

Southside Specialist Dementia Care Ltd

# The Beeches Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The Beeches is a residential care home providing personal care for up to 14 people living with dementia. At the time of the inspection the service was accommodating 13 people. The care home accommodates people in one adapted building set out over two floors.

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

Audits took place to ensure the quality of the service was maintained. However, these were not always robust and had not always identified where improvements were needed. Improvements were needed to the oversight of health and safety, fire safety and infection protection and control monitoring.

The service had experienced some turnover of staff, and were actively appointing to vacant posts so that a consistent team of staff were in place at all times.

Staff had a good understanding of the support people needed. Staff were kind and caring and understood their responsibility to report any concerns about people's health and well-being.

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.

Feedback about the service, from people who lived at the home and those close to them was positive. People and relatives praised the staff and the management of the home. The registered manager and provider understood their responsibilities under the duty of candour.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 09 January 2018 )

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

At this inspection we looked at the key questions of safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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.

We have found evidence that the provider needed to make improvements. Please see the safe, and well led sections of this report.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to good governance.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Beeches Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

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.

Two inspectors carried out the inspection.

#### Service and service type

The Beeches is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The registered manager was in the process of resigning as the registered manager as they were carrying out a different role for the provider. A registered manager from one of the provider other services had moved over to The Beeches and was in the process of applying to be registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We met with five people who used the service and spoke with two relatives. We spoke with ten members of staff including care staff, senior care, training manager, acting manager from the providers other service, area manager and provider.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

### Assessing risk, safety monitoring and management

- Some environmental risks to people had not been addressed. For example, work to replace a number of fire doors throughout the home was underway. Doors that had been removed were placed against the wall on landings and corridors and people were passing through. The provider had not completed a risk assessment regarding the work taking place by the external contactors to ensure potential risks to people's safety had been considered and mitigated. We brought this to the attention of the person in charge and the doors were removed to a safe storage area and a risk assessment was implemented.
- A fire drill was due and the provider confirmed this took place the day after our inspection.
- Individual personal safety evacuation plans were in place. However, these lacked specific and personal information about how people would be supported safely in the event of the fire alarm sounding. These were completed during the inspection.
- Risk assessments and care plans informed staff how to support people safely. For example, risks in relation to eating and drinking and mobility.

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)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

### Staffing and recruitment

- Staff told us that staffing levels at weekends were difficult because they were also covering domestic and cooking roles. The provider told us that a house keeping role had just been appointed to, and this would reduce the pressure on care staff. They were continuing to appoint to vacant posts and new starters were due to commence soon. Some regular agency staff were supporting the rota.
- The required pre-employment checks to ensure staff's suitability to work in a care setting were in place. For example, the provider arranged for checks to be completed by the Disclosure and Barring Service (DBS).

DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Preventing and controlling infection

- We were somewhat assured the layout of the premises, use of space and hygiene promoted safety. The laundry needed a deep clean and there was a lot of clutter and items stored in this area. There was also debris under the sink units. There was also no stock of red disposable bags used for contaminated laundry. There was no cleaner currently and staff were undertaking these duties. Daily cleaning records had not been completed since the end of May 2022.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider's infection prevention and control policy was up to date.

### Using medicines safely

- Records did not fully detail how a person who is not able to verbally ask for pain relief, how staff would know when to give this. The provider took action on this so information was in place for staff to follow. The provider told us they would ensure at night time there was always staff trained who could give medication. The on-call staff member was currently providing this support.
- There were some gaps on the medicine administration records where staff had not followed the medicine procedure, and signed to say the medicines were given as prescribed. A check of medicines stock indicated the medicines had been given.
- Staff completed medicine management training and competency checks were completed. A staff member told us, "The medicines training is good, there is loads of questions to work through, its really good. We then have three observations to make sure you are doing everything right before you administer medicines. We are then re-checked every year to make sure we are still doing everything correctly."

### Systems and processes to safeguard people from the risk of abuse

- There was a calm atmosphere and people looked relaxed in staff's company. People who could tell us their views made positive comments about the home and staff. One person told us, "Its good here I feel safe and content. There are always lovely staff to help me. They are kind and friendly. I enjoy being here. My daughter comes to see me."
- Staff received safeguarding training and showed an understanding of safeguarding procedures.
- Staff told us they were confident that any concerns raised would be dealt with by the management team.
- Relatives told us the service was safe. A relative said, " The staff are kind, caring and yes [person's name] is safe living at The Beeches."

### Learning lessons when things go wrong

- Records of incidents and accidents were recorded and reviewed by the manager. A system was in place to look for trends, identify any learning, and reduce the risk of an incident happening again.

### Visiting in care homes

- The provider had consulted with relatives and visiting was encouraged on set days. The provider was aware of the importance of relatives visits and government guidance in relation to this. The provider told us that any visits outside of the set days would be fully supported and were able to give us examples to support



this. The visiting policy needed to be updated to reflect this and to ensure relatives were aware they could visit on any day if they wanted to. Relatives we spoke with raised no concerns about visiting arrangements.

- Visitors to the service had their COVID-19 status checked before entering and staff checked visitors did not have symptoms of illness.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

- Governance system were in place. However, the oversight of these had not always been effective. The systems had failed to identify some of the concerns we found during the inspection. An effective governance system is key to keeping people safe.
- Systems in place for the oversight of health and safety checks and audits had not identified that these were not always effective. For example, cleaning schedules had not been completed since end of May 2022, bedroom audits had not taken place since April 2022, and no checks on bedding and mattresses had taken place.
- Systems in place for the oversight of fire safety had not been effective. For example, the work- place fire risk assessment had not been kept under review with fire related matters including work required to replace fire doors. There was also no information about the measures in place to mitigate risk during the replacement of the new fire doors that were fitted without door handles on the outside of bedroom doors, due to a delay in supply of these. As a result, fire doors were being propped open in the day and then closed again at night.
- The system in place for oversight of the infection prevention and control (IPC) policy had failed to identify that the capacity tracker had not been updated with COVID-19 about a recent outbreak. (The capacity tracker is a digital tool developed by NHS England and the Department of Health and Social Care and enables care providers to share critical information about COVID-19, and other data in real time)
- The system for auditing care records and risk assessments, had not identified that monthly reviews of the records had not taken place in line with the provider's own policy. The reviews did not include how people and their views were represented in this process. Care records and risk assessments ensure staff have the information they need to know when supporting people and are particularly important when agency staff are in place to support staffing levels.

We found no evidence that people had been harmed however, systems in place to monitor and improve the quality of the service were not always effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The provider told us they were committed to the ongoing development of the home and would make the improvements needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us that although there had been changes within the management team, and some staffing difficulties, there remained a consistent approach to people's care. A staff member told us, "I think we are a great team of staff and we work together really well; we are like one big family." Another staff member said, "People's care comes first, and people are well cared for. It is a lovely homely, caring environment."
- People and their relatives were complimentary about The Beeches. A relative told us, "I really cannot fault the home and we are very happy with [person's name care]. The staff not only support [person's name] but they also support the family. They are kind and caring and always make time to talk to you." Another relative told us, "The staff are genuinely affectionate and [person's name] always look well cared for. I think the staff work very hard in what at times can be very challenging circumstances."
- Staff were observed being kind and caring and spoke about people in a very respectful way.
- Staff told us they knew about the whistleblowing policy and told us the action they would take if they had concerns.
- People and their relatives were asked their views about how the home was run. The annual residents and relatives' surveys showed feedback was generally very positive.

Continuous learning and improving care: 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 provider was responsive to the things we found and discussed with them during and following the inspection. They took immediate action where they could and brought in additional management to support the governance oversight.
- The provider was aware of their obligation in relation to the duty of candour.
- The provider notified CQC of significant events, in accordance with legislation.

Working in partnership with others

- Records showed staff worked with other agencies to improve people's experiences.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems in place to monitor and improve the quality of the service were not always effective.