

T.L. Care Limited

Beeches Care Home

Inspection report

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21 September 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Beeches Care Home is a care home providing personal care for up to 64 people aged 65 and over, some of whom were living with a dementia. The home is purpose-built and accommodation is provided across two floors. 37 people were using the service when we inspected.

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

Risk and medicines management had improved, but further and sustained improvements were needed.

Infection prevention and control systems were in place, but improvement was needed in some areas. Staff were able to spend more time interacting with people. People were safeguarded from abuse.

The support people received with eating and drinking needed ongoing improvement. Some redecoration of the service had taken place since our last inspection, but further improvement was needed.

Staff were supported with regular training, supervision and appraisal. 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.

Governance systems had not always lead to improvements at the service. Feedback was sought, but improvements were still needed on how it was acted on. We received positive feedback on the leadership of the registered manager. Staff worked effectively with a wide range of external professionals.

We received mixed feedback on whether people's and relatives' views were sought and acted on. People said they were happy at the service and spoke positively about the staff. We observed kind and caring support being delivered.

Care plans had been improved to make them more personalised and reflective of people's needs and preferences. Activities were taking place, and we received positive feedback about these. The provider had systems in place to investigate and respond to complaints.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 April 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider review staffing levels at the service. At this

inspection we found that the provider had acted on this recommendation and improvements had been made to staffing.

The last rating for this service was requires improvement. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Recommendations

We have made recommendations about medicines management and involving people in decisions about their care.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

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 Health and Social Care Act 2008.

Inspection team

Three inspectors (including a medicines 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.

Service and service type

Beeches Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Beeches Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This 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.

Inspection activity started on 6 September 2022 and ended on 21 September 2022. We visited the service on 6 and 7 September 2022.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people and two relatives about their experience of the care provided. We reviewed a range of records. This included three people's care records and nine medicine administration records, with accompanying documentation. We spoke with 13 members of staff, including the registered manager, nominated individual, care and domestic staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 requires improvement. The rating for this key question has remained requires improvement. This meant 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

At our last inspection the provider had failed to safely manage medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, further and sustained improvements were needed.

- Medicines were stored securely and safely. The treatment room was clean and tidy.
- Some signed medicines administrations for inhalers did not always match with remaining stock levels, therefore we could not be assured they were being given as prescribed.
- Information to support the administration of when required medicines needed improvement. For example, we found some were incorrect, not person specific or did not contain any guidance for staff to follow when administering variable doses of medicines.
- Processes to manage topical medicines were not robust. For example, we found one person who was having creams applied despite these not being recorded on their medicines administration records. We spoke with the registered manager and nominated individual, who said medicines management would be further reviewed and remedial action taken.

We recommend the provider seek advice and guidance from a reputable source, about reviewing their topical medicines administration processes and reviewing their when required protocols to ensure they contain the necessary information.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, further and sustained improvements were needed.

- Areas of the home that were previously in a poor state of repair had been improved and made safe for people to use.
- The effectiveness of cleaning taking place had improved, but some areas of the home were still visibly dirty. These included dining rooms. We asked the provider to further review the cleanliness of the premises.
- Risks to people were assessed and action taken to keep them safe. Care plans and risk assessments were regularly reviewed.

- Systems were in place to reduce the risk of infections spreading. However, we saw that some PPE was being stored in toilets which increased the risk of contamination and cross infection. We spoke with the registered manager and nominated individual, who said PPE storage would be reviewed.
- The provider was supporting safe visiting to the service.

Staffing and recruitment

At our last inspection we recommended the provider review its staffing model and staffing levels to ensure they reflected the level of support people needed. The provider had made improvements.

- After the last inspection the provider reviewed staffing levels to ensure they were enough staff to provide safe, person-centred care. At this inspection we still saw some task-focussed support being delivered, but staff had more time to spend with people.
- Staff spoke positively about staffing levels. One member of staff told us, "There is more time to get to know the residents and meet their needs."
- People and relatives said staff were on hand to provide support when needed. One person told us, "I feel safe because there's staff around all the time." A relative said, "There's always staff popping in and out."
- The provider's recruitment checks minimised the risk of unsuitable staff being employed. These included Disclosure and Barring Service checks and checking employment histories.

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

- People and relatives told us staff kept people safe. One person we spoke with said, "The staff help me feel safe."
- Systems were in place to safeguard people from abuse. Staff received safeguarding training and said they would not hesitate to report any concerns they had. One member of staff told us, "I'd speak to the manager about concerns, they would take action definitely."
- Lessons were learnt when things went wrong. Incidents were monitored to see if improvements could be made to keep people safe.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection systems had not been established to monitor and improve the safety and quality of the support people received with eating and drinking. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further and sustained improvements were needed.

- People on specialist diets received appropriate support with eating and drinking. However, menus did not always reflect people's food preferences. Comments from people included, "The food is okay. It's off a set menu", "We don't get to contribute to what we'd like to eat" and, "I'd like more choice."

We recommend the provider seek advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their care, treatment and support.

- The dining areas were not always clean and well-presented, which impacted on people's dining experience. Food storage in dining areas was not effectively monitored. For example, foods did not always have a date of opening. We spoke with the registered manager and nominated individual, who said the supervision of dining rooms would be reviewed.

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

- Some areas of the home had been decorated and improved since our last inspection, including the treatment room. In other areas redecoration was yet to take place. The provider had a plan in place to carry this out.
- People and relatives spoke positively about people's rooms but said improvements could be made to the home generally. One person told us, "My room is clean. The rest could be better." A relative we spoke with said, "The bedroom appears clean. The rest of the building, not so much."

Staff support: induction, training, skills and experience

- Newly recruited staff received induction training before they started working unsupervised. This included an introduction to the provider's safety policies and meeting people living at the home. One member of staff said, "It is a good induction, very thorough."
- Staff received ongoing training to support them in their roles. One member of staff told us, "The training is really good, knowledgeable. It is thorough." A person we spoke with said, "I think the staff are trained well"

enough to care for me."

- Staff received regular supervisions and appraisals. These allowed staff to raise any concerns or support needs they had.

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

- People's need were assessed to ensure appropriate support was available. People and relatives were involved in these assessments to ensure they reflected people's choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a wide range of external professional to monitor and improve their health and wellbeing. People said staff ensured they received healthcare support when needed.

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

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Systems were in place to apply for and monitor DoLS.
- Best interests decisions were in place for people who lacked capacity to decide for themselves. People and external professionals were involved in making these decisions as much as possible.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- At our last inspection we received mixed feedback on whether people's and relatives' views were sought and acted on. We received similar feedback at this inspection. Surveys were used to gather feedback, but not all people or relatives said they had received these. We spoke with the provider about this and they said they would continue to review how feedback systems could be improved.

We recommend the provider seek advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their care, treatment and support.

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

- At the last inspection staff did not always check on people's wellbeing. At this inspection we saw staff spent more time speaking with people and checking on their welfare. One member of staff said, "We didn't have enough time to chat with people before, now we do have more time."
- Staff were task-focused at the last inspection due to the limited time they had to spend with people. At this inspection we saw that some support continued to be task-focused but that there had been an overall improvement in staff engagement with people. One person told us, "Can't ask for better staff. They are always busy but as soon as there's enough staff to help me, they will."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. A relative told us how staff had put one person at ease and made them feel comfortable when delivering support.
- Staff had friendly but professional relationships with the people they supported. This included staff helping people to choose for themselves and respecting their decisions.
- People were supported to do as much as possible for themselves. For example, we saw a member of staff helping one person down a corridor and encouraging them to walk as much as they could for themselves.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- At our last inspection we found that care plans were detailed but did not always reflect people's current support needs. At this inspection we saw that care plans contained up-to-date information on the support people wanted and needed.
- Care was personalised to meet people's needs. People and relatives were involved in reviewing plans to ensure they met people's preferences. One person told us, "I'm involved in the planning."
- Staff said care plans contained all the information they needed to provide personalised, responsive support. One member of staff told us, "They are 100% improved since last time. They weren't always updated before."

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

- There was an activities co-ordinator in place, who was involving people in reviews of what was taking place and how it could be improved. We saw examples of people requesting specific activities and these being provided.
- We received feedback that activities were taking place and had improved. One relative told us, "The new activities co-ordinator is fantastic. She goes above and beyond to make sure there's activities." A person we spoke with said, "We've had children from a school come in. We've done exercise classes, that was fun."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were knowledgeable about people's communication needs and able to engage with them effectively.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy, and people and relatives knew how to raise concerns.

End of life care and support

- Nobody was receiving end of life care when we inspected, but systems were in place to provide this should it be needed.

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 requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection systems had not been established to monitor and improve the safety and quality of the service. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further and sustained improvements were needed.

- Governance systems had led to improvements in some areas since our last inspection, including some parts of the environment and levels of staff engagement with people. However, other areas required further or ongoing improvement, such as medicine management and acting on feedback.
- A range of quality improvement audits was used to monitor and improve standards. Action plans had been created where issues were identified.

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

- People and relatives said the home had improved under the registered manager, who took over at the end of 2021. One relative told us, "The morale in here is better with the new manager. She always speaks and is approachable."
- Staff spoke positively about the leadership of the registered manager. Comments included, "She is approachable and cares about the residents" and, "People are in good hands. I trust the manager."
- People and relatives described open communication with the registered manager and provider. One relative said, "The management is supportive and very helpful. [The registered manager] is very approachable."

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

- People and relatives gave us mixed feedback on how they were involved in how the service was run. Records showed that people were not always updated on actions taken as a result of feedback that had given.

We recommend the provider seek advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their care, treatment and support.

- Staff told us their feedback was sought and acted on. This was encouraged through team meetings and staff surveys, and records showed feedback was acted on. One member of staff said, "My opinion counts." Continuous learning and improving care; Working in partnership with others
- The registered manager and staff had worked with external professionals following our last inspection to make improvements at the service.