

Mrs Manny Wragg

# Beeches Care Home

## Inspection report

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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?

Good ●

# Summary of findings

## Overall summary

About the service:

Beeches Care Home provides personal care and accommodation for up to 24 older people, over two floors. Communal areas include a quiet room, lounge, dining room and conservatory. On the day of our inspection there were 22 people living in the service.

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

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce the risks. There were sufficient numbers of staff who had been safely recruited to meet people's needs.

People's medicines were safely managed, and systems were in place to control and prevent the spread of infection.

People's care needs were assessed before they received a care package. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to eat and drink enough. Staff supported people to live healthier lives and access healthcare services when required.

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.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was maintained at all times.

Care plans supported staff to provide personalised care. People were encouraged to take part in activities and interests of their choice. There was a complaints procedure in place and systems in place to deal with complaints effectively. The service provided appropriate end of life care to people.

The service continued to be well managed. The provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required.

The service worked in partnership with outside agencies. Staff felt well supported and said the registered manager was open and approachable.

The last rating for this service was Good: (Published on 9 February 2017) Following this inspection the

service remained Good overall.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.  
Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.  
Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.  
Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.  
Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.  
Details are in our well-Led findings below.

# Beeches 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 Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector and one 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. The expert by experience had experience of people living with dementia.

#### Service and service type

Beeches Care Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 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 with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

We spoke with nine people who used the service and two relatives and a friend of one person using the

service. We had discussions with seven staff members that included the registered manager, the cook, the activities coordinator and four care and support staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care and medication records of five people who used the service; we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good: This meant people were safe and protected from avoidable harm. At this inspection this key question has remained Good.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with told us they felt safe and relatives told us their family members received safe care. One person told us, "Yes we are safe here, and we look after each other."
- Staff could tell us about the different kinds of abuse and the steps they would take if they suspected or identified a person was at risk. Staff told us, and records confirmed that they had completed training in relation to safeguarding and whistle blowing.
- There were policies and procedures in place to provide the registered manager and staff with guidance about how to report any safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- People's care plans included risk assessments associated with their care and support. For example, some people were at risk of malnutrition and dehydration and there was guidance for staff to take to reduce this risk.
- Staff understood when people required support to reduce the risk of avoidable harm. For example, we saw staff support people to walk safely.
- Risk assessments were up to date, securely stored and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.

Staffing and recruitment

- All the people we spoke with and their relatives said they felt there were enough staff, and people did not have to wait long periods when they rang their call bell.
- We received positive feedback about staffing levels and saw there were enough staff on duty to meet people's needs in a timely manner. Staff rotas showed that staffing was consistent.
- The provider followed robust recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- People continued to receive their medicines safely. They all told us they had their medicines on time. We observed one person asking for pain relief and this was given promptly.
- People's care plans included details of the support they needed to take their medicines, which included any preferences about how people took their medicine.
- Staff had received training in how to manage and administer medicines. One told us, "We completed

medication training and we always deal with medicines safely."

- Staff completed Medication administration records (MAR) when they had administered a person's medicines. Where there were gaps in the MAR charts the registered manager completed regular audits so that any mistakes could be actioned swiftly.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong, and actions taken to reduce the risk.
- When people had falls these were recorded and analysed. There were actions taken for each person; from referral to other professionals for specialist advice to maintenance checks on equipment. □



# 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 the last inspection this key question was rated as Good: This meant people's outcomes were consistently good, and people's feedback confirmed this. At this inspection this key question has remained Good .

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

- People's needs were assessed before they came to the service to ensure they could be met. Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had.
- Assessments had been completed with the person, or where appropriate, with their family or representatives.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. One staff member said, "The training we have is very good. We regularly do top up training to refresh our knowledge."
- We saw that an ongoing schedule of training was in place, to ensure staff kept up to date with good practice.
- All new staff went through a comprehensive induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects.
- The system for staff supervision and support was consistently applied. Staff told us they were supported by a senior staff member through one to one meetings.

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

- People told us they were happy with the quality of the food and told us the portion sizes were ample. One told us they sometimes needed support to eat their meal. They said, "The staff are patient, and they talk to me while they assist me."
- We spoke with the chef and care staff who all had a good knowledge of people's dietary needs and preferences. We saw that special diets were catered for, as well as any allergies people may have.
- We observed the lunchtime period and saw that people received the support they required to eat and drink. When one person did not want what was on offer, the staff were able to provide them with an alternative promptly.

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

- Staff worked consistently to meet people's needs. All the staff we spoke with said that good teamwork was in place, with good communication, and an ethos which put people first.
- Staff told us that relationships with outside agencies, such as the doctor or other health professionals, was good, and people received the care they required promptly.

Adapting service, design, decoration to meet people's

- The service was suitable and accessible to the people living there. The layout of the building ensured that the environment offered plenty of personal space. There were various areas for people to use for different activities.
- People's rooms were decorated to their choice and needs.
- There were several communal areas which we saw were accessed and used by people and their family members who were visiting. People in wheelchairs could easily access these areas.

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

- People had access to the healthcare they needed. One person told us, "The G.P comes to visit us if we need them,also, the nurse looks after everything. A relative stated, "If [family member] has an appointment, staff let us know. We choose to take [family member] ourselves but staff have said they would take them if we needed them to."
- Care plans documented in detail any health care requirements that people had and included an update of any visits or appointments with health care professionals. People's weight was regularly monitored when required.

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 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 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 and found that they were.

- Staff consistently obtained people's consent before providing support. Throughout this inspection we observed staff obtaining people's consent before providing support to them.
- The registered manager and staff were aware of their responsibilities under the MCA and the Dols Code of Practice.

# 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.

At the last inspection this key question was rated as Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care. At this inspection this key question has remained Good.

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

- Staff had developed kind and supportive relationships with people. One person told us, "I know them [meaning staff] well. Some have been here a long time."
- Staff were aware of people's diverse needs and tried innovative ideas to meet those needs. For example, at the time of our visit one person using the service had reverted to their first language. A staff member came up with an idea to download a translator app on their phone and used this to have a full conversation with the individual. Staff were then provided with permission to download the translator app for occasions where language was a barrier. The registered manager had also employed a staff member who was fluent in the person's first language.
- We saw caring interactions between staff and people throughout the inspection. One member of staff said, "This is a lovely home. It's a nice environment. Its friendly, caring and supportive. Everyone cares about everyone."
- Staff respected equality and diversity. This included respecting people's religious beliefs and background. There were regular church services, so people could practice their chosen faith.
- Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks and snacks and where they liked to sit. Reviews had taken place, and these provided people and their relatives with an opportunity to discuss their care.

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

- We observed people's opinions being sought on day to day tasks. For example, staff asked people about the clothes they wanted to wear and what activities they would like to take part in.
- Relatives we spoke with confirmed they were involved in people's care and staff kept them well informed.
- Staff supported people with every-day decisions such as helping people decide what to wear and how-to co-ordinate clothing so that they looked 'smart' which people told us was important to them.
- We saw that people could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- All staff we encountered spoke about people with warmth, respect and positive regard. People told us staff were always friendly and welcoming. During our visit we witnessed staff and managers greeting people by name and taking a genuine interest in them.
- People's privacy and dignity was respected. We saw staff knock on doors before entering and speak with

people discreetly when required.

- People were encouraged to maintain their independence and do as much as they could for themselves. For example, we saw a staff helping people to do as much for themselves as possible.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good: This meant people's needs were met through good organisation and delivery. At this inspection this key question has remained Good.

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

- People's needs were assessed prior to them going to live at the service. Information from the need's assessment was used to develop a detailed care plan.
- The initial assessment and people's care plans considered their preferences about how they wished to be supported, which included any cultural or religious requirements. Staff we spoke with knew people well, and the care they wished to receive.
- People told us they received good quality care that met their needs. One person said, "The main thing is, the way they look after me, they are spot on."
- We saw that care plans had been kept under review, to make sure they reflected people's current circumstances. The registered manager told us, "We review the care plans regularly or when there are any changes." This helped ensure staff provided up to date and appropriate support to people
- Care plans were personalised and contained information about people's likes and dislikes. For example, one person's plan documented how much they loved singing, and who their friends were within the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified so information about the service could be provided in a way all people could understand.
- The service users guide contained information for people about how they could have information made available to them in a different format if it was needed.

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 to follow their interests and take part in activities in the wider community to avoid social isolation.
- There was an activity planner that showed activities such as gentle exercise, foot massage and singalongs. The service hired a minibus once a month to take people out on trips they had requested.
- The Activity Coordinator had recently had their hours increased to improve the provision of activities.
- People who chose to stay in their rooms or who were unable to leave their bed, said staff regularly visited them to chat, to do their nails and hair, or massage and light exercise.

#### Improving care quality in response to complaints or concerns

- There was a complaints procedure which was accessible to people using the service and was easy to use. One person told us, "They [meaning staff] know me, and I will tell them straight, if I am not happy."
- We saw that the service had not received any complaints in the last 12 months. However, the provider had systems in place to investigate any complaints, with the outcome, any actions taken, and lessons learned would be recorded.

#### End of life care and support

- People's care plans included information about how they wanted to be supported towards the end of their lives and their funeral arrangements.
- At the time of our visit one person was receiving end of life care. Their family member visited every evening and staff had made arrangements for them to have their evening meal with their family member. Staff had also put another bed in the person's bedroom should they wish to stay with their family member overnight.
- We saw many compliments from relatives expressing how grateful they were for how care workers had cared for treated cared for people with compassion in the latter stages of their lives. One read, 'There will never be words to thank you sufficiently. For you to be both able and willing to take [family member] back for end of life was a miracle for us because we knew they saw The Beeches as their home and part of their family. '

## Is the service well-led?

### Our findings

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

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

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

- The registered manager and the staff team were passionate about providing person centred care. People were at the centre of their care. The registered manager ensured people were involved with their care and staff understood the need to treat people as individuals and respect their wishes.
- The registered manager knew all the people using the service well and was involved in supporting them.
- The service had a friendly and open culture, and people told us they found the registered manager approachable and easy to talk with. One person said, "The manager is friendly, approachable, respectful and helpful."

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 management team ensured there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had regular supervisions and comprehensive training which ensured they provided the care and support at the standards required. One member of staff told us, "We get a lot of support from the manager. They are very helpful and very approachable."
- The registered manager had a quality assurance system in place which ensured all aspects of the service were audited and improvements made if necessary. For example, they undertook regular quality checks on areas such as medicines, infection control, care planning and the environment to ensure people were receiving good quality care.
- Policies and procedures were reviewed and updated regularly. The provider ensured staff understood these and discussed them in training and communications to keep staff up-to-date with any changes.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.

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

- People and relatives were engaged in the service and how it was run. One person said, "Yes, the staff are very approachable, we are always asked at meetings to make suggestions".
- We looked at resident meeting minutes and saw that feedback was gathered about the food, activities, and future plans. Actions were taken when required to address any concerns.
- Quality monitoring checks were undertaken in all areas of the service to identify where improvements could be made, and actions were taken. For example, if there were issues in relation to the environment then actions were taken to rectify this
- Staff felt that team meetings were useful, and they could openly discuss any issues or areas for improvement.
- Questionnaires were sent out to people and family members to comment on the overall quality of the care.

Working in partnership with others

- The service worked with local services such as the local church, so people could follow their chosen faith.
  - The registered manager referred people to specialist services either directly or via the GP. Records confirmed the service had worked closely with the dietician, the tissue viability nurse and peoples GP's.
- The service worked openly and in partnership with others, including visiting health professionals.