Rushcliffe Care Limited

Beaumanor Nursing Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 20 October 2014 and was unannounced. At the last inspection on 28 May 2014 we asked the provider to take action to make improvements. The provider was not meeting people's care and welfare needs, and the systems for assessing and monitoring the quality of the service required improvements. Following that inspection the provider sent us an action plan to tell us the improvements they were going to make. We found that this action had been completed.

Beaumanor Nursing Home is located in the town of Leicestershire. The home provides accommodation and nursing care for up to 53 people who have either nursing or residential care needs. This includes health conditions, physical and sensory needs including dementia. On the day of our visit there were 47 people living at the home, this included one person in hospital. The accommodation is provided over two floors and has a passenger lift.

Beaumanor Nursing Home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People who used the service including relatives we spoke with, made positive comments about the care and treatment provided.

People were supported by staff who had received training on how to protect people from abuse. Safeguarding procedures were in place and appropriate action was taken if concerns were identified.

Risk plans had been completed where appropriate for people who used the service, staff, visitors and the environment.

Our observations during our visit showed us that, at times, there were periods when people were left in the communal areas without staff around. Some people were unable to request assistance and relied on staff to meet their needs.

We found some concerns with the management of medicines, the registered manager took swift action to improve the systems and process to reduce the impact on people.

The provider supported staff by an induction and ongoing support, training and development.

People's human rights were protected because staff were aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's nutritional and dietary needs were assessed and people were supported to eat and drink sufficient amounts to maintain their health. The home made appropriate and timely referrals to health care professionals and recommendations were followed. This included support to attend routine health checks.

People were complimentary about the attitude and approach care staff had. Whilst we observed staff were caring, compassionate and respectful, we saw some examples of care that could have been better.

People told us that they felt included in discussions and decisions about their care and treatment. People had information available to them advising about independent advocacy service and information about the providers' complaints procedure.

The home provided personalised care and treatment, people had been asked what was important to them in how they wished to be cared for. This information was reflected in their plans of care.

People who used the service, relatives and staff were positive about the leadership and said they felt included in how the home developed.

There was evidence that the home worked well with other organisations in improving standards, and there were systems in place to monitor the quality and safety of 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?

Requires Improvement

The service was not consistently safe.

Staffing levels were determined according to the dependency needs of people who used the service. We were concerned that there were at times not enough staff available to keep people safe.

Whilst medicines management had improved in some areas, there were further concerns. Action was taken to resolve these issues.

People had their needs assessed and where risks were identified, risk assessments advising staff how to manage risks were present. Staff were aware and appropriately trained on safeguarding policies and procedures.

Is the service effective?

Good

The service was effective.

The Deprivation of Liberty Safeguards and the Mental Capacity Act legislation was adhered to.

Staff received appropriate training and support.

People had their nutritional needs assessed and met. This included support to maintain their day to day health. Referrals to healthcare professionals were made in a timely manner.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff were kind and caring but practice around respect and dignity required some improvements.

People and relatives were supported in discussions and decisions about the care and treatment provided.

Information was available for people about independent advocacy services and other useful information.

Is the service responsive?

Good

The service was responsive.

People received personalised care. They were asked about their preferences, interest and hobbies and what was important to them with regard to their care.

The service had links with the community and people were encouraged to maintain their independence.

Summary of findings

People including relatives and visitors received opportunities to feedback their views about the service including complaints.

Is the service well-led?

Good

The service was well led.

The registered manager had good management and leadership skills. They continually worked at improving the standards of care and treatment.

The registered manager completed regular checks on the service that reviewed the quality and safety of the service provided.

Beaumanor 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 was 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 20 October 2014 and was unannounced. The inspection was completed by two inspectors and a specialist advisor in nursing care.

We looked at and reviewed the provider's information return. This is information we asked the provider to send us about how they are meeting the requirements of the five key questions. We reviewed historical data that we had received from the provider. We also contacted the local authority and health authority, who had funding responsibility for people who were using the service. On the day of our inspection we spoke with a visiting doctor and district nurse. After our visit we also contacted another doctor and a dietician for their views about the service.

We used the short observational framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with

us. We completed a SOFI observation on three people who used the service. We also spoke with five people that used the service and six visiting relatives for their views about the service. We spoke with the registered manager, two nurses, five care staff and the cook. We looked at the care records of four people who used the service and other documentation about how the home was managed. This included policies and procedures, records of staff training and records associated with the quality assurance processes.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we identified some concerns with how people received their medicines. We also had some concerns about how people were supported with their mobility needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements. At this visit we observed that staff followed correct moving and handling techniques. The registered manager had completed practice observations to ensure staff were correctly following training guidance. Nursing staff had also received observational competency assessments in the safe administration of medicines.

A person who used the service told us, "You get your meds when you should, night time are sometimes a little late, but they [staff] always apologise." We found some concerns with the medication administration charts (MAR). The procedures for the disposal of refused medication had not been followed. However, this was corrected when we brought it to the attention of the nurse and was not a risk to people. We also found occasions where signatures were not in place to confirm medication had been given. We brought this to the attention of the registered manager who said they would take immediate action in response to our findings. We received information after our inspection from the registered manager to inform us of the action taken to improve medicines management. Records showed that people on time critical medication were getting their medicines as prescribed by their doctor. We also found medicines were stored appropriately including the storage and management of controlled drugs.

People told us they felt well cared for and safe. Comments included, "I definitely feel safe with them [the staff]." Another person said, "I feel very safe here." Relatives also spoke positively and said that they felt people were cared for safely. Comments included, "I came to look around and they [staff] were just fantastic. The nurses are marvellous. Mum is a lot safer. I go away and I don't worry."

There were procedures in place to minimise the risk of harm or abuse to people who used the service. Staff employed at the service had relevant pre-employment checks before they commenced work. This was to check on their suitability to work at the service.

Staff were clear about the process to follow if they had any concerns and knew about the whistleblowing policy. Comments included, "If there was anything wrong I would tell the manager and she would deal with it."

Staff told us they had received training on how to protect people from abuse or harm and were aware of their role and responsibilities in relation to protecting people. The staff training records confirmed staff had received appropriate training. We also saw the provider had a policy and procedure in line with the local authority's multiagency protection policy. From the information we looked at prior to the visit, we were aware that the provider had reported safeguarding concerns to the local authority and the Care Quality Commission appropriately. The local authority takes the lead on safeguarding investigations. The provider had worked with the local authority when there were safeguarding investigations.

The registered manager had effective procedures for reviewing incidents and learning from investigations. We saw what action had been taken to reduce risks. This included referrals to healthcare professionals for advice and support.

People told us and relatives confirmed, they were aware that risks relating to people's health needs had been assessed and plans of care were in place. We saw some people had additional needs, or specific health conditions that put them at greater risk. Staff were aware of people's individual risks and what was required of them to manage these risks. We saw risk assessments were reviewed on a regular basis to ensure risks were monitored for any changes.

There were arrangements in place to deal with foreseeable emergencies. The provider had a 'business continuity plan'. This advised staff of the procedure to follow in the event of an emergency affecting the service. Personal fire evacuation plans had been completed. Staff had detailed information about how to support a person in the event of an emergency.

Staff told us the registered manager completed fire safety checks. Comments included, "Fire drills are done randomly, the manager arranges them once a month but we don't know when they will be." The registered manager told us they completed fire safety checks on a regular basis, including an environmental check three monthly and records confirmed this. We observed in the downstairs

Requires Improvement

Is the service safe?

lounge there were some loose wires and some attached with tape. We brought this to the attention of the registered manager. After our inspection the registered manager told us of the action they had taken to make these wires safe.

The registered manager gave examples of the action taken as a result of lessons learnt from the monitoring and evaluation systems in place. For example, falls were monitored for reoccurring themes, such as the time of day and location the fall happened. Referrals were made to health professionals such as a physiotherapist to assess people's mobility needs.

A person told us they had not experienced any problem when they had requested assistance. However, some people told us that they had to sometimes wait to have their needs met. One person told us, "They [the care staff] are very good on the whole, I wouldn't say they were quick but they are busy." Another person said, "The staff know how to use the stand aid, but I have to wait a while." A person told us they had not experienced any problem when they had requested assistance. They said, "I have a buzzer and they [staff] come when I call, I have my door open and they're always popping in."

The registered manager told us staffing levels were determined according to the dependency needs of people who used the service. We saw records that demonstrated people had their dependency needs reviewed on a regular basis. We completed observations through the day in different parts of the home. Some people chose to remain in their rooms and additionally some people were in the communal areas. We found a lack of staff presence in the communal areas, people were left unsupervised for long periods. In the morning we observed people were unsupervised for up to an hour. This was a concern because some people were not able to call for assistance. Staff told us that they felt there were sufficient staff available to meet people's needs. This suggests there was an issue with regard to the deployment of staff. The registered manager said that a second nurse was required for the early shift. They said this was because the home provided additional training for overseas nurses, and this impacted on the staffing and management of the home. Comments included, "An additional nurse in the morning would support the care staff in ensuring people's needs were met safely and appropriately. It would also increase the supervision of people."

Good

Is the service effective?

Our findings

People we spoke with including relatives talked positively about the staff and told us that staff were aware of their roles and responsibilities. One person told us, "Staff know what they are doing." Another person said, "Staff seem experienced and they know what they are talking about."

We observed that staff responded to people's needs confidently and competently. We saw staff communicated with each other, that showed they were clear about the different roles and responsibilities they had. For example, we observed a discussion between care staff about some concerns relating to a person's health needs. The care team leader said they would discuss the concern with the nurse on duty.

Staff told us they received an induction, ongoing training and support to develop their practice. A staff member said, "Training is brilliant." Another staff member said, "I do feel supported, the manager is fantastic and the nurses are excellent." The induction process was based on the 'Skills for Care' common induction standards, a nationally recognised training organisation in health and social care. Staff received training that was appropriate for the needs of people they cared for. Staff also received one to one meetings with their line manager to review their practice and learning and development needs. In addition staff received observational competency assessments that assessed their practice, skills and knowledge.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to care and support. It ensures people are not unlawfully restricted of their freedom or liberty. We saw examples that people and or relatives where appropriate, had signed plans of care and other documents to show they had given their consent to the care and treatment provided. Whilst there was no one who was restricted of their freedom or liberty, the registered manager were aware of their responsibilities under the DoLS legislation. Staff showed they had a good understanding of both MCA and DoLS and gave examples of how they gained consent before they provided care and treatment. Including examples of when DoLS should be considered. However, we found a concern relating to a person who lacked capacity and was given their medicines covertly. It had been agreed with the person's relative and doctor that it was in their best interest for the medicines to be given in food. Whilst written authority had been sought from the doctor, the registered manager had not adhered to the MCA. A formal assessment of the person's capacity to consent was required.

People told us that they were happy with the food choices available and that they received sufficient to eat and drink. A relative told us, "She knows what mum likes [the chef] and will always do something else if mum doesn't like what's on offer." Another person said, "Always plenty to drink." We saw throughout the day people were offered and supported with drinks to maintain adequate hydration.

People's nutritional and dietary needs were assessed when they moved into the home and were reviewed on a regular basis for any changes. This included consideration of people's likes, dislikes, preferences, including cultural and religious needs. Some people had specific needs that required that they had a soft or pureed diet. Additionally some people had been assessed to need a fortified (high calorie) diet, and supplements to support safe eating and drinking. We saw supplements prescribed for people were available and food stocks met people's individual needs. Some people required their food and fluid intake to be recorded and their weight monitored. We saw records that confirmed staff were meeting people's needs as stated.

People who used the service including relatives told us that people's day to day health care needs were met and that support was provided to access healthcare services. A relative told us, "She [name of relative] is happy, they [staff] are very friendly and they keep me informed if she's had a doctor's appointment." Another relative said, "They'll [staff] get the doctor; they call in twice a week, but if you need a doctor, they will get one."

People had their physical, mental and psychological health and welfare needs assessed. Plans of care instructing staff of how to meet people's needs were reviewed on a regular basis. This ensured they were up to date and reflected any changes. We also saw that people were supported to access health services such as an optician and a chiropodist. When concerns had been identified about a person's health we saw prompt action was taken. This included referrals to healthcare professionals such as a dietician, speech and language therapist and community nurses for additional support and advice. The doctor also visited the service weekly to review people's health needs.

Requires Improvement

Is the service caring?

Our findings

People were complimentary about the attitude of staff who they described as kind and caring. One person told us, "I like it, I'm very happy, the staff look after you very well." Another person said, "They [staff] care for us well, they get me up and wash me and every other night I have a shower." Additional comments included, "It's lovely they [staff] do all they can." Relatives were equally complimentary about the care provided. A relative told us, "The staff are great and the nurses are wonderful." Another relative said, "Staff know her because they notice her change in mood a lot."

People and their relatives or representative, were more involved in discussions and decisions about their care and treatment.

We saw examples where staff used good communication skills, this included gaining eye contact with the person to ensure effective communication. Staff patiently listened to what people said and waited for a reply before responding. Staff spoke to people in a respectful and friendly manner and involved people in light hearted and appropriate banter.

Staff told us that they had been provided with dignity training and the training records confirmed this. Staff gave us examples of how they ensured that they maintained a person's privacy and dignity whilst providing their care and support. We found positive examples of care provided by staff that showed respect and dignity. For example, we observed a person in the communal lounge was supported to transfer into alternative seating with the support of a hoist. Staff used a blanket to support the person's dignity. We also observed where staff lacked dignity and respect. For example, during an observation we saw a person was sitting in the communal lounge when a member of staff put the person's top dentures in their mouth. We saw a person using the service speak with a member of staff who said, 'I'll come back" but they did not. Another staff member came into the dining room and removed a person's apron and tea cup, without any interaction with the person. This showed a lack of care and attention, people were not treated with respect and dignity.

We saw a 'Dignity in Care' certificate awarded by the local authority. This confirmed the home had pledged a commitment to continually improve the quality of the care provided, which respected people's rights and dignity at all times. This also included 'Dignity Champions' who were individual staff that proactively kept dignity at the forefront of their work and support. People's care records confirmed dignity champions were promoting dignity in care in the way they supported people.

People's plans of care reflected their preferences to how they wished to be cared for. We observed the care provided and saw that staff had respected people's wishes as stated in their plan of care.

People had access to advocacy information should they require independent advocacy support. Information leaflets were available in the reception area. Advocacy is a process of supporting and enabling people to express their views and concerns.

The provider had a confidentiality policy and procedure. Staff adhered to this, people's confidential information was treated respectfully, sensitively and appropriately.

We observed lunch and found staff to be organised. Some people required assistance to eat their meals. Staff were observed to show patience and sensitivity when supporting people.

Good

Is the service responsive?

Our findings

At our last inspection we had some concerns that whilst care and treatment was planned it was not always delivered in a way that ensured people's safety and welfare. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements. At this visit we found systems and communication had improved.

People spoke positively about how the home responded to their needs. This included how people were supported to express their views and be actively involved in making decisions about their care and treatment. One person told us, "I have a buzzer and they [staff] come when I call, I have my door open and they're always popping in." Another person said, "I stay in my room through choice."

Since our last inspection the registered manager had developed a new system of how care reviews were arranged. This was to make sure people's care and treatment needs were being met. A document at the front of the care file showed when reviews had taken place. People and their representatives were informed of review dates and given the name of the nurse responsible for their care. The registered manager said this was a way of encouraging people to talk to nursing staff direct about anything to do with the person's care and treatment.

Staff had a good understanding of people's needs, routines and preferences. We saw documents used by the provider to record people's history. Including what was important to them in the way they wished to be cared for. This showed the provider had a personalised approach to care and treatment.

People told us they received opportunities and support to follow their interest and hobbies. A person told us, "I get plenty of attention." Whilst we did not observe staff support people with social activities or to pursue interest and hobbies, we saw photographs on display of activities people had participated in during this year. We saw in the communal lounge daily newspapers and magazines were available. People were able to listen to music or the radio, in addition there was a choice of televisions. A fish tank and parrot gave additional stimulation and enjoyment. The home organised activities, including visits from external entertainers and religious services, and the dates of these visits were on display for people.

People's relatives and friends were encouraged to visit and maintain relationships with people who used the service. People confirmed that they were supported with their religious and spiritual needs. We spoke with two visitors from a local church group who visited people weekly for bible study. They told us that weekly holy communion services were provided. They said staff supported people to attend these religious services if they chose to. Some people were from an ethnic minority group and we saw that their religious and spiritual beliefs were supported by staff. This showed that care and support were provided with due regard for people's religious and spiritual needs and choices.

People spoke confidently that if they had any concerns they felt able to raise them, and were positive they would be responded to. One person told us, "I would talk to one of the nurses or the manager if I had any concerns." Another person said, "Nothing is too much trouble, the manager is approachable and I would talk to the named nurse if I had any issues." We saw the provider had a complaints policy and procedure available which was accessible for people.

We found the system of how complaints were recorded and managed, had improved since our last inspection. It was easier to see what complaints had been made and how they had been dealt with including the action taken.

People told us they received opportunities to share their views and experiences about the service. A person who used the service told us, "We have meetings and they [staff] ask our views."

We saw the home had a suggestion box in the reception area for people to use, should they wish to make any suggestions. The registered manager told us that they made themselves available to people that used the service and relatives by doing regular 'walk around'. They also said they and had an 'open door' policy should people wish to raise anything with them. In addition the registered manager said there were 'resident and relative' meetings and a newsletter to share information about the home. We looked at meeting records with people who used the service and relatives dated August 2014. This demonstrated that information was shared with people that affected the

Good

Is the service responsive?

running of the service such as new staff starting and maintenance of the environment. We also saw people were asked for their views about the menus and social activities provided. The cook gave us an example how the menu had changed as a result of feedback received.

An annual questionnaire was also used to gain feedback from people about their views about the service. The registered manager told us the annual questionnaire had been sent out and the feedback was in the process of being analysed for any action by a senior manager within the organisation.

Good

Is the service well-led?

Our findings

At our last inspection we had some concerns that the system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and

others was not as effective as it should be. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements.

At this inspection we found quality assurance systems and processes were in place showed that the provider was monitoring the quality and safety of the service. This included checks on staff practice, for example spot checks were carried out on night staff.

People who used the service and relatives, spoke positively about the leadership of the home. Comments made showed people were confident with the registered manager's approach, attitude and management of the home. One person told us, "I'm happy, staff on the whole are great, we have a brilliant boss, she is great and she knows her job. She is forthright and has a great sense of humour."

Staff spoken with felt well supported by the registered manager and the nurses. They said that the registered manager had an open door policy and that they felt able to talk to them at any time. Comments included, "I do feel supported, the manager is fantastic and the nurses are excellent." Additional comments included, "I look forward to coming to work, and I feel valued and listened too." Staff told us they received supervision meetings to enable them to review their practice and ongoing training needs. We saw records that confirmed this.

Staff were aware of the vision and values of the service. Comments included, "The home's vision is to promote and provide good care."

We spoke with the registered manager about their leadership style and approach. This included how they developed a personalised approach to care that was transparent and inclusive. They demonstrated that they had high standards and expectations. Their own work ethics and values were a big influence of how they supported the staff and service to continually develop. Comments included, "I work alongside staff and don't expect others to do what I wouldn't do myself. I do have high standards, if I have concerns I raise it with the staff but I also listen and value their comments." This shows that the vision and value of the service is effective at continually improving the service.

The registered manager ensured they met their legal responsibilities and obligations. This meant they adhered to the registration conditions with the Care Quality Commission. This included the contractual obligations with external organisations such as the local authority and health commissioners. These are organisations that have funding responsibility for some people using the service.

We received information from the local authority and the locality Clinical Commissioning Group (CCG) that stated they completed contract monitoring visits to the service in 2014. The CCG also told us that the home engaged well with the 'enabling services'. This is a service that provides additional support and guidance to nursing homes around education, training and quality improvement. This demonstrated the home worked well with stakeholders and had a commitment to improve standards and outcomes for people who used the service.