

Oakland Primecare Limited

Beechwood Grove

Inspection report

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Ratings

| | |
|---------------------------------|--|
| Overall rating for this service | Good  |
| Is the service safe? | Good  |
| Is the service well-led? | Requires Improvement  |

Summary of findings

Overall summary

About the service

Beechwood Grove provides accommodation and nursing care for up to 60 older people, who lived with a range of general health problems, such as stroke, dementia, diabetes, heart problems, Parkinson's disease and general mobility problems. At the time of the inspection there were 56 people living at the home. Beechwood Grove is a purpose-built home over three floors with level access throughout for those with mobility problems. It is divided into three units, residential unit, memory loss unit and a nursing unit.

People's experience of using this service

Systems and processes to assess, monitor and improve the quality and safety of the service provided were in place. However, there were areas that needed to be developed to include the actions taken and outcome. This was discussed during the inspection and action taken immediately. For example, incident and accident forms were completed but there was a lack of documented analysis and follow up to prevent a re-occurrence or to mitigate risk. From talking to the registered manager and staff we were assured that action had been taken by staff to mitigate risk. There was a lack of oversight on care delivery in respect of end of life care. Whilst there was evidence of clinical checks, the care delivered was not person centred or dignified during the inspection. This was shared with the deputy manager who took immediate action. We were assured of actions taken and of the sessions booked with staff to reflect on the observations shared with the management team.

People felt safe at the home and when staff provided their care. One person said, "I feel safe here and it's a lovely place to live." Another said, "Really can't complain, I'm safe and well looked after." Care plans and risk assessments meant people's safety and well-being were protected. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We observed medicines being given safely to people by appropriately trained staff, who had been assessed as competent. The home was well-maintained and comfortable. There were enough staff to meet people's needs. Safe recruitment practices had been followed before staff started working at the service.

The home had an effective management team which provided good leadership for staff and communicated effectively with people, relatives and professionals. Staff were positive about their roles and felt valued for the work they did.

The views of people who lived at the home, their relatives and staff were encouraged and acted upon by the management team. People and their relatives felt able to raise any concerns they had and were confident these would receive an appropriate response.

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

Rating at last inspection

The last rating for this service was Good (Published 25 June 2019)

Why we inspected

The inspection was prompted in part due to concerns received about the delivery of care, management of confidential information and poor culture. A decision was made for us to inspect and examine those risks, looking at safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe 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 ●

Beechwood Grove

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors who visited the service.

Service and service type

Beechwood Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received from, and about, the service since the last inspection and we sought feedback from the local authority. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with nine people who used the service, about their experience of the care provided. Not everyone who lived at Beechwood Grove were able to talk with us about their views, so 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 observed administration of medicine. We spoke with eight members of staff including the registered manager, deputy manager, registered nurses and all designations of care staff.

We reviewed a range of management records including safety and maintenance records and audits. We reviewed eight people's care and support records. We looked at records in relation to staff training and staff supervision.

Following the inspection, we continued to seek clarification from the manager to validate evidence found. We spoke with two visiting professionals and a member of the local authority commissioning team. We also received further feedback from two visitors by telephone.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from risk of abuse by organisational systems and processes. Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were knowledgeable of the signs of abuse and how to report safeguarding concerns. One member of staff told us, "It is part of our job, we have training and we can protect our residents by being vigilant." Another member of staff said, "The manager is very open and approachable, we are supported to raise concerns, but we can also raise things anonymously if we need to." They were confident the management team would address any concerns regarding people's safety and well-being and make the required referrals to the local authority.
- Staff attended safeguarding training and understood their responsibilities in protecting people from abuse. Safeguarding and whistleblowing were discussed at team meetings and staff reminded of their responsibilities in these areas.

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

- Risks to people were safely managed. People told us they felt safe living at Beechwood Grove and that staff provided their care safely. One person said, "Totally safe here, they look after us all very well." Another person told us, "I rely on staff to help me, if I felt that something was unsafe, I would tell staff, but I feel safe here."
- Care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. These included risks associated with mobility, skin integrity and eating and drinking. For example, people with fragile skin had guidance on how to prevent pressure damage using air flow mattresses, regular movement, continence promotion and monitoring. Twice daily record checks for air flow mattresses and continence care were up to date and reflected the care plan.
- People who had been identified as at risk from dehydration had a daily goal set and people's fluids were monitored. Staff when asked, knew who needed encouragement and support to drink.
- Staff told us how they managed risks while encouraging independence. One member of staff said, "We have people who are at risk of falls, we don't want people to feel restricted or frustrated if they want to walk so we ensure they are supported with walking aids and keep an eye on them." We also saw that sensor guards had been installed in the bedrooms of people identified as at risk of falling when alone in their bedrooms. The organisation as a rule do not use bed rails and instead have nursing beds on floor level with crash mats on either side should people roll out of bed.
- Accidents and incidents were recorded with details of what may have contributed to the incident. These details were also recorded on a central incident tracker, which enabled managers to review individual

incidents and to identify any emerging themes. However not all were recorded with an outcome and action.

- There was evidence that learning took place when incidents/accidents occurred. All safeguarding referrals and outcomes are kept in a folder with evidence of reflective meetings as to how to make improvements. This included refresher training and competency checks.
- The organisation had a business continuity plan for Beechwood Grove to ensure people would continue to receive their care in the event of an emergency. Health and safety checks were carried out regularly and we saw documentary evidence of fire, gas and electrical safety. Equipment used in people's care, such as slings, hoists and wheelchairs, was checked and serviced in line with manufacturer's guidelines. Risk assessments, personal emergency evacuation plans (PEEPS) had been carried out to identify the support each person would need in the event of a fire.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Staff told us they understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty.
- We saw that decision specific DoLS had been applied for on an individual basis and this was reflected within peoples care plans, for example, sensor guards and mats. We have asked that peoples who beds were lowered to ground level, be considered under DoLS as it may be restrictive if people wished to get out of bed.

Staffing and recruitment

- There were enough staff to support people safely. Staffing levels were assessed based on people's care needs. These levels were reviewed daily.
- People told us staff were available when they needed them. They said they did not have to wait when they needed care or support, which was confirmed by our observations. One person told us, "Always someone around when I need them, I haven't had any problems." Another person said of staff, "They seem to have enough staff, I have no grumbles."
- Relatives told us they felt their loved ones were safe because there were enough knowledgeable staff available. One relative said, "When I visit, staff are visible and very helpful and tell me what's been happening." Another said, "I believe there's enough staff, my relative has never mentioned an issue and I see plenty of staff when I visit."
- Staff personnel files have been computerised and there was evidence of robust recruitment procedures. All potential staff were required to complete an application form and attend an interview so their knowledge, skills and values could be assessed.
- The provider had undertaken checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- Registered nurses are required to register with the Nursing and Midwifery Council and the provider had systems in place to check their registration status

Using medicines safely

- Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way. The service used an electronic medication administration record (E-MAR). The clinical fridges and the clinical room temperatures were checked daily to ensure they kept medicines at the correct/safe temperature.
- We asked people if they had any concerns regarding their medicines. One person said, "So nice not to have to think about my pills, I get them as I need them." Relatives confirmed their family members were supported to take their medicines as prescribed. One relative told us, "They are very good at letting me know if there are any changes in their medication."
- Staff who administered medicines had the relevant knowledge, training and competency that ensured medicines were handled safely. This included senior care staff as well as registered nurses. We observed staff administering medicines safely to people ensuring that they were offered the medicines, given time to take them in the way that they preferred and signed for once they were taken.
- Protocols for 'as required' (PRN) medicines such as pain relief medicines described the circumstances and symptoms when the person may require this medicine. We saw that people had received pain relief when requested. Staff used pain charts to monitor effectiveness of pain relief which was used at medicine reviews with the GP.
- Medication audits were completed on a daily through the E-MAR and weekly for all other medicine checks.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider had followed government guidance regarding visiting during the COVID-19 pandemic. Since the relaxation of restrictions, people told us their friends and families could visit whenever they wished.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement.

This meant whilst the service management and leadership was consistent, and the culture open, there were some areas that required further oversight to ensure consistent good quality care delivery.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Quality assurance systems were in place and were being used overall to effectively improve the service.
- However, we found that some areas that needed to be improved to ensure consistent good care delivery. For example, not all people who were receiving palliative, end of life care had a specific care plan for staff to follow to ensure a consistent person-centred approach at this important time. Observations during the inspection demonstrated missed opportunities for delivering good care. This was immediately addressed by the deputy manager when identified. Staff meetings were arranged to discuss with all staff, and we received confirmation from the provider that end of life training had been booked.
- The systems for recording accidents and incidents were in place, however there was not always documented evidence that stated the immediate action taken to prevent a re-occurrence. Whilst we are aware that the accidents and incidents were analysed for trends this was not always documented and used effectively. We received evidence that this had been addressed during the inspection process.
- The home had an established management team in which there were clear roles and responsibilities. Staff all received a job description that clearly stated their role and responsibilities.
- Managers and staff shared information about people's needs effectively. Staff beginning their shifts received a handover to update them about any changes to people's needs. The registered manager, deputy manager and heads of units met each day to review and plan people's care. This would include discussion of external appointments, admissions and any new concerns about peoples' health.
- Staff told us the management team were supportive and that they were encouraged to raise any concerns they had about people's welfare in order that these could be addressed. One member of staff told us, "The management team are strong leaders, very fair and if there is an issue it dealt with professionally." Another member of staff said, "The manager involves us in changes, always asks us our thoughts. We work well as a team; communication between us all is very good."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and honest with us throughout the inspection process and fully understood their responsibilities under the duty of candour. Services have a legal obligation to inform CQC

about certain events that happen at their service and this had been complied with. Details of the last CQC inspection were displayed in a prominent place at the service and on their website.

- Relatives told us they were kept informed and up to date about events at the service and with details of events, incidents and activities involving their loved ones. Comments included, "They keep us fully informed of what is happening in the home," "If my relative is not well, they will inform me immediately " and "My relative had a trip, they didn't hurt themselves but they rang to let us know."

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

- People who lived at the home were encouraged to give their views about the care they received, and these were listened to. One person told us, "We get asked our thoughts, and what we would like." People were able to give their views about the food, activities and any other issues they wished to raise at forums which took place bi-monthly.

- Family forum meetings are held three monthly, minutes are taken and shared. These forums update relatives about visiting hours, new staff, menu changes and changes to the home such as re decorating. Relatives told us staff also kept them up to date about their family members' well-being and any events affecting their welfare. One relative told us, "They call me if something happens, or if [family member] has seen the GP. They tell us about new staff arriving and anything that involves my relative's well-being."

- Resident and family surveys were sent out annually, the latest was in February 2022. Following the survey being audited the registered manager wrote to everyone with the outcomes and actions taken, for example, it was mentioned that the meal time experience/atmosphere could be improved and the outcome was that the provider had employed a hospitality assistant for the dining room to bring a better atmosphere to the dining experience.

- Staff told us they received good support from the provider and the management team. They said advice and support was available to them when they needed it. One member of staff said, "The managers look after our wellbeing as well as the residents, it makes me feel valued." One member of staff told us that she had been supported to do her assistant practitioners' course and how much that meant to them. Another member of staff said, "It is a very friendly but professional atmosphere to work in. No matter what floor you work on, the manager's door is always open."

- Staff surveys are sent out to all staff on a yearly basis, the surveys are audited, and action taken where necessary. For example, communication was low scored and so the registered manager introduced more meetings so that information can be shared.

Continuous learning and improving care; Working in partnership with others

- The provider supported staff personal development providing opportunities for training in areas of interest and to increase their knowledge. During their employment at the service most staff had progressed and advanced their qualifications with The Care Certificate. The Care Certificate is an agreed set of standards that define knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Senior care staff had also been supported to become medicine givers and take responsibility for the management of medicines on the residential and memory loss units.

- The provider had established positive relationships with statutory partners for example, the local authority. They kept themselves up to date with changes in government guidelines and advice and referred to regular bulletins from the local authority and the CQC. Key information was cascaded to all staff.

- Staff and managers had developed effective working relationships with other professionals involved in people's care, such as GPs, speech and language therapists and occupational therapists.