

Key inspection report

CARE HOMES FOR OLDER PEOPLE

The Beeches

**665 Uttoxeter Road
Meir
Stoke-on-Trent
Staffordshire
ST3 5PZ**

Lead Inspector
Wendy Grainger

Unannounced Inspection
3rd March 2009 09:00

/09

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care homes for older people can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop.

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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SERVICE INFORMATION

Name of service	The Beeches
Address	665 Uttoxeter Road Meir Stoke-on-Trent Staffordshire ST3 5PZ
Telephone number	01782 310 649
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	The Beeches Residential Care Home Limited
Name of registered manager (if applicable)	Mr Edward Munslow
Type of registration	Care Home
No. of places registered (if applicable)	26
Category(ies) of registration, with number of places	Dementia (4), Old age, not falling within any other category (26)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:

Care Home Only (Code PC)

To service users of the following gender:

Either

Whose primary care needs on admission to the home are within the following categories:

Old age not falling within any other category (OP) 26

Dementia over 50 years of age (DE) 4

2. The maximum number of service users to be accommodated is 26

Date of last inspection New registration

Brief Description of the Service:

The Beeches is located on the outskirts of Meir. It is easily accessible to local community facilities and close to a main bus route.

The service had initially been operating for the past 16 years. It provides accommodation for up to 26 older people who have a physical disability, dementia or mental health needs.

The service recently changed providers and continues to provide care for older people.

Twenty-two single and two shared bedrooms are provided.

There are adequate parking facilities. Gardens are accessible for all people and also those who need to use wheelchairs.

The current fees for the service range between £368 and £397 per week. These fees applied at the time of the inspection. The reader may wish to obtain up to date information from the service.

SUMMARY

This is an overview of what the inspector found during the inspection.

The overall quality rating for this service is **2 star**. This means that the people who use the service experience **good** quality outcomes.

One inspector carried out this unannounced key inspection on one day between 08:30 and 16:30 hours.

The service completed an Annual Quality Assurance Assessment (AQAA). This is a self-assessment tool, which was used as part of the key inspection. The completion of the AQAA is a legal requirement and it enables us to see how well the service focuses on the outcomes for people to make sure that their needs are being met. The AQAA also gives us some numerical information about the service.

We had requested 'Have your say' surveys to obtain further feedback from the staff and people using the service. Unfortunately the service did not receive them.

We spoke to a number of people to find their views about what it is like to live at the service. We were told that since the new person had taken over it has changed. 'I like living here its better now'.

We observed the staff and their interaction with people using the service.

We looked around the premises to see the standard of comfortable and safety.

We looked at the monthly menu and kitchen area to assess their standard in terms of meeting peoples' needs.

What the service does well:

The service provides a warm comfortable place to live and relax in.

People who use the service are encouraged to live a life style they choose.

We spoke to a number of people who use the service each one had positive comments about the home and the staff and the change of ownership. They told us, 'We do not have cheap bread now', 'The margarine has been changed and its better', 'We have requested more chips and that been done', 'I have high regard for Ed he is always around for us'. One visitor told us that she had looked at six homes but 'We have chosen here' because 'it was friendly' and in her words 'did not smell'

We evidenced that the changes to the environment and by consulting the people who use the service the atmosphere had changed to include and open approach.

What has improved since the last inspection?

The format for the care plans had changed to include a fuller overview of individual's personal and emotional needs.

We were told by the owner that the staff had risen to the changes and challenges; they now have time to sit and discuss the day and possible problems with the people.

We spoke to the staff who told us that they felt supported by the new management. 'I think the key worker system is working and I like it', 'I feel more focused and can go to the manager and speak to him'.

The menus have been made pictorial to ensure that all the people using the service have the opportunity to choose the meal.

The service has improved consultation with the people using the service this was evidenced from the records provided.

Displayed on the notice board was the new pictorial complaints procedure, thus ensuring all the people using the service were able to make a complaint.

Parts of the service had been updated and refreshed, new linen in bedrooms and the dining room while recently located to provide more space had been decorated and displayed a fresh light area with new table linen.

What they could do better:

When we looked around the premises we saw that the ground floor bathroom was in a poor condition both decoratively and hygienically. Staff had failed to return items to the individuals rooms, there was a limited awareness regarding infection control with staff not using the appropriate storage facilities. We were assured by the provider that this would be one of the areas to refurbish and to decorate.

While we were told on the day of the inspection that staff had received training for the safe handling of medication a number of concerns were identified. We could not evidence dates on any of the ophthalmic medication or prescribed creams. To ensure that people receive the correct medication it is important that this is part of the services practice.

We evidenced a number of gaps in the Medication Administration Records. We discussed with the deputy the poor condition of the boxes some medication was kept in where a loose tablet and medication had been spilt from the packet.

The service needs to commence an audit for the medication procedure and administration records.

We discussed with the owner the need to provide and secure a controlled drugs metal cabinet.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line – 0870 240 7535.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

3 and 6.

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People wishing to move into the service receive all the information that they require. They are assessed so that they can be sure that the service can meet their needs.

EVIDENCE:

We were told in the AQAA that the service had reviewed and updated the Statement of Purpose and Service Users Guide. We looked at the documents and saw that they were detailed, colourful and displayed in the entrance hall. We were able to confirm from comments by the manager/provider that individuals had a copy in their bedrooms.

The provider entered the current fees into the Statement of Purpose during the inspection. We discussed the format and highlighted that there is a need to confirm in writing to people that their needs can be met following their needs assessment. This so that people if choosing to use the service can be fully assured that their needs will be met.

A further move forward for the service was the setting up of a communication book in bedrooms for families to use; also in the bedroom we identified pictures of the person who was the key worker.

Following assessment individuals were asked to spend a day with the people at the service.

One person told us that she had been told about the service before she moved in, she and her family were satisfied with the process and she then moved into The Beeches.

The service does not provide intermediate care.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8,9,10.

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The personal, social and health needs of the people who use the service are being met.

EVIDENCE:

The AQAA told us that the care plans had been reviewed to ensure that they were person centred. The service identified risks and put them into the plan for the individual's daily living style. Each care plan would be reviewed on a monthly basis. Referrals when appropriate are made to other professional agencies. The service told us that they ensure that relatives are kept informed of any changes to an individual's health.

We looked two care plans we saw that each one had been reviewed and was 'person focused'. The plans reflected assistance and support required over a twenty-four hour period. Assessments for moving and handling were in place, also were pre assessments by the provider and social workers. Daily reports were detailed; we were told by the staff that they had been given guidance to the contents necessary for the report. Staff also confirmed information that had been included in the AQAA for example; that each shift had a handover. We also evidenced this handover ourselves during the change of shift.

We were told that approximately half of the care plans had been reviewed and we saw that there was detailed evidence to show that the plans had moved forward with the outcome being a more personal overview of support provided. We discussed the need to evidence that individuals were part of setting up care plans.

Staff were seen and heard to be warm and friendly; they encouraged and praised people during the day. We saw that staff when assisting individuals during the lunch time were sensitive to the requirements of the person and others in the dining room.

We were able to speak to one relative who told us 'I think the home is wonderful the staff are so good it's different now'. Arrangements were in place for the continued health care of people using the service. This was confirmed from evidence in one of the care plans.

We were told that staff had received training for the safe keeping and handling of medication. One of the senior people on the staff team had the responsibility for receiving and checking the prescribed medication delivered to the service. The system for medication had recently been changed to an alternative pharmacy. Staff confirmed that they had had training from the pharmacist in the use of the new system.

Despite this we evidenced gaps in the Medication Administration Records (MAR) where staff had failed to sign for medication administered. We identified that there was no evidence when ophthalmic medication had commenced for individuals or when creams had been prescribed. This was discussed with the person in charge as it is important for individuals safety that out of date medication was not being administered. Ophthalmic medication and creams should be dated when opened.

The condition of one of the boxes was poor where medication had been spilt and not removed and one loose tablet we found in a box. It is important that the service has an audit to maintain good standards for medication practice and safety in order to fully safeguard people . We did not evidence an audit in place. However, we were told by the provider during our inspection that he would be creating an audit process to improve medication systems.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

12,13,14,15.

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People using the service are offered an option regarding their daily routines and they are encouraged to maintain contact with the community and families. Meals provided are appropriate to peoples needs.

EVIDENCE:

The AQAA told us that 'the social care and interests had been reviewed to meet the peoples choice to enable them to live a life style to suit them'.

This was evidenced in the programme for activities and from observation during the day with small groups enjoying talking together. This was also confirmed from the peoples' meetings records we looked at.

During the inspection we evidenced people with a limited concentration being involved and enjoying activities to suit them.

We were told by one person that she goes shopping to the town of Longton. Other people told us 'It's better here now we do a lot more including craft things', 'I like when we go out and we are supposed to be doing it in the summer'.

The AQAA told us that the provider had reviewed the menu format and created a pictorial style to enable all the people to make a choice at mealtimes. Individual's likes and dislikes were evidenced in the care plans provided and the pictorial menus displayed on the notice board. People told us about the menus and the changes the new provider had made. 'We don't have cheap bread now and have brown', 'We have asked for more chips on the menu and we have had them', 'The margarine has been changed from Stork its better now', 'I have begun to enjoy my meals again there is always a choice'.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

16 and 18

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the service are able to make a complaint and are safe guarded by the homes procedures and staff training.

EVIDENCE:

The AQAA told us that the service had a company policy and procedure for complaints and the safeguarding adults. The complaints process was displayed in written and a pictorial format. This was confirmed by reviewing the format suitable for people with a dementia to follow. Families are made aware of the complaints process in the services 'Statement of Purpose' and 'Service Users Guide' guide documents.

The staff confirmed that via regular supervision they were aware of the process and who to report any issues to.

We spoke to staff and people using the service, 'I would speak to Ed or the girls if I had a problem', 'I would use the system and or the whistle blowing process if I needed to, it's the people that are the most important'.

There have been no referrals to the safe guarding team or to us. The AQAA told us that there had been no complaints received by the provider since the purchase of the service in 2008.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

19,26

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The people who use the service are provided with a warm, clean and comfortable environment.

EVIDENCE:

The AQAA told us that certain areas in the service had been redecorated since its purchase in 2008. This had included four bedrooms, two lounges and by moving the dining room into a more spacious area. The quiet area used as a

smoke room had been created into a more user area for families when they visit. During our inspection one person and her family used this area to celebrate that person's birthday.

The provider has recreated a small smoking area at the side of the service and was found to meet the Health and Safety requirements.

When looked at parts of the premises we saw that the new redecoration and colour co-ordinating of the linen and fixtures were tasteful. We were told that a further eight bedrooms were planned for a total makeover and redecoration. The external area, landings, and dining area were also in the refurbishment plans.

The new dining area was bright, well thought out for space and the needs of individuals, people told us; 'It's nice to sit in here now', 'I think they have done a good job its better than before'.

People told us that they have welcomed the changes and enjoy the refurbishment and decoration.

When we looked at the ground floor bathroom we saw an area that did not promote infection control or a safe environment. We saw toiletries left out that had not been returned to an individuals' room. The room was untidy for example; toilet rolls were unprotected and the bathroom was in need of refurbishing. This was discussed with the provider who agreed that this area may be one of the ones to move forward on the decorating list.

External to the service was an area where people can sit in the sun and enjoy the garden.

Located off the busy main road, the service is situated as far off the road so sound from the road is not heard inside the premises.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

27,28,29 30.

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A trained and committed staff team support the people who use the service while ensuring that they are safe.

EVIDENCE:

We were told in the AQAA that the service have a recruitment policy, the service has a mix of staff on each shift. The training matrix is monitored to ensure that staffs are able to meet the needs of the people using the service. The provider arranges supervisions and staff meetings over the year. Over the previous three months part of the training programme has included a structured approach to the business to ensure that the staff were aware of their responsibilities and expectations.

We spoke to staff who told us that 'I like the openness that we can speak to the boss'. Staff confirmed that they received supervision and found it satisfactory. This was also confirmed from the staff records provided to us.

Staff training records identified that training had been completed and was on going. We were told that there had been some of the required training that was out of date; these had been the first to cover. We evidenced in the records that training for the recognition of abuse had been completed.

We were provided with staff records and files on request, one had been previously compiled, and the recently compiled record displayed all the required elements to employ a person. Each identified that the required Criminal Records Bureau had been part of the employment process.

Staffing levels were appropriate at the time of the inspection to meet the needs of the people using the service. The providers we were told are at the service daily. 'We see the manager daily he is also available to us by phone if necessary'.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 31,33,35,38

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the service are safe guarded by the competent manager and staff team. The service is operated to the best interests of the people who use it.

EVIDENCE:

We were told in the AQAA that the management will ensure that supervision and induction for any new staff will be part of the management process.

The new provider and registered care manager has been in the caring profession for some years in management for professional companies as a consultant. He has achieved the Registered Managers Award, National Vocational Qualification levels 2 and 3 and a business qualification. He continues to refresh and update his knowledge based of the National Minimum Standards and mandatory training.

We checked at random the finances of monies held on behalf of individuals and found the system and records satisfactory.

We evidenced from the AQAA and records that certificates, servicing and fire records were current and satisfactory.

We offered a suggestion to create flash cards in the event of an emergency where hearing impaired people may have a problem. The service had arrangements to use an alternative venue for any emergency.

The outcomes for the people who use the service were that they would be protected in the event of an emergency occurring.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	2
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	X
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	3
33	3
34	X
35	3
36	3
37	3
38	3

Are there any outstanding requirements from the last inspection?

Not applicable new service

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	OP9	13 (2)	To ensure the safety of the people using the service, ophthalmic medication should be dated when opened to ensure that no out of date medication is administered	01/05/09

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP9	To ensure that at all times medication is stored in conditions that are maintained to a good hygienic standard.

Care Quality Commission

West Midlands

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