

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

The Beeches

665 Uttoxeter Road, Meir, Stoke-on-Trent, ST3
5PZ

Date of Inspection: 01 February 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	The Beeches Residential Care Home Limited
Overview of the service	The Beeches Residential Care Home at 665 Uttoxeter Road, Meir, Stoke-On-Trent, provides accommodation for up to 26 people with care needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Staffing	9
Assessing and monitoring the quality of service provision	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

During the inspection we spoke with nine people who lived at the Beeches, regular visitors to the home; seven people who worked at the home and examined four plans of care and several risk assessments. We found that people told us that they had felt happy at the home. One person told us that "They had no complaints at the moment", another person said "It's very good here, care is fine and I've lived here for two years".

We observed a lunch time meal service, staff offered choices and encouraged and enabled people to eat a balanced diet. People told us that they liked the foods and choices they were given.

Staff told us that they were enabled to develop their skills by completing NVQ (national vocational qualifications). We were told that the manager of the home was helpful and supportive. We saw records that showed staff had been trained in safeguarding and staff when asked knew how to raise concerns about poor care.

We were told by a regular visitor to the home that they were happy with the care that their mother received. The staff had always been kind and caring. They told us that they had a positive relationship with the home staff and they had been able to raise any care issues with them when ever they wanted to. They felt that the care delivered to their relative was good.

The Beeches had systems in place to monitor and improve things when required these included relative and user feedback, audit schedules and staff meetings

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

People who lived at the home told us they were listened to, if they did not want to do something they could say no and staff acted on their instruction.. One person told us they had told the staff "no" to a bath as they wanted to have a bath later, staff had said that was fine. Another person told us that staff helped them to understand what they needed. They told them it when it was dinner time if they forgot, and that they needed to get out of bed in the morning when they forgot its morning time.

We looked at four care plans which documented whether the person was able or unable to make decisions about their lives. The plans documented preferences and decisions made by the resident and family about what they have chosen to do on a day to day basis.

One person at the service told us that they did not want soap on their face and that staff were aware of this and made sure that it happened, it was also written into the plan of care.

We observed staff administering medications, they always asked the people prescribed the medication whether they wished to take it, consent was obtained before medications were given.

The manager of the home told us that they had policies to follow which were in line with local social care guidelines in the case where the capacity to give informed consent was concerned. We saw the policies, the manager and registered manager of the home told us how the policies were implemented in the best interest of the person living at the home.

A relative who visited daily at the home told us that she saw that choices were offered to people and that staff were respectful to those living at the home.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights

Reasons for our judgement

We spoke with nine people who lived at the home they told us that the staff were kind, helpful and understood their needs. One person told us, "I can't fault the staff, they do their best". Another person said, "staff are very nice, I have a big bed of my own, clean and everything, and the food is champion!".

We looked through four care plans we saw that they were individualised and reflected the needs, preferences and diversity of the person it was written for. We saw risk assessments completed for falls and steps taken to prevent them such as the use of pressure mats, these alert staff when the person steps on them so staff can help them when they are walking to prevent falls.

The four care plans we inspected had been reviewed on a monthly or three monthly basis dependant on the assessment made. The home recently had changed its care plan documentation and a transition from old documentation to new documentation was seen. This change had meant that some risk areas were not in a plan of care and we saw some areas duplicated and not easy to track. For example weights of the person who lived at the home and risk assessment for weight loss had not been completed or identified or acted upon in a consistent manner in one of the care plans we looked at. The manager of the home was able to show us that this plan of care was being reviewed at the time and will be updated in line with the new procedures.

We visited the bedrooms of people in the home and saw that the mats were used and that equipment which might restrict movement and choice such as bed rails were not evident in the home. The manager of the home told us that they did not use bed rails. Risk assessment for the prevention of pressure ulcers was also completed in the care plans. We saw equipment such as pressure relieving cushions being used when indicated from these risk assessments.

Staff told us that they knew what they would do in an emergency; we saw the emergency contact details and procedures for the home.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We saw that The Beeches care home took steps to prevent abuse from happening to the people who lived there. These steps included that staff are effectively selected, trained, skilled, supervised and managed to recognise the signs of abuse and how to prevent abuse.

We saw staff records which showed that staff checks were made prior to them working in the home that they were fit to care for people. Records showed that staff had an induction programme implemented which included the training in how to recognise the signs of abuse.

We spoke with seven members of staff who told us that they had received training in and understood the need to prevent abuse. They told us they had regular supervisions with senior care staff to discuss any concerns regarding the way care was delivered.

People in the home told us that they felt safe. One person said " Oh yes, I feel very safe here". Another person said, "I feel safe here, it's lovely". A relative and regular visitor to home told us that they felt staff were kind and attentive to the people who lived there. They said, "It was a safe, caring environment".

The manager of the home told us that they shared the safeguarding policy of the local social service department. The home had a process of how to protect a vulnerable person which was inline with the local social services.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We were told by staff that they had enough time to carry out the work required to care for people and keep them safe. We spoke with seven care staff, kitchen staff, administration staff and the manager of the home. Each told us that they felt skilled to carry out the work in the home and that they were supported to do so by their manager.

We looked at the care rota for several days and saw that the staffing levels were adequate for the home. Night staff workers were able to show that each person was checked throughout the night at least on a two hourly basis. We observed that staff took time to communicate and care for the people in the home. We saw one person ask for the water they were given to be colder, staff did not hesitate to do this as there had been time to do so with ease. .

We observed a lunch time meal; there was enough staff which allowed for those who required assistance to receive it at an appropriate time. This had allowed the meal not only to be hot but to be part of a social interaction.

We looked at staff training records and saw that these were maintained and up to date. Staff told us that they took opportunities to update themselves and that the manager enabled them to do this.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The manager of the home told us that they undertook regular checks of the home which included cleanliness inspections, audits of care plans and medications. Surveys were carried out and completed from people using the service and their relatives. We were told this helped to inform the home about how they are doing and how to improve experiences of people who used the service.

The manager reviewed and investigated complaints and comments made as they arrive. We were shown action plans that had been implemented and completed by the home. These included actions such as improving the laundry service, increasing leisure activities within the home, improving the dining experience.

An external medication audit had recently taken place over a period of months, the results of the audit was shared and showed that processes and systems for medication management in the home was effective.

An external infection prevention and control audit had also occurred which gave minor actions for the manager to implement.

We observed that the home was clean and tidy and that schedules of cleaning were audited and monitored. One person living in the home told us, "It's always clean and tidy here; I don't need to do any cleaning myself". A relative and daily visitor to the home told us that they felt the home was, "Always kept clean and that standards were high at the home".

Audits undertaken were fed back to people who live and work at the home and actions were implemented and agreed to take place with consultation when ever possible. Staff told us that they knew outcomes of the audits such as cleaning and medication audits.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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