

Review of compliance

The Beeches Residential Care Home Limited
The Beeches

Region:	West Midlands
Location address:	665 Uttoxeter Road Meir Stoke-on-Trent Staffordshire ST3 5PZ
Type of service:	Care home service without nursing
Date of Publication:	January 2012
Overview of the service:	The Beeches is a care home that provides single occupancy accommodation for 26 elderly people who do not require nursing care

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The Beeches was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 8 December 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People who use the service told us during our visit on the 8th December 2011 that they were comfortable and have no complaints about the service. One person we spoke to commented that it's "a nice place". People told us that that staff are nice and they can approach them if they had a concern.

People we spoke to said there are a lot of activities they can be involved in such as exercise, quiz and bingo. People commented that they have choice and do not have to participate in activities. One person told us if "you don't want to you don't have to" another said they "get up when they want".

People told us that the food was good and they had a varied menu that included fresh fruit and vegetables. People said they were offered hot drinks during the day, one person told us the "food and drink is good".

Relatives we spoke to on the day said they were happy with the care and that staff kept them informed of changes; one relative told us the service was "excellent". Relatives told us they were given the opportunity to give feedback on the service by completing questionnaires and as a result improvements were made.

We saw good interactions between staff and people living at the home, people were treated kindly and in a respectful manner. We observed staff spending time with people showing them pictures, talking to them and painting their nails. Staff demonstrated knowledge about people living at the care home and were able to show how they engaged

with people suffering with dementia using different approaches.

We observed the environment to be clean, tidy and safe, people appeared to be dressed appropriately and presented well with their personal care needs addressed.

We saw evidence of good quality assurance systems that ensured monitoring of general health and safety as well as attempts to engage with people who use the service their relatives and frontline staff.

We found senior management active in service delivery and there was a positive drive to improve standards and support the training and development of staff, this was reflected in what staff told us.

We saw records that reflected the care that people needed and found to be consistent in what people experienced. During our visit on the 8th December we found overall that people living at The Beeches experienced a good standard of care that ensured their needs were met.

What we found about the standards we reviewed and how well The Beeches was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People living in the home are treated with dignity and their preferred lifestyles are respected

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People living at The Beeches experience good quality care that meets their individual needs and wishes and is delivered in a way they prefer

Outcome 07: People should be protected from abuse and staff should respect their human rights

Arrangements are in place to safeguard people from the risk of abuse.

To maintain compliance we have asked the provider to ensure staff receive updated safeguarding training.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Staff are trained, supported and supervised to provide care and treatment to people who use service in a safe and competent manner

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

People living at The Beeches benefit from safe care due to effective management of risks and ongoing monitoring of quality

To maintain compliance we have asked the provider to make improvements in their reporting process to us, also to consider how they can develop ongoing learning from incidences and ensure consistency in their risk assessments.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People we spoke to on the day of our visit told us they had a choice of activities such as dominoes, exercise and games, one person said they had their hair done and nails painted another told us they "get preference". People we spoke to also told us they were given a choice at meal times .

People told us there was no pressure to take part in activities. People said they could get up when they wanted to in the morning. We observed some people sitting in the main room talking, others were seen reading the paper and watching the television.

During our visit we noted a charter of rights which promoted equality and empowerment; it outlined what people living at the care home could expect from the service.

We looked at care records for people living at the care home; we saw each person had a file which included important information about their health, wellbeing and safety. There was also a picture of the person on the file and "this is me" information which described them as an individual including their likes and dislikes.

Information included a map of life that detailed family members, there was a life risk

assessment which included areas around general health and safety, the senior manager told us that this was reviewed every six months. Records also included an end of life care plan, the manager told us that they make attempts to discuss the plan with the family on admission.

The senior manager told us that a recent application had been made for deprivation of liberties but this was no longer necessary the care records of the person reflected the outcome. The person was also receiving medication in their food as we were told they would otherwise refuse, records indicated this was approved by the GP we did not see written confirmation .

We spoke to a family member of the person who confirmed they were in agreement that giving medication in this way was in the person's best interest. The senior manager told us that formal discussions had taken place with other professionals and the family to discuss the capacity of the individual.

People told us that they were kept informed of their care; one person commented staff "let me know what's going on".

Other evidence

We observed the conditions of the rooms people slept in, the manager told us all rooms were single occupancy. In the rooms we looked at we saw evidence that people were not sharing rooms. We observed that people had clean bed linen. the bedroom and bathrooms were very clean and tidy.

People had pictures of their family members in their rooms which added a personal touch, inside the rooms we saw a picture of the key worker on the door and a communication book for families to record relevant information. Relatives told us that staff kept them informed about changes, one relative said they get "daily updates".

Our judgement

People living in the home are treated with dignity and their preferred lifestyles are respected

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

The people we spoke to on the day of our visit on the 8th December 2011 told us the care home was a nice place to live and they are treated well. One person we spoke to said " It's very comfortable".

A person we spoke to commented they "eat well", another said that they were given hot drinks and that the " food and drink is good ". One person reported that they have "different food every day".

During our visit we also spoke to relatives, one person we spoke to told us it was like home and that staff were " very good". Another told us they " can't fault the place ".

People told us that they have their medication and that their blood pressure gets checked by the nurse also their GP visits. During our visit on the 8th December we observed the environment to be clean and tidy, the main reception meet and greet area had pictures of staff with names and job titles on display. The hall way had a notice board showing weekly activities.

We observed people suitably dressed for the time of the day , clothes people had worn were clean and coordinated appropriately. People appeared relaxed in their environment.

Staff was observed interacting with people and their relatives, we saw a staff member painting a persons nail the person appeared pleased with the results. Another staff

member was seen showing a picture book to a person suffering with dementia and talking to them about the people in the picture which the person responded to positively.

We also saw staff undertaking a tea round and taking the opportunity to talk to people and relatives visiting. Staff told us that they keep people and their families informed of any changes.

We checked care records for people to see if the care they received matched what people told us and what we observed. We found records were detailed and care plans were in place and updated. Information included in the records were a multi disciplinary team log to record contact with other professionals daily record sheets as well as a log for incidents and near misses.

We looked at the records of two people with dementia and also the records of people with medical needs. When we looked at the records for people suffering with dementia we found care plans were in place that were consistent with their needs and reviewed regularly.

We saw evidence the health needs of people were identified and monitored and professional contacts by the district nurse and GP was documented. Records for people with medical needs had appropriate care plans in place and information on blood results were recorded as well as contact with the district nurse and hospital admission.

Other evidence

During our visit we spoke to the head chef who told us that the menu was changed daily to offer people variety and the overall menu was reviewed monthly. People with dietary needs such as diabetes were also catered for. The chef stated that people were offered hot drinks with biscuits and can have snacks in between meals and fresh fruit and vegetables were included in the menu.

We noted a fire blanket and first aid box in the kitchen area. The chef informed us that the fridge and freezer temperature was monitored regularly and food temperature checked daily we saw records confirming this.

We looked at bedroom facilities for people we found bedrooms had a safety lock to access the room and a picture of the person on the outside of the door so people could find their room quickly.

Our judgement

People living at The Beeches experience good quality care that meets their individual needs and wishes and is delivered in a way they prefer

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People we spoke to on the day of our visit on the 8th December 2011 told us that that staff were approachable one commented that the senior manager " treats me well".

Two of the people we spoke to commented that they were able to speak to staff if they had a concern one told us staff are " very nice" another person stated they had no complaints about the care they received. People we spoke to did not report any concerns and said they were happy with the care they received.

Staff we spoke to said there was always management cover and they would inform them of concerns such as safeguarding. Staff were able to explain their role in safeguarding vulnerable adults and how they would raise or escalate concerns about poor practice. Staff told us their was a safeguarding policy in place which they were expected to read and understand. Staff told us they had not undertaken recent safeguarding training but receive updates in team meetings and supervision sessions.

The senior manager informed us that staff received safeguarding training on induction. The manager acknowledged that no recent safeguarding training had taken place and this is something they would be looking at. The senior manager told us that there was a whistle blowing policy in place.

When we looked at care records for people we saw evidence that the service was able to respond to the needs of vulnerable people and this was reflected in what people told us. Records included a body map for safeguarding purposes which was formulated by

the local primary care trust.

We looked at records of people suffering with dementia; records included information relating to the individual as a person based on work developed by the Alzheimer's Society. Each record also contained a picture of the person to help identify them easily and had suitable care plans based on the needs of the individual.

Other evidence

During our visit we observed people been treated in a kind and respectful manner and staff interacting with people in a positive way

We saw staff taking time to engage with people and their relatives, staff demonstrated knowledge about people living at the home and showed understanding on how to safeguard people who may be vulnerable .

Our judgement

Arrangements are in place to safeguard people from the risk of abuse.

To maintain compliance we have asked the provider to ensure staff receive updated safeguarding training.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

During our visit the staff we spoke to told us that they had training opportunities available to them to support the people they care for such as training on dementia and diabetes. Staff were able to explain how they use learning from training days in daily practice to engage with people with dementia.

One staff member told us about the "reminiscence room which was decorated with items from the past that helps to support people with memory loss. We observed the room with items that included books and pictures that reflected the past experience of people living at the care home.

Staff told us different methods they use to support people with dementia such as prompts and taking a step by step approach. We saw a member of staff going through old pictures with a person who was clearly delighted with the memories they brought.

A relative told us they believed staff made decisions based on the needs of people and this is done in a sensitive manner. A relative told us staff handled a difficult issue "very sympathetically" and in the best interest of the person.

Staff did not express any concerns about staffing numbers and explained how they would respond to staff shortages or if the needs of a person increased. The senior manager told us that staffing levels were suitable and the manager is not included in the staffing numbers every day and can concentrate on management issues.

We spoke to the manager who told us that there was always a senior care worker on

duty during each shift and management cover on a rota basis. On the day of our visit we found the staffing levels reflected this.

The senior manager told us that they had started the process for the manager to be registered. The manager had also completed dementia mapping training and this helped identify activities suitable for people with dementia.

We found evidence that staff had completed training on dementia, infection control and equality and diversity and a large number of staff had NVQ level training. Staff training was recorded on a training matrix, the senior manager told us that staff receive regular supervision sessions and topics such as ethics and professionalism are covered.

Staff we spoke to told us if a person had medical needs such as a high blood pressure they would monitor and liaise with relevant professionals such as the GP and district nurse.

Other evidence

We looked at laundry facilities and found that appropriate infection control systems were in place to wash clothes and ensure the right clothes were returned to people. The manager told us that hazardous substances used for cleaning were locked safely.

We also spoke to catering staff the chef we spoke to told us said they had completed hygiene training and was currently undertaking training in food preparation. We observed the kitchen clean, tidy and safety precautions were in place.

Our judgement

Staff are trained, supported and supervised to provide care and treatment to people who use service in a safe and competent manner

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

A relative we spoke to said that they received questionnaires for feedback on how the service could be improved and action was taken to improve.

One person explained how they suggested a clock with the date on it and signs on doors to help people with dementia these changes were made they told us that the managers "listen to what you say and act". One person commented that staff were "excellent" and very friendly and caring.

On the day of our visit we observed a complaints procedure visible in the reception and the hall way, we also saw a suggestion box on display. The senior manager on duty told us that they listen to people and try to deal with complaints "before it becomes an issue". A complaints book was in use and a system set up for tracking outcomes.

The senior manager told us they undertake quality assurance audits to improve the service by sending questionnaires to people who use the service, their relatives and staff. Staff told us that they talk to family members and keep them informed. Staff told us they felt able to approach the managers with any issues.

We observed the kitchen environment clean and tidy we saw a cleaning rota in place; we noted a fire blanket and first aid box in the kitchen area. The manager told us that lifts in the building was checked regularly. We observed safety procedures in place such as stair gates and restricted access to areas such as the laundry room, kitchen

and bedroom, hazardous substances were stored correctly. We found the tap water temperature in the bedrooms were suitable the manager told us a regular audit was done to monitor water temperature.

We looked at how medicines were managed in the service; we saw that medicines were stored safely and securely. The manager showed us monthly medicine audits to ensure standards were been maintained. We looked at medicine charts for people and found they were completed appropriately; a picture of the person was included on the chart to avoid errors. Control drugs were stored and managed accordingly, we found the amount of controlled drugs stored reflected the records.

The records that we looked contained risk assessments based on a scoring system it was unclear the framework for the scoring , the senior manager told us this would need to be developed to ensure consistency in the assessment process.

Records demonstrated that when an incident occurred staff acted appropriately. We have asked the service to ensure statutory notifications are submitted to us as part of the process of dealing with incidences.

Other evidence

We saw evidence in the health and safety folder of checks undertaken such as appliance and gas testing. The senior manager informed us that they had a fire procedure in place and fire testing was done regularly, a signing in and out book was present in the reception area.

Our judgement

People living at The Beeches benefit from safe care due to effective management of risks and ongoing monitoring of quality

To maintain compliance we have asked the provider to make improvements in their reporting process to us, also to consider how they can develop ongoing learning from incidences and ensure consistency in their risk assessments.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>Why we have concerns:</p> <p>The provider is compliant with outcome 07: Safeguarding people who use services from abuse</p> <p>To maintain compliance we have asked the provider to ensure staff receive updated safeguarding training</p>	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>Why we have concerns:</p> <p>The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision</p> <p>To maintain compliance we have asked the provider to ensure we receive statutory notifications as outlined in the guidance about compliance</p> <p>We have also asked the provider to ensure risk assessments are based on clear guidelines and audits identify learning opportunities</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of

compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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