

HC-One Limited

Beeches Care Home (Nottingham)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Beeches care home is a care home providing personal and nursing care to 27 people aged 65 and over at the time of the inspection, some of whom were living with dementia. The home is across two floors with people who receive nursing support living mostly upstairs. The service can support up to 54 people.

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

People were kept safe from the risk of abuse and harm. Risk had been assessed and risk reduction measures were in place. Medicines were managed safely following introduction of a new electronic system. Robust infection control measures had been introduced to protect people from the risk of infection.

Care plans were person centred and evidenced people had been involved in the planning of their care. The home was undergoing refurbishment work and people had been involved in the new décor, this included calmer decor and clearer signage around the home.

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.

The home had a new manager in post who was being inducted with support from the current registered manager. This allowed consistent managerial oversight. Systems and process had been utilised effectively to drive service improvement.

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 inadequate (published 16 June 2021).

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.

This service has been in Special Measures since 16 June 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced focused inspection of this service on 11 May 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what

they would do and by when to improve staffing, safe care and treatment, personalised care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, responsive and well-led which contain those requirements.

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

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beeches Care Home (Nottingham) on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 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 ●

Beeches Care Home (Nottingham)

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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.

The service had a manager 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 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 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 four people who used the service about their experience of the care provided. We spoke with seven members of staff including the area director, home manager, registered nurse, senior care workers, care workers and a housekeeper.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two relatives about their experience of the care provided, we attempted to speak to a further 14 relatives but were unsuccessful. We looked at training data and quality assurance records. We spoke with one professional who regularly visits the service.

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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to effectively assess risks to the health and safety of people, and they had failed to implement effective infection control measures in order to protect people from harm. This was a breach of regulation 12 (Safe Care and Treatment) 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.

- Risks were assessed, managed and monitored to protect people from risk of harm.
- Risks associated with people's pressure area care had been fully assessed and action had been taken to ensure ongoing monitoring was in place. Specialist pressure relieving equipment was monitored daily by appropriately trained staff.
- Action had been taken to improve the long wait times people previously experienced after pressing their call bell. Call bell times were analysed daily and where people had waited longer than acceptable action was taken. One person told us, "When I need someone, I call them and they come, I don't wait very long anymore."
- Risks associated with the environment were monitored and mitigated. Essential safety monitoring had been consistently completed and action taken when issues were found. For example, water temperatures had been checked to ensure people were not at risk of scalding.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. Significant improvements were made by the provider to ensure all staff and visitors consistently used PPE effectively in order to protect people from the risk of infection. Multiple PPE stations were available throughout the home.
- 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 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.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

At our last inspection the provider failed to ensure staff were deployed in such a way to meet people's needs and they failed to ensure staff had the appropriate training. This was a breach of regulation 18 (Staffing) 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 18.

- There were enough staff deployed to safely meet people's needs. The dependency tool in place enabled management to consider people's individual needs to calculate how many staff were required on each shift.
- Staff completed training in order for them to care for people safely. This included training in dementia, infection control and choking prevention.
- People told us they felt staff cared for them safely. One person said, "I need a hand getting out of my chair, two staff always help me, that's what the physio told them and that's what they do, they're very good here."
- Staff were recruited safely. The recruitment process had been adapted to ensure all new recruits had been vaccinated against COVID-19 as per the change in legal requirements for anyone working in a care home.

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

- People were protected from the risk of abuse and neglect.
- Staff were trained in safeguarding and felt confident the registered manager, home manager and deputy manager would all listen and act upon any concerns to protect people.
- Safeguarding incidents were thoroughly investigated, and action taken to ensure incidents were not repeated. For example, we reviewed one incident where pressure relieving equipment had not been used when required. An investigation and analysis had been completed with clear delegation of actions and follow up to ensure learning was embedded.
- Lessons had been learnt following the issues we found at our last inspection. The home had implemented a number of new processes to ensure these incidents did not happen again.

Using medicines safely

- Medicines were managed safely.
- The home had introduced a new electronic medicine administration system which allowed for issues to be highlighted and actioned immediately. This system also mitigated the transcribing issues we found during our last inspection. All records were clear and directed staff what dose to give at what time.
- People received their prescribed medicines at the right time. For example, where a person required time critical medicine for Parkinson's disease, these had been consistently given as prescribed. This ensured the person did not suffer any unpleasant symptoms associated with Parkinson's disease.
- Staff were trained in the safe administration of medicines and had their competency assessed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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; Meeting people's communication needs; 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

At our last inspection the provider failed to ensure a personalised approach to care and support. This was a breach of regulation 9 (Person-centred Care) 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 9.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans were person centred and reflected the wishes and needs of each person. People had been fully involved in the creation of their care plans. For example, one care plan we reviewed detailed a person's significant religious beliefs. The care plan was created and written with the person's representative in their primary language and then translated to English for staff to read and follow.
- Communication care plans had been updated and reflected people's current needs. For example, one care plan detailed how to communicate with a person who was nonverbal.
- Staff from all departments discussed what activities would be on offer each day during daily meetings. Where a person was at risk of social isolation this was highlighted and acted upon.
- People told us they enjoyed spending time with staff and their friends within the home. One person told us "I like to spend time with my friends and staff, we are having a Christmas party next week which will be nice." We observed staff supporting people to write and create handmade cards to send out to their loved ones.
- People were invited to a monthly review meeting; with each department to ensure they could discuss their needs and preferences in each area of their care.

Improving care quality in response to complaints or concerns

- Complaints and concerns were logged and responded to appropriately.
- Concerns had been formally acknowledged with a timely written response. Feedback was provided which detailed the action taken to improve the issue.

End of life care and support

- End of life care plans were in place and detailed people's wishes.
- People's care plans contained information to enable staff to provide personalised high-quality end of life care. For example, one care plan detailed an advanced decision a person had made and why this was important to them.
- Staff we spoke with were knowledgeable on providing good end of life care. Staff told us, "Communication with family is vital, keeping people pain free and respecting their wishes, I am proud of the care we provide."

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 inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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; Continuous learning and improving care

At our last inspection the provider failed to ensure the quality, safety and leadership of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvements had been made and they were no longer in breach of regulation 17.

- Present and visible leadership was in place. This included a registered manager, a new home manager who had submitted an application to become registered with CQC and a deputy manager. The new home manager had been fully trained and inducted by the registered manager and also at the provider's other services in order to fully understand the provider's systems and processes.
- Staff told us they felt supported by the management team and felt the home had improved significantly. One staff said, "There have been lots of changes and all for the better, we know who to go if there are any issues and it gets sorted now."
- Quality assurance systems and processes had been fully embedded, and improvements made. For example, the home manager and staff completed daily home audits which highlighted any safety concerns. During our inspection staff found concerns about a piece of pressure relieving equipment this was highlighted and the issue resolved immediately.
- The provider had created and completed a home improvement plan to drive service improvement. This was comprehensive and detailed what action had been taken to mitigate risk.

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 open and honest when things went wrong.
- Meetings had been held with people and their relatives before the publishing of our previous inspection report to apologise for the failings and shortfalls in care.
- Relatives told us they were reassured with the action and honesty of the provider. One relative said, "We had communication following your last visit and they held their hands up, they told my [relative] what they were going to do make things right and they really have, it feels like a different home."

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

characteristics

- Staff and resident meetings were held to gain feedback on the service and what changes they would like to see.
- Records we reviewed detailed what action had been taken following requests from staff and people using the service. For example, feedback stated at times the home was noisy. The provider had acted upon this and was building a quieter lounge for people to relax in.
- Staff told us they felt listened to and felt morale in the home had improved. One staff said, "The registered manager and deputy are a breath of fresh air, they tell us when we are doing a good job, which is always nice to hear."

Working in partnership with others

- The service worked with other healthcare professionals and local authority in order to improve care. Following an audit from the local authority and clinical commissioning group, action had been taken to address any issues they found.
- The provider implemented advice from other healthcare professionals into care plans. For example, we reviewed communication to a dietician following a person who lived with a feeding tube becoming unwell. Action had been taken and documented to ensure the person maintained their nutritional intake.