

Justcare Homes Limited

The Beeches

Inspection report

59 High Street
Mansfield Woodhouse
Mansfield
Nottinghamshire
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Tel: 01623421032

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Beeches is a care home that provides personal care for up to 26 people in one adapted building. It is registered to provide a service to older people aged 65 and over who may be living with dementia. At the time of the inspection 22 people lived at the home.

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

People were at risk of infection because the building was aged and not conducive to effective cleaning. For example, some carpets were dirty and stained. Skirting boards were chipped, and paint was peeling off or water damaged in some areas, which meant these areas could not be cleaned effectively.

Water testing temperatures were not consistent or in line with the providers own policy or health and safety guidelines in some of the bedrooms.

We have made a recommendation for the provider to consider current guidance relating to the control of legionella and health and safety measures. This is to ensure records of water temperatures outlets are in line with current guidelines.

Peoples individual risks were identified and managed. The provider followed safe recruitment processes to ensure staff were suitable to work with vulnerable people. People were protected from avoidable harm as the provider took steps to safeguard people. Medicines were administered safely and as prescribed.

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.

People received sufficient nutrition and hydration and any weight loss was swiftly addressed with a relevant health professional. Nutrition and hydration audits were in place and completed monthly by the registered manager.

People were cared for by caring compassionate staff who treated people with dignity and respect at all times.

Staff responded well when people required assistance. People were supported to discuss and make end of life wishes and choices.

Improvements had been made to the quality assurance systems since the last inspection in December 2019 and the provider had sufficient oversight. Environmental and infection control audits were completed to ensure the provider identified concerns to drive improvements at the service, but the time frames were not always adhered to. There were monitoring checks of all essential equipment used at the service to ensure they were working safely.

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 the service was Requires Improvement, published on. 19 December 2019.

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.

Why we inspected

We undertook this inspection to check whether the breach of regulation we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has changed following this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for the beeches on our website at www.cqc.org.uk.

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 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 well-led.
Details are in our well-led findings below.

Good ●

The Beeches

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

The inspection was carried out by one 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.

Service and service type

The Beeches 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 the inspection

We reviewed information we had received about the service since the last inspection as well as the information shared with us by the local authority, such as details of any safeguarding concerns that had been raised. We used all of 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 also spoke with four people who use the service and three relatives about their experience of the care provided. We used general observations for five people, who were unable to speak with us. We spoke with six members of staff including the cook, senior care staff, care assistants, activities person and the registered manager.

We reviewed a range of records. This included four people's care records and medicine records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed training data and the providers quality assurance records.

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. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Infection control

- People were not consistently protected from the risks associated with infection. There were areas of the building that were in need of repair and redecoration. For example, paint to walls in bedrooms and communal areas were chipped or damaged, this made it difficult to ensure they could be cleaned effectively. We found areas that were dirty, such as doors and skirting boards. The registered manager told us they had implemented a deep clean, which was to take place in the evening on the day of inspection.
- 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 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

- People were receiving visits that aligned with current government guidance.

Assessing risk, safety monitoring and management

- All safety checks were completed, however we found records of water outlet temperatures were between 32-38 degrees in some of the bedrooms. We found some of the temperatures were not in line with the providers own recommendations. This meant the temperatures were not in line with health and safety guidance.

We recommend the provider reviews the L8 guidance for legionella and health and safety guidelines to ensure they review their current practice for testing water temperatures correctly.

- People were protected from harm, as individual risks were identified and managed.
- Essential information was readily available to staff. One staff member told us they used handheld sets to update and retrieve peoples care information in real time, which helped to reduce any risk.
- Where people were at risk of pressure damage to their skin, they were monitored regularly to reduce any risk. Specialist equipment was in place for people who required it.
- The registered manager analysed accidents and incidents. For example, there were systems in place to analyse and assess all falls for themes and trends to identify and manage those people that maybe at risk.

- There were individual risk assessments in place for animals visiting or living at the home. The home has a pet policy in place which was adhered to.

Staffing and recruitment

- The provider followed safe recruitment processes. Safety checks, such as a Disclosure and Barring Service (DBS). Disclosure and Barring Service checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions).
- We saw sufficient staff on duty on the day of the inspection. People we spoke with did not raise any concerns in regard to staffing. One person said, "Staff are always busy and there is always someone about." Another person said, "Oh yes, I think there is enough staff."
- Staff confirmed there was enough staff, one staff said, "We are busy, and the staffing numbers had increased recently."
- The registered manager told us they used a dependency tool and reviewed staffing levels regularly, and, when necessary, increased staff numbers to ensure people's needs were met. Staffing levels had recently been increased by one staff and recruitment was ongoing.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to monitor and protect people from the risk of abuse.
- Staff were trained and knowledgeable in what constitutes abuse and the reporting process.
- People and their relatives told us they felt safe living in the home and with the staff that cared for them. One person said, "I feel safe, I don't feel at risk at all, I feel safe." Another person said, "There is always someone [staff] around." Relatives told us they felt their family member was safe.

Using medicines safely

- Medicines were administered in a safe way, and in line with best practice guidance.
- People received their medicines in a timely manner and as prescribed.
- Staff who administered medicines had their competencies checked and had completed medicines training.

Learning lessons when things go wrong

- Accidents and incidents were recorded and transferred onto an accident and incident system. We saw that accidents and incidents were analysed to look for trends, with action plans and lessons learned which were shared with staff at team meetings.

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. At this inspection the rating for this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes.

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

- The premises had not been fully decorated or maintained to ensure a safe environment that met people's needs. Many areas of the home were in disrepair. Flooring was being replaced upstairs and in a number of bedrooms. Communal toilets were in need of redecoration. This was also highlighted in our last inspection in 2019.
- The registered manager told us they had an ongoing refurbishment plan in place. We saw quotes had been acquired and work had commenced.
- Throughout the home there were areas adapted to meet the needs of the people living there, such as, quiet areas and signage to support their condition, for example, people living with dementia.
- People personalised their bedrooms to make them feel more at home. Staff told us the home was homely, family orientated and personal.

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider ensured that assessments of people's capacity were carried out in accordance with the MCA.
- People were assessed to see if they were at risk of being deprived of their liberty and the registered manager had made DoLS applications when required.
- Staff got permission from people before offering personal care. We observed staff asking people for their permission before they undertook any tasks.
- Staff understood the principles of the MCA, including how to support people to make their own decisions. One staff said, "I give people and encourage them to make a choice, I also ask permission before I provide personal care."

Staff support; induction, training, skills and experience

- We found all staff had completed a robust induction and training programme.
- People told us staff knew how to care for them. One person said, "There is always two of them [staff], and they know what they are doing, they are fully trained."
- Staff felt they had enough training and gave examples of training they had completed.
- Staff files evidenced staff had completed an induction. For example, we reviewed certificates for training completed and also supervision support staff had received.

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

- People were supported to eat and drink. There was good choice at mealtimes. We saw people received plenty to eat and drink throughout the day.
- Where required people received fortified and special diets, this information was recorded and accessible by all staff. This meant people were supported to maintain their nutritional status.

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

- We saw evidence that the service worked with other professionals and people received consistent, effective and timely care.
- People confirmed they were supported to access healthcare services. One person told us of a time staff supported them to attend hospital for a CT scan (A computerized tomography (CT) scan provides more-detailed information than plain X-rays). Another person described how they were referred to and supported by a district nurse when they had a water infection.

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

- People's needs were assessed before care was provided to ensure staff could meet their needs. We saw that ongoing monitoring and assessment of people's needs occurred, to reflect any changes in people's support requirements.
- Care plans considered people's care needs, including individual cultural or religious preferences. These were reviewed regularly or as people's needs changed.

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

- People were involved with decisions about their daily routines. Daily records demonstrated people were offered choice in how they spent their days. For example, people woke up at a time of their choice and ate meals when they wanted.
- People told us they had attended meetings and discussed their care needs. One person said, "We have a meeting of what's going on with care."
- Resident meetings had taken place and we saw discussions around furniture, activities and decoration of the home.

Ensuring people are well treated and supported; equality and diversity

- People were supported by caring and compassionate staff and their lifestyle choices respected.
- Staff interaction was good. Staff spoke in a caring and compassionate way to people and to us when discussing people's care needs.
- One relative said, "[Name] says they love their carers, the food is nice and they are like a different person, since they have been living here."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. For example, we heard staff speak to people respectfully throughout the day. Some people had specified they be called by their preferred name, which staff adhered to.
- All staff received training in equality and diversity and were supported by a detailed policy.

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.

End of life

- The service was not supporting anyone with end of life care at the time of inspection. However, the service did support people with life limiting conditions and there were end of life care plans in place for those people.
- Care plans evidence a discussion surrounding end of life wishes had been considered.
- All staff received training in end of life care to ensure they were equipped to deal with people's needs safely and sensitively.

Meeting people's communication needs

- People's communication needs were considered as part of their assessment and their care plans described the level of support required. For example, a care plan we reviewed detailed the best way for staff to communicate with a person was through facial expression, hand movement or pictorials.
- The registered manager told us they make information available in formats people could easily understand, for example easy read, large print and pictorial documents. The complaint policy was also in an easy read format.
- The registered manager was aware of the requirement to provide people with accessible information.
- Staff discussed different methods they used for communicating with family, especially through the pandemic and keeping family informed.

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

- There was dedicated activity staff member who ran sessions for those who wanted to join in with activities. One Relative told us, "My [relative] likes to listen to talk shows on the radio, and the activities person and staff set up a radio for them to listen to."
- Improvements had been made to the care planning process and we found care plans were very detailed and reflected people's needs. They were person centred and informative for staff. For example, if a person was diabetic the care plan described how a low or a high blood sugar affected the individual and described signs staff should look out for.
- The registered manager and staff had a good knowledge of the people they supported, and understood their preferences, likes and dislikes. A relative told us, their relative liked to listen to music on their CD player in their room and watched the TV downstairs sometimes. This meant they had a choice of what they wanted to do.

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 maintain links with family and friends.

- People told us they were able to have family visit as and when they wanted and were able to go out into the wider community. One person said, "I walk into town, this depends on the weather outside."

Improving care quality in response to complaints or concerns

- There was a complaints process in place and the service followed the providers policy for any complaints received.
- We saw examples of complaints that had been addressed and outcomes resolved to the satisfaction of the complainant.

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. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection systems and processes were either not in place or robust enough to monitor the quality and safety of the service. This placed people at risk of harm. This was a continued breach of Regulation 17 (Good Governance) 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.

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

- There were good governance systems in place and the provider had a good oversight of how the home was run. The registered manager discussed further improvements they wished to make, such as, training staff to identified different techniques for how they could support people who visited and have autism or a learning disability.
- Regular quality assurance audits were undertaken by the registered manager and the provider, which covered areas, such as, the environment, safety measures, infection control, and improvements the provider was making, such as new sluice room and refurbishments to bathrooms and other areas of the home.
- The manager understood their regulatory requirements. This included displaying their inspection rating and submitting notifications to CQC regarding certain incidents and events.
- The registered manager was enthusiastic to make improvements to the service. They responded well when we raised concerns regarding water testing and cluttered areas.

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

- The registered manager told us they had held regular relatives' meetings to seek feedback and provide information about service developments. People and relatives' views were also sought using questionnaires. However, this had diminished since the pandemic. The registered manager told us they were in the process of reimplementing a newsletter and sending out questionnaires.
- There was evidence of resident meetings taking place, however relatives told us they had not been asked for feedback recently.

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

- There was a positive person-centred culture within the home. One staff said. "Care is person centred, honest and there is good staff morale."
- We observed people interacting with the staff, and the registered manager. The impact was very positive with a family feel atmosphere.
- People told us the whole staff team were approachable. They felt the staff team, including the registered manager were open and transparent, and that they could talk to them any time.

Continuous learning and improving care

- We saw improvements to the governance and performance management. We found some areas of good practice.
- Audits and monitoring were completed to ensure the registered manager had full oversight of the service and how it was run.
- Incidents and accidents were consistently monitored and analysed. Changes were made to mitigate risk, such as, a person was moved to different room when a leak affected their bedroom.
- During the pandemic the service was involved in RESTORE2 (this is to recognise when a person may be deteriorating or at risk of physical deterioration.). The registered manager shared their experience with other care services for continued learning and improvement.

Working in partnership with others

- The registered manager told us the service had a good working relationship with healthcare professionals.
- Staff were requested to discuss people's care needs at multidisciplinary team meetings (MDT), The MDT comprises of health and social care professionals who meet regularly to ensure each person's needs are managed.