 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider had made appropriate applications and had systems in place to renew and meet any recommendations of authorised applications. Staff members told us about these applications. This included, those which had been approved and those which were still awaiting approval. This demonstrated to us that staff members understood the legislation that informed their work with people.
- People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice. When someone could not make decisions for themselves, the provider and staff knew what to do to protect the individual's rights. Decision specific mental capacity assessments were completed, and the best interest process was followed in relation to decisions about people's care and treatment.
- We saw people were asked for their consent when staff members provided personal care. For example, one person needed assistance with their mobility. The staff member supporting them informed the person why it would be best to move and waited for the person to give their consent before supporting them.

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

- People told us they were involved in decisions regarding their care and support. People's needs were assessed and regularly reviewed. People's physical, mental health and social needs had been holistically assessed in line with recognised best practice.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in the way they wanted.

- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious and cultural diets and preferences.

Staff support: induction, training, skills and experience.

- People were supported by a well-trained staff team who felt supported by the provider and the management team. Staff members we spoke with told us they received regular support and supervision sessions. These were opportunities for staff members to discuss their performance and any concerns related to their work or personal development.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, adult safeguarding and fire awareness.
- In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively. Staff members we spoke with found this process supportive. One staff member said, "We (staff) all work together, and bounce off each other. If I ever need to ask something I can."
- Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care.

Supporting people to eat and drink enough with choice in a balanced diet.

- All those we spoke with were positive about the food they received and the choices on offer. One person said, "Food is very good. there are two choices at lunch-time and a choice of sandwiches and cake at tea-time." People told us they were encouraged to have regular snacks and plenty of drinks to maintain their hydration levels.
- When people required assistance with their eating this was provided at a pace which suited them and encouraged their eating. Although, in some instances, we saw people waiting before receiving this assistance.
- People's individual diets and choices were known and supported by staff members. Staff member we spoke with told us about people's individual diets and choices which supported their decision making.
- When it was identified that people needed additional support with their eating and drinking a specialist assessment was requested. The outcomes of these assessments were then included in people's care and support plans for staff members to follow.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff members had effective, and efficient, communication systems in place to share appropriate information with those involved in the support of people receiving services from Beech Dene.
- We saw detailed communication records between staff members and visiting healthcare professionals also involved in people's continued care and support. This clearly explained the outcome of professional's visits and the follow up support staff members were required to give. One relative told us, "I have full faith in the staff and they will follow any instruction given to them by Doctors or Nurses to the letter."

Supporting people to live healthier lives, access healthcare services and support.

- People were promptly referred for additional healthcare assessment and intervention when it was required. One person said, "The staff do contact the Doctor on my behalf." We saw people had access to GP's, district nurses, dentists and foot health practitioners if they required to maintain good health.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

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

- We saw people were orientated to where they lived and moved freely around the building.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- People told us they were treated with care by a compassionate and respectful staff team. Those we spoke with described the staff members supporting them as, "Just fantastic", "Lovely," and "Marvellous."
- All those we spoke with were complementary about the staff supporting them and the management team. One person said, "They (Staff) are all kind, caring, and they listen." One relative told us, "They do a difficult job well. I never have a problem."
- All staff members, we spoke with, talked about those they supported with fondness and compassion.
- People were supported at time of upset and when they were anxious. We saw one person express a level of concern to a staff member. The staff member supported this person to express what they were feeling and took time to listen to them. We saw this person visibly relax.

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

- People told us they were supported to be involved in making decisions about their care. All those we spoke with told us they made the decisions which impacted on their care.
- Staff members we spoke with knew those they supported well and could tell us what people's individual preferences were.
- As part of the care assessment making process the provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc. The care and support plans we saw recorded people's protected characteristics and how staff members and the management team assisted them to retain their individual identities. For example, one person had expressed a specific religion which was recorded. However, they were not currently practicing.

Respecting and promoting people's privacy, dignity and independence.

- People told us they were treated with dignity and respect and their privacy was supported by staff members. We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.
- People were supported to retain their independence. One person said, "I am very independent and don't need any help." Another person told us, "I help to wash myself."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- At this inspection we saw people engaged in painting and crafts and movement to music exercise groups. However, those we spoke with told us they would like more activities and entertainment to keep them occupied and stimulated.
- People, and if needed those close to them, were involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted. All those we spoke with were happy with their involvement and amount of detail contained in these plans.
- We saw people's care and support plans contained information regarding their lives so far, what they did for a living and what they continued to enjoy. However, the registered manager did express to us difficulty in receiving some key bits of information regarding people's lives. However, they were looking at alternatives to record this information.
- Staff members we spoke with told us about people, their histories and things that matter to them. This indicated to us that people were supported by a staff team who knew them well.
- We saw people's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals.
- People had information presented in a way that they found accessible and in a format, that they could easily comprehend. However, the management team were not aware of the accessible information standards, but they were meeting the principles of it as part of their care planning. The Accessible Information Standards sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

Improving care quality in response to complaints or concerns.

- We saw information was available to people on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record, investigate and respond to any complaints raised with them.

End of life care and support.

- Should someone approach the end of their life whilst receiving personal care at Beech Dene the providers care and support planning would be used to record their needs and wishes. One relative told us how staff members were supporting their family member at this time. They said they couldn't fault the care and support their family member received. They went on to tell us they were also being supported by staff and could talk with anyone about anything which was on their mind. As part of the care planning process people were encouraged to identify their personal wishes for their end of life care.

# 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. 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 management team did not have effective systems in place to monitor the quality of the service that they provided and to drive good care and support. For example, they did not have a monitoring system in place to ensure people received their topical creams as directed. The physical checks to the environment did not identify the potential risks or issues we found at this inspection. For example, the providers quality check for infection prevention and control asked a specific question. "Are the pull cords in the bathrooms and toilets clean and free from staining." This was marked as "Yes." However, at this inspection it was clear this was not factually accurate. We raised this with the registered manager who agreed with our finding and took action to purchase protective and cleanable coverings for these fittings.
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes and had recently completed a level five qualification. However, they did not receive any independently sourced professional updates and were not aware of changes of the law in relation to the accessible information standards.

These issues constitute a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People and visitors told us, and we saw, they had a positive relationship with the registered manager and found them to be available and engaging. Everyone we spoke with was complementary about the management team and felt supported by them.
- Staff members told us they found the management team supportive and approachable.
- We saw the management team, and provider, had systems in place to investigate and feedback on any incidents, accidents or complaints.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- At this inspection a registered manager was in post and present throughout. The registered manager understood the requirements of registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at Beech Dene and also on their website.

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

- We saw people were involved in decisions about their care and support and were asked for their opinion. Relatives we spoke with told us they had received questionnaires regarding the care and support provided. However, these had yet to be returned or the results processed.
- Staff members we spoke with told us they felt valued by the management team and their views and opinions were encouraged.
- Staff members took part in regular staff meetings where they could discuss elements of the work they completed. One staff member said, "We have regular meetings and can discuss anything relating to our work or those we support. It is very much a two-way process and we all feel listened to".
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Working in partnership with others.

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and District Nurse teams.

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 provider did not have effective systems in place to ensure people received their medicated creams as needed. The provider did not have effective systems in place to ensure the environment was safe. The provider did not have effective infection prevention and control systems in place.</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 provider did not have effective governance systems in place.</p>