Chengun Care Homes Ltd

Beeston Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected the service on 03 and 04 December 2014. Beeston Lodge Nursing Home provides accommodation for up to 28 people who require nursing or personal care. On the day of our inspection 28 people were using the service.

The service had not had a registered manager in place since 31 August 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS)

Summary of findings

and to report on what we find. The DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The acting manager had applied the principles of the MCA and DoLS.

The environment was warm, clean and homely. There were enough staff with the knowledge and skills to provide safe and appropriate care and support. There were systems in place to protect people from the risk of abuse. People were able to receive their medicines as prescribed and had access to sufficient quantities of food and drink.

Staff monitored and responded to changes in people's health and wellbeing and supported people to see external NHS professionals when this was needed.

People were treated as individuals and their opinions mattered. Staff treated people with care and interacted respectfully.

The provider had day to day involvement at the service and valued communication with people who used the service, their relatives and the staff. Audits of the quality of the service were taking place to continually improve the way care was provided to people who used the service.

Summary of findings

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.

People were protected from avoidable harm and abuse. People received their medicines when they needed them.

There were enough staff to provide care and support to people when they needed it.

Good

Is the service effective?
The service was effective.

People who lacked capacity were protected under the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards

Staff received training and supervision to support people effectively.

Good

Is the service caring?
The service was caring.

People were supported to make decisions about their life and encouraged to keep their independence. Their rights were protected when they were not able to consent to their care.

Good

Is the service responsive?
The service was responsive.

Meeting the social needs of people living with dementia was seen as important. People were supported to pursue their interests and hobbies.

People's health was monitored and responded to when their health changed.

Good

Is the service well-led?
The service was well led.

The acting manager and provider had day to day oversight of the care being delivered and encouraged an open, supporting and challenging culture.

People who used the service and their relatives felt there had been continuous improvement in the way the home was managed and the quality of the care being delivered.

There were systems in place to improve the quality of the service and audit systems were being established to ensure the quality of the service would be sustained.

Good

Beeston Lodge Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 03 and 04 December 2014 and was unannounced. One inspector undertook this inspection.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted Commissioners (who fund the care for some people) of the service and asked them for their views and we read a copy of the local authority contract monitoring report.

We spoke with seven people who used the service, five relatives, three care staff, a cook, laundry worker, the acting manager and provider. We observed care and support in communal areas. We looked at the care records of two people who used the service, staff training plans, as well as a range of records relating to the running of the service including quality audits carried out by the acting manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not communicate their views verbally.

Good

Is the service safe?

Our findings

People told us they felt safe at the home, commenting, "I am safe here, they care about me." Relatives we spoke with also told us that people were safe, commenting, "The building is secure and they keep a close eye on my relative to keep them safe from harm."

Staff told us they had been trained to recognise and respond to abuse and protect people from further harm by reporting any concerns quickly to the acting manager. They told us they would be confident to have their own mum in the home because they felt that staff would keep them safe.

There were procedures being followed to minimise restrictions on people's freedom when they were at risk of falling. A relative told us that staff supported their relative to mobilise safely by always supervising them using a walking aid. We saw how a person at risk of falling from their bed had been provided with a bed that could be lowered closer to the floor to minimise injury. There were also bedside alarm mats provided to alert staff to those people who would be at risk of falling if they got out of bed in the night without help. Staff recorded how they checked people every hour to ensure they were safe and well.

Risks within the environment had been considered and planned for to protect people from unnecessary harm. A person who used the service wanted to have their bedroom door kept open. This person's relative told us that as the door was needed to be kept closed for fire precautions the provider had installed an automatic closure device linked to the fire alarm. This allowed them to keep their door open as often as they wished. Each person had been assessed for their dependency for fire evacuation purposes to make sure staff knew how to get people out of the building quickly and keep them safe, equipment for evacuation from the first floor had been newly purchased. Fire equipment had been serviced in 2014 to ensure it was working effectively.

The home was warm and protected people who were unable to recognise changes in their body temperature. Staff had ensured people were dressed appropriately. Hot water was controlled so people were not at risk from scalding.

There were up to date plans in place to make sure staff would know what to do in the event of an emergency such as a loss of utilities or an outbreak of infection such as influenza. Chemicals that could cause harm were stored safely. External doors and windows were secure and people were asked to sign into the home. Equipment such as hoists in use to support people who were immobile had been serviced in 2014 to make sure they were suitable and safe to use.

The acting manager had taken information of concern seriously and records showed that where necessary they had taken disciplinary action to keep people safe from staff that were not suitable to support them. The provider had also taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks through the Government Disclosure and Barring Service (DBS) as part of its recruitment process. These checks are to assist employers in making safer recruitment decisions.

People told us that there were enough staff to respond to any of their requests for support. Relatives told us that they felt the staff met the needs of their relatives. Staff comments included, "There are always enough staff and they are very willing to cover unplanned absences so we are not left short very often." We observed staff were not rushed, they were including people in conversations, interacting with them at their pace to meet their diverse needs and giving them time to express choice and wishes.

People were able to receive their medicines as prescribed and their medicines were always available because they were stored safely, ordered regularly, recorded each time they were administered and destroyed in accordance with best practice.

Registered nurses administered medicines and the acting manager confirmed to us that the provider had checked their competency to administer medicines safely in accordance with the Nursing and Midwifery Council Standards for Medicine Management. Staff had a resource file containing policies on best practice such as, retaining spare keys and how to give covert medicines lawfully.

Staff told us and they provided examples of when they had responded to a concern about medicines to ensure that people's behaviour was not controlled by excessive or inappropriate use of medicines. However there was no

Good

Is the service safe?

clear recording of the effects of medicines that could cause drowsiness to show that they were being monitored properly. The acting manager agreed to have those medicines reviewed immediately.

Good

Is the service effective?

Our findings

People who used the service told us they felt that staff supported them effectively. Comments included, "They are looking after me and they have given me equipment to improve my mobility." Relatives told us they had no concerns about how staff supported people, comments included, "I think the staff are skilled enough." Also, "They were very keen to learn how to support my relative's condition. The specialist nurse came and gave them training so they would know what to do."

We spoke with a newly recruited member of staff and they told us they were being supported by senior staff to make sure they were not left in situations they could not handle. We saw that the provider had prepared an induction specific to the home and obtained a recognised Skills for Care Common Induction Standards pack (CIS). This ensured staff received good preparation for their role as care support workers.

The acting manager told us they were undertaking a management course giving them an opportunity to learn best practice in leadership and develop their ability to lead, motivate and inspire the staff team. We saw that the provider had links with training providers who were visiting the home each week to provide specific training for all staff. A training plan was in place to ensure the development of staff provided learning about current best practice in areas such as how to move and handle people safely and how to protect their health and safety.

People told us they were able to give their consent to the care they received. Relatives told us that they were always consulted, at least monthly about the care provided.

When people were unable to give consent to their care their rights were protected. We checked how a person was being protected when they required their medicines to be given covertly. Covert administration of medication occurs when medicine has been deliberately disguised, usually in food or drink, in order that the person does not realise that they are taking it. It is therefore only used in extreme circumstances, as a last resort, and once certain legal requirements have been satisfied. We found that that appropriate legal steps had been taken and recorded to show this was done lawfully in accordance with the Mental Capacity Act 2005.

We were told by relatives that some people needed to be supervised because they were were unable to maintain their own safety if they went outside of the home unsupervised. Comments included, "I talked to the staff about what works to settle my relative's restlessness. Staff did implement my suggestions and it does work."

We saw records of how staff had applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) when people were unable to leave the home unsupervised in 2013. We saw records of appropriate applications made to deprive the liberty of a person who used the service in order to care for them safely and ensure that their loss of liberty was lawful and that they were protected. This application was not found to be required at that time. We discussed changes that have occurred in 2014 following the judgement of the Supreme Court in relation to DoLS. The acting manager agreed that she would re-apply to make sure that the deprivation was authorised as appropriate.

The provider had employed staff with various skills including skills in supporting people with dementia. A member of staff told us that they were using their knowledge of recognised best practice in supporting people with dementia. They told us they were planning to train staff in how they could support people safely and effectively when they had behaviours that put them or others at risk of harm. Staff confirmed that physical restraint was not used to control people.

People told us they enjoyed the food provided and they could have a choice of meal. Their records showed that there was a recognised risk assessment system in place to monitor their nutritional state each month. The acting manager confirmed that nine people with weight problems were under the care of a nutritional specialist to help meet their assessed needs.

Relative's comments included, "The menu is well thought out, they ensure my relative gets enough to eat and drink. It's much better now." Also, "My relative has put on weight, the soup is made fresh each day from fresh vegetables". We saw how the provider had monitored and analysed people's weight since they took ownership of the home. We saw how 15 of 24 people had either put on weight or their weight had remained stable since August 2014.

Kitchen staff confirmed that despite some initial ordering problems they had now got a system in place to obtain

Good

Is the service effective?

food supplies freshly each week and they felt there was always enough food. Comments included, “I feel proud to work here now, the provider wants us to talk to people, it’s all about the people we look after now, what they want and it’s their home.”

People told us they could see their doctor if they needed to. Relatives told us that people had access to external NHS healthcare providers.

Care plans demonstrated best practice for preventing people developing pressure ulcers. Commissioners of the service told us that they found that identified pressure ulcers were promptly and swiftly assessed, treated and supported with appropriate equipment.

Good

Is the service caring?

Our findings

People told us that staff cared about them. One person told us, “I have made friends here, we laugh sometimes, the days go quickly and we sometimes have things to do to entertain us.” Also, “I’m satisfied, the staff are warm to me and I’m safe.” A relative commented, “The new provider has put his heart and soul into this. He is brilliant, the staff are brilliant. People’s health and wellbeing is their primary concern.”

We observed staff helping people to carry out daily activities. We heard them speaking to people, acknowledging them and taking an interest in the person’s delight or achievement such as discussing the main meal or what the papers were saying.

We found the main lounges to be calm and relaxed. People we observed were shown respect when staff interacted with them. People were being included not ignored showing them their opinions mattered. The provider told us, “I look after the staff and they care for our residents, we are a family.”

We saw how staff had taken steps to ensure that a person was protected and supported to make a decision about their health care. They had involved an Independent Mental Capacity Advocate (IMCA). This is a legal right for people over 16 who lack mental capacity and who do not have an appropriate family member or friend to represent their views.

Relatives told us that there were no visiting restrictions. They all told us that the provider and acting manager had greatly improved communication with them. Comments included, “The provider always greets us when we visit, it’s early days yet but he is much more visible and he is willing to explain all the changes and improvements taking place.” Also, “When the acting manager rings me she is always very quick to calm me and tell me it’s just a routine call, she knows me and understands I worry.”

We saw there was suitable access to bedrooms for privacy when people wanted to take their relatives to talk in private. One relative told us that since coming to the home their relative got help and support to walk regularly, which was important to maintain their health and reduce pain.

Our observations found that people had their privacy protected when receiving care.

The provider told us they had appointed a member of staff as a dignity champion. Information on how staff could promote people’s dignity was displayed. The Dignity in Care campaign was launched in November 2006, and is hosted by the Social Care Institute for Excellence, and aims to put dignity and respect at the heart of care services. The work of dignity champions is about working to promote dignity in the hearts minds and actions of staff and placing a greater emphasis on improving the quality of care and the experience of the person who uses the service.

Good

Is the service responsive?

Our findings

People who used the service could not confirm that they had a care plan but they were able to tell us that the staff knew them and understood their needs and that (staff) "Always ask me what I want."

A relative commented, "They have a care plan for my relative and a key worker who is responsible for them. I would not move them from here." Also, "They are very open with us, any bruises are looked into and explained so we have no need to worry".

We saw feedback from a social worker who had visited the care home during September 2014 to review a person's care. They commented that the care plan was complete and up to date and they had no concerns to raise.

The acting manager explained how they spent a full day each month concentrating on the individual needs of a person calling this their pamper day, (this meant that each person had their care reviewed at least monthly). This included checking their physical health such as blood pressure and weight. Their care plans were changed if needed and they had time to talk to staff at their own pace. Staff called the person's relative if appropriate and advised them of any changes to the way they needed to support people. This was confirmed by relatives we spoke with.

People who used the service commented, "I don't go out much, I don't want to."

Staff we spoke with told us that they were working on improving the activities that people could take part in to make them more individual and meaningful. An example provided was one person liked fairgrounds so as part of their pamper day they took the person to a local fair.

Meeting the social needs of people living with dementia was seen as important. Staff spoke about using distraction techniques such as talking to people and communicating in a way they could understand. This helped them to reduce problems with restless or agitated behaviour. Engaging with people for significant periods of time such as the pamper day was part of the planned activities taking place.

People who used the service were supported to know how they could raise concerns and complaints. They had a copy of the complaint procedure in their room. They also had opportunities to discuss their concerns during their pamper day so they could be given time to explore the problem and resolve them at an early stage.

People could be confident that complaints were taken seriously and acted on. We checked how the provider had responded to a recent complaint and found that his investigation was thorough and questioning. Action and learning took place as a result of the complaint. This had improved the way they managed incontinence within the home.

We saw how relatives were encouraged to feedback any concerns they had at a recent meeting. This enabled the provider to respond to any minor concerns at an early stage to prevent them escalating.

Good

Is the service well-led?

Our findings

The service was purchased by a new provider in July 2014. The provider appointed an acting manager who has applied to register with the Care Quality Commission.

We asked people and their relatives about the leadership at the home. They unanimously commented that although it was early days since a new provider had taken over the home they felt that improvements to the quality of the service were taking place, such as, to the staffing, the environment, the nutrition and care planning.

Staff told us that the provider and acting manager were watchful of the day to day culture of the home by continuously supervising staff and observing the delivery of care. They commented on the quick action taken to address poor performance in staff and protect people who used the service from staff who were not suitable to support them.

Staff confirmed that they knew the procedure to raise any concerns or whistle blow if they had concerns about poor practice. Senior staff told us they always spot checked on each shift to make sure that staff were meeting the needs of people who used the service, for example, "We check turn charts to make sure people are positioned safely at regular intervals, these are signed when we check them and the manager has oversight of them."

We talked to staff about their understanding of the vision and values of the service. Staff told us that they found the home had improved greatly. One staff member commented, "We meet every day with the acting manager and the provider and we discuss things. They are willing to listen and try things to make people's lives better. The feedback is always constructive." Also, "For years I needed proper equipment to do my job. I only had to ask the new owner once and I got it provided straight away."

There were systems in place to encourage open communication with people who used the service, those that mattered to them and the staff. People who used the service were able to contribute their views at frequent intervals and one person commented, "I see the two bosses's every day they are very approachable."

There were processes in place to drive continuous improvement in the service. We saw how the acting manager and provider completed audits within the home on services such as medicine management, infection control and staff training. Audit is a process or cycle of events that help ensure people receive the right care. This is done by measuring the care and services provided against evidence base standards.

Accidents were recorded but the acting manager had not analysed them to ensure that action was taken to minimise the chance of them happening again. We saw how a person had fallen on three occasions. Their care plan was reflecting that staff had put measures in place to minimise the chance of injury. The acting manager planned to use the information from accidents and incidents to prompt a review of care plans and ensure appropriate access to community falls team specialist staff was supported.

The provider held meetings with relatives and staff to discuss the plans for improvements to the quality of the services provided. A relative commented, "My relative's room is awful but the provider has explained that he is completing redecoration in two to three rooms a month and I know we are on the list."

We observed staff were comfortable approaching the acting manager throughout the day and saw that they were given support and direction. Records we looked at showed that the acting manager had submitted all the required notifications to us that must be sent by law.