

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 

Overall summary

At our last inspection on 12 February 2014, we found that the provider had breached Regulations because they had not involved people within their care or ensured that they had care records that were representative of their care needs. We also found there were not effective systems in place to safeguard people or to ensure their safety through the provision of effective medicines systems. We found that the premises and environment was not always suitable for the people who lived at Beeches Care Homes and that the provider did not have robust processes in

place in respect of staff recruitment and quality monitoring of service delivery. Following this inspection, the provider sent us an action plan in March 2014 to tell us the improvements they were going to make.

During our inspection on 15 October 2014, which was unannounced, we reviewed whether these actions had been completed. We found that suitable action had been taken to address the previous issues.

Beeches Care Home is registered to provide accommodation and support for 24 older people who may also have a dementia related condition. On the day of our visit, there were 20 people living in the home.

Summary of findings

The previous registered manager had left the service at the time of this inspection and the provider had recruited a new manager, who had been in post for some months at the time of our visit. They have applied to become the registered manager for the service and their application is being processed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe and we found that the systems in place to protect people from the risk of harm were suitable. Staff knew how to recognise and respond to abuse correctly.

Some people who used the service did not have the ability to make decisions about aspects of their care and support. Staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People received visitors throughout the day and we saw they were welcomed by staff. Relatives told us they could visit at any time.

People were supported to have their personal care needs met in a timely manner and staff always had a smile for people and a caring response. Staff understood people's needs and how they wanted to be supported and were mindful of their privacy and dignity.

People could choose how to spend their day and enjoyed participating in activities, especially the music sessions.

Staff received on-going training to meet the needs of people using the service and could access additional training if required. They were encouraged to improve upon their skills and knowledge to better the lives of people using the service.

The provider had a robust recruitment process in place. Records we looked at confirmed that staff started work in the home after all recruitment checks had been satisfactorily completed. Staff we spoke with told us that they had not been offered employment until these checks had been confirmed.

People and their relatives knew who to speak to if they wanted to raise a concern. There were systems in place for responding to complaints.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

Staff knew what to do to keep people safe and prevent risks and demonstrated a good understanding and awareness about how to recognise abuse and respond appropriately.

There were sufficient numbers of staff to meet people's needs.

Recruitment systems were in place to ensure staff were suitable to work with people.

Systems in place for the management of medicines assisted staff to ensure they were handled safely and held securely at the home.

Good



Is the service effective?

This service was effective.

Formal induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training and development needs.

People were provided with a choice of food and refreshments and were given support to eat and drink where this was needed.

Staff had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity.

Arrangements were in place to request additional health support to help maintain people's well-being.

Good



Is the service caring?

This service was caring.

People were positive about the care they received from staff and we observed that care was delivered by staff with kindness and compassion.

People made choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and dignity and the staff respected people's right to privacy.

Good



Is the service responsive?

This service was responsive.

People had their needs reviewed on a regular basis to take account of any changes that had occurred. They told us that and they told us they could choose how their support was provided.

People who used the service were supported to take part in a range of activities in the home which were organised in accordance with people's preferences.

Good



Summary of findings

Systems were in place so that people could raise concerns or issues about the service. People and their relatives told us they felt confident that they would be listened to and that any issues would be resolved.

Is the service well-led?

This service was well led.

The provider had recruited a new manager who had submitted an application to register with us. This was being processed.

There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations.

The staff could raise concerns about poor practice in the service and these would be addressed to ensure people were protected from harm.

People and their relatives were able to comment on the service provided to influence service delivery.

Good



Beeches Care Home

Detailed findings

Background to this 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 was planned to check 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.

This inspection took place on 15 October 2014 and was undertaken by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our Expert had experience in caring for someone with frail elderly care needs.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

We checked the information we held about the service and found that we had received information about events that

the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

During our inspection, we observed how the staff interacted with the people who used the service. We observed how people were supported during their breakfast and lunch and during individual tasks and activities. We also 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 spoke with nine people who used the service, five relatives and one visitor. We also spoke with the provider, the manager and eight members of care staff and before our visit, telephoned two health care professionals to consult with them about their experience of the service provided to people.

We looked at eight people's care records to see if their records were accurate and up to date. We looked at three staff recruitment files and further records relating to the management of the service including quality audits.

Is the service safe?

Our findings

People told us that they felt safe because of the support they received from staff. One person said when asked about their safety, “I know I am safe, yes, they all look after me. It really is lovely.” Another person told us, “My room is how I want it; it makes me feel safe because it has my things in and is like being at home. The carers all really look out for us, I have no worries.” A relative talked positively about the service and explained that staff took great efforts to make people safe and that they had no concerns about people’s safety within the home.

Staff demonstrated an awareness of the different types of abuse; how to identify it and report it to the manager or provider and we found that the process they would use was in line with the provider policies and procedures. Staff told us they felt they would be supported by the management team in raising any safeguarding concerns. All the staff we spoke with told us they had received training in safeguarding adults and the training records we saw confirmed this.

Staff confirmed that risk assessments were reflective of people’s current needs and guided them as to the care people needed to keep them safe. One staff member said, “The risk assessments, and care plans of course, are important as they tell us what to do and help us to keep people safe.” We found that individual risk assessments for risks including falls, manual handling and nutrition had been completed in conjunction with people and their family members, and were updated on a regular basis.

Staff told us there was enough staff on duty to meet people’s needs. One said, “Of course it would be nice to have more staff, but we have enough to look after people and get done what we need to.” Another said, “I like how we don’t use agency staff as we know the people who live here, they wouldn’t.” Systems were in place to manage and monitor staffing levels within the home and to ensure

people received the support they needed. It was evident from the records that decisions about staffing levels were based upon people’s needs and dependency levels. We found there were sufficient staff on duty to care and support people and meet their needs.

During our conversations with staff they told us that they had not been allowed to commence work until all required recruitment checks had come back. We looked at the files for two of the newest staff members to be employed and found this to be the case. The staff files included written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained. Where any issues were identified, the provider had taken steps to complete a risk assessment of the situation to ensure that people were safe to work with people who used the service. It was evident that the necessary staff recruitment and selection processes were in place to keep people safe.

One person told us, “I always get my medicine on time, if I need a pain killer then staff get it for me.” Other people told us that they had no concerns about their medication administration and were always given their tablets when they needed them. Staff told us they had been trained in the safe handling, administration and disposal of medicines, including Controlled Drugs (CDs) so that they could reduce the risks to people. We looked at the medication systems and found that all medicines were stored securely, and checked and administered safely. Medication administration records (MAR) charts indicated that staff were administering medicines to people as prescribed. Where required, risk assessments had been undertaken to ensure medicines were administered when appropriate. We observed staff administering medication to people and found this was carried out correctly. Medicines were audited and staff demonstrated through their actions they were managing people’s medicines safely.

Is the service effective?

Our findings

People told us that they were happy with the care they received and that staff knew how to look after them properly and had received the right training. One person told us, "All my needs are met." Another said, "Nothing is too much trouble." People told us that they received care which met their needs.

Staff confirmed that they had been provided with induction training when they commenced employment. They said that this ensured they were equipped with the necessary skills to carry out their role. Staff told us about the induction programme they underwent and said that they considered this was valuable, as it helped them to understand people's needs and shadow more experienced staff so they could learn from them and understand the expectations of their new role.

Staff received on-going training in a variety of subjects that supported them to meet people's specific and individual care needs. One member of staff said, "It is always good to know how to do things properly, you don't always remember if you don't do something for a while so refresher training is helpful." Another staff member told us, "We have so much training but that is a good thing, it all helps us to improve the care we give." All the staff we spoke with were positive about the training they received and confirmed that it enabled them to deliver care to people in the right way.

Staff said that they received on-going support and supervision from the manager. They confirmed that they had the opportunity to discuss people's needs with a senior member of the staff team during a one to one supervision session. We saw evidence of supervision meetings and staff meetings which staff told us they found valuable in helping to address issues and identify development needs, for example any specific training requirements.

Staff told us that they considered the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) for people to ensure their human rights were protected should their liberty be restricted in any way. The manager told us that a mental capacity assessment had been completed for one person to determine whether they could consent to use assistive equipment to alert the staff if they fell out of bed. We reviewed one care record where a family member had a Lasting Power of Attorney (LPA), and it was

evident that decisions were being made in the person's best interests. The provider obtained evidence of any LPA, which ensured that the provider acted in accordance with legal guidelines and decisions were only made by those who had authority to do so.

We discussed with the manager regarding how case law could impact on the provider's responsibility to ensure Deprivation of Liberty Safeguards (DoLS) were in place for people who used the service should they be needed. The Care Quality Commission monitors the operation of

the Deprivation of Liberty Safeguards (DoLS), which applies to care homes. The provider advised us that DoLS applications had been made for all people who used the service. It was evident that the manager knew how to make an application for consideration to deprive a person of their liberty should this be required.

People told us that staff always sought consent before providing care or supporting them to make sure that they were happy for staff to proceed. One person said, "I like that staff ask me what I want, they don't just assume that I am happy to do something." Staff we spoke with were confident in discussing the importance of consent to care. We observed that staff knocked on doors and gained consent for care and support before entering and when supporting people to transfer, we observed one member of staff asking a person if they were happy to move. It was evident that care and support was always given with the persons consent.

People and their relatives were very complimentary about the meals served. One person said, "I really enjoyed that, I never have any complaints about the food." Another person told us, "I always like the food here, it really is nice." One person discussed their dietary requirements with us and told us that they needed a specific diet to support them to manage a condition, for example diabetes. They said that this was never a problem for the kitchen staff and that found the food to be tasty and nutritious. We found that some people needed a thickening agent added to their drinks or a pureed diet due to swallowing difficulties. These people received a suitable diet in accordance with the advice given by either the dietician or speech therapist and the information in support of this was clearly recorded in people's care records and risk assessments.

Staff confirmed that people's dietary needs and preferences had been assessed and were reviewed on a

Is the service effective?

regular basis so that any changes could be taken into account in the delivery of care. Where referrals were required for any changes, for example, weight loss, staff told us that these were made and that changes were reflected in risk assessments and care plans so that appropriate care could be given. Information was also given to the catering staff so they could ensure that appropriate, nutritionally balanced diets were provided to people. Staff understood people's dietary requirements and the importance of having a balanced diet and worked hard to ensure they received enough to eat and drink.

We carried out observations over the breakfast and lunch time period. People were provided with protective clothing if they wished to have this and we found that food was freshly cooked and the meals were nutritionally balanced and contained fresh vegetables and meat. It was evident that people had a choice of meal option or an alternative choice should this not be required. Meal times were relaxed and people were supported to move to the dining areas or could choose to eat in their bedroom at a time of their

choice. Staff were available if people wanted support, extra food or drinks and we found that people ate at their own pace and were not rushed to finish their meal, being given time to ensure the meal time was sociable. Some people stayed at the tables and talked with others, enjoying the company and conversation.

People told us that they were always supported to access healthcare services and other professionals when required. On the day of our inspection, one person appeared unwell and staff were concerned about this change. They contacted the GP for review and to establish if further intervention was required. This person told us they were grateful for the attention of staff at that time and that staff always made them feel better by listening to them and making sure that the doctor visited. Records detailed when care reviews had taken place and when appointments were scheduled. If action from appointments was required by staff then this was clearly documented within the records and communication books, so that staff could ensure this was carried out.

Is the service caring?

Our findings

People and their relatives spoke about the good care and support they received. One person told us, “Couldn’t be any better, the staff are wonderful.” Another said, “Staff are always pleasant to me, and we have a laugh and a joke.” People we spoke with told us that they had no concerns about the care they received from staff and felt they were treated well. A relative said, “They always tell me about any changes and they really look after people.” Healthcare professionals told us that they had no concerns about the care provided and that staff were kind and caring towards the people who lived there.

One person said, “If I am worried, I talk to staff, they make me feel better and reassure me.” We saw that one person was prone to falls and that measures had been put in place to reduce the risks from this, including visual observations and the use of appropriate equipment. Staff told us that they wanted to do everything they could do to protect this person and minimise potential risk factors. It was evident from our conversations with staff that they cared for people and tried their best to deliver compassionate and kind care.

People were supported in a caring manner, and we found that people were relaxed in the presence of staff. For example, one person was asleep in the lounge area and staff ensured they were comfortable and covered them with a blanket. Another person was visibly distressed about something and staff took the time to get down to their level and try and identify the issue, using touch to reassure the person. We saw lots of positive interaction between staff and people who used the service; there was friendly conversation during the afternoon music activity and we heard lots of laughter. Staff spoke with people in a friendly and respectful manner and responded promptly to any requests for assistance.

People confirmed that they were treated with dignity and respect by staff and we observed this in practice, with staff being discreet in relation to people’s personal care needs. Staff told us that ensuring people felt comfortable and respected was important to them. One said, “I know how I would like to be treated so I try and ensure people are

treated the same way.” When people received support with personal care they told us that staff always made sure that doors were closed or that they were covered to protect their dignity. We observed that when staff entered the lounge area, they would always enquire after people and make sure they had everything they needed. Before entering a person’s bedroom, they would knock and wait to be given consent to enter. It was evident from our observations that staff strived to deliver care that respectful towards people.

People told us that staff listened to them and that they felt involved in their care. They said that their care was made individual because they had been involved in decisions which affected them. Staff told us that they strived to make people as independent as possible and for those people living with dementia, always took time to acknowledge what they had to say. We observed some positive examples of this, for example, we saw one person who was finding it difficult to remember what they wanted to tell staff. Staff gave the person time to express themselves, in a calm and relaxed manner and sat with them until they were able to tell staff what they needed.

People were able to make daily decisions about their own care and, during our observation; we saw that people chose how to spend their time. People we spoke with told us they were able to choose what time to get up and how to spend their day. One person said they preferred to remain in their room but that they were not disadvantaged by this because staff checked on them and respected those times they wanted to participate in activities or to come to the communal areas.

Visitors were welcomed throughout our visit and told us they could visit at any time and were always made to feel welcome. Staff knew relatives by name and we observed that they took time to engage with them and update them about any changes that had occurred. We observed that visitors were made to feel at home with a cup of tea and the opportunity to meet with their loved one where they wanted. We noted that a recent recorded compliment from a family member that praised the staff for the care they were providing to their family member.

Is the service responsive?

Our findings

People told us that staff were committed to meeting their needs and our observations confirmed that requests were attended to in a timely manner. One person told us, "The staff here are great, they really do work hard but they always have time to talk." Two others told us that even though staff were busy, they knew they would get the help they needed and that things would get done for them. People told us that staff were always available and they never had to wait long if they needed any support and our observations confirmed this.

Relatives were keen to tell us that the staff worked hard for their family members to make sure that the care they received met their needs. One told us, "They really know people well and do their best for them." Relatives acknowledged there had been some previous issues within the home in respect of how people's needs were met but felt that these had been addressed for the better and that improvements had been made to the care provided. They told us that staff really knew the people who lived in the home which meant that their support needs were appropriately met.

Throughout our inspection we observed that staff attended to people's needs and knew their likes and dislikes, needs and preferences. Staff were able to explain to us what people's care needs were and through our discussions, demonstrated a good understanding of people's preferences for activities and information about their life history. They told us that they had spent time with people and their relatives, discussing what their assessed needs were. It was evident that staff knew what people wanted because people had been able to contribute towards their care and support planning.

One person said, "When I ask, the staff are quick to help me with my walker and stair lift." We observed that staff were responsive to people and were a constant presence in the communal areas, monitoring those people who remained in their rooms. When instant support could not be given, staff responded positively and provided an explanation for the delay and ensured they returned as quickly as possible. Call bells were answered swiftly and when asked for assistance, staff completed requests with a smile.

The staff told us they were informed when any changes had been made to ensure people were supported with their

needs in the way they had chosen. One person said, "They listen to me, and when I say I want something, it gets done." Staff told us that communication about changes was vital to the smooth running of the home and we found that this was cascaded to staff in handovers and through the communication book.

Staff told us that people's needs had been assessed before admission and were reviewed on a regular basis and updated to demonstrate any changes to people's care. One person said, "Staff always know what care I need, I think it was discussed before I came in here." Staff said that they referred to care plans so they could understand people's needs and establish if there had been any changes in their conditions. During our discussions with the manager, they told us they were in the process of changing the care records to alternative paperwork, so that staff would benefit more from paperwork that allowed a more comprehensive view of a person's needs.

People we spoke with told us they were happy with the activities that were provided. One person told us, "I love the music." When we asked them about this, they explained that the home had people that came into provide entertainment and that they really looked forward to this. We saw from their care records that this was documented and also found that other people had been assessed for their preference for activity. For example, one person said they liked playing cards and bingo and we found that these had been catered for within the activity programme that was available. Staff told us that people could join in with any activity and that if there was something that people wanted to try, they would try their best to make it happen.

People and their relatives told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us, "I know that I would be listened to if I need to have my say." A relative said, "If I had concerns I would not hesitate to raise them." Staff told us that they used complaints to make the service better for everybody and to drive improvement and always documented any concerns raised with them from people or their visitors. We saw that there was information displayed about how complaints would be dealt with. The manager showed us documentation that supported the complaints investigation process and confirmed that any issues raised

Is the service responsive?

were used to help the staff improve the service. We saw that the manager took concerns seriously and documented anything that was raised with staff so that it was apparent how an investigation had been conducted.

Is the service well-led?

Our findings

The registered manager no longer worked within the service and the provider had recruited a new manager. We spoke with the manager who had worked in the service approximately six months and they told us they had applied to become the new registered manager. Our records confirmed that this application was being processed.

People and their relatives told us they knew that the service had previously had concerns raised about the quality assurance processes in place and the delivery of care. They told us they had been involved in meetings with the provider and local authority about this and knew that steps had been taken to address the issues and make improvements. One person said, "I can only speak as I find, things do get done and it is getting better." A relative told us, "The home management is now good." Another relative said, "I acknowledge that improvements had been made within the home and know that they are working to make things better." It was evident that the provider has learnt lessons from the issues previously identified and was taking steps to address these.

Staff told us they were informed of any changes occurring within the home through staff meetings and supervisions, which meant they received up to date information and were kept well informed. One member of staff told us, "When we had our problems, we had meetings so we all knew what was happening. Things are much better now, more stable."

Staff understood their right to share any concerns about the care at the home and told us they would confidently report any concerns in accordance with the provider policy. They confirmed they were aware of the whistleblowing procedure. One staff member said, "It is our responsibility to make sure people are safe, just like I would with my family." Another said, "If I see something that's not right, I'd report it. I could not live with myself if I didn't." We were made aware of some concerns in relation to staff recruitment that had been raised before our inspection and we found that the manager had spoken to staff about this and tried to reassure them about their concerns. This showed that the senior management within the home listened to staff and valued what they had to say.

Staff told us that all incidents and accidents were recorded and reviewed to ensure risks to people were reduced. One member of staff told us, "It is important to write things down, without that we would not know what we were doing." We found that records were maintained when incidents took place and where appropriate, these were reported to relevant people. Where patterns emerged, for example, if someone fell on a regular basis, we found that the manager had analysed the available information to determine if there was a reason and then took action to address the situation.

We saw there were processes in place to monitor the quality of the care provided. This included fire equipment testing, water temperatures, catering audits and care plans. These audits were evaluated and, where required, action plans were in place to drive improvements. Where any improvement was required, action was taken and this demonstrated that the provider had suitable systems to assess and monitor the service provided.

We had been informed of reportable incidents as required under the Health and Social Care Act 2008. The new manager demonstrated they were aware of when we should be made aware of events and the responsibilities of being a registered manager. We spoke with the provider who confirmed they were committed to supporting the new manager and had encouraged the new manager's intention to submit an application to us.

People told us that both the staff and manager consulted with them about the care they received and what they wanted to do. A relative said, "We do have meetings and the home is better now than before at telling us about things. We know that the home had problems before but we were made aware of these. We know that we will be kept updated." Relatives confirmed they were encouraged to give feedback and make their views known about the service provided. We saw that the provider sought feedback from the staff and people who used the service and the people we spoke with and their relatives confirmed they had been consulted about the quality of service provision. The manager confirmed that, where any concerns were identified, this was discussed with people who used the service and improvements made. The provider told us they were keen to improve the service and to rectify the past issues, so that the home could provide an effective and quality service for people.