The Beeches Worthing Limited

The Beeches Nursing Home

Inspection report

45 Wordsworth Road
Worthing
West Sussex
BN11 3JB

Date of inspection visit:
20 February 2019

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09 April 2019

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?	Requires Improvement

Summary of findings

Overall summary

About the service:

The Beeches Nursing Home is registered to provide accommodation for up to 40 older people and people with physical disabilities who require nursing or personal care. At the time of the inspection there were 38 people living at The Beeches.

The Beeches had 38 bedrooms located over three floors which are accessible via stairs or lifts. The home had a large communal area which opened out to a garden at the rear of the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

People's experience of using this service:

•Whilst people's care records did not always reflect current practice and we have asked the registered manager to improve in this area. People and their relatives told us, they thought the home was well run and spoke positively about the culture of the home. One relative said, "We would recommend this home to others."
•People told us they felt safe from the risk of abuse and staff followed the local authority's policy and procedure to raise concerns. One person told us, "Yes, I've felt safe, it's home from home"
•People received their medicines safely and on time and staff were trained in administering medicines.

•Relatives and visitors were welcomed to visit people and given the privacy to talk. One relative told us, "I am always made to feel welcome."
•The home was clean and people were protected from the risk of infection.
•People were supported by trained staff who were knowledgeable and knew how to care for people in line with their needs and preferences.
•People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
•People were happy with the food and told us they were given a choice of home cooked meals. One person told us, "The meals are good here".
•People were respected as an individual, with their own social and cultural diversity, values and beliefs.

•People and relatives told us, they received kind and compassionate care and we observed friendly interactions throughout the day.
•There was a complaints procedure in place which was accessible to people and relatives.
•People's wishes for end of life care were recorded where appropriately.

More information is in Detailed Findings below.

Rating at last inspection: Requires Improvement (report published on 6 March 2018)

Why we inspected: This was an unannounced scheduled inspection based on the previous rating.
Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Good.

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 Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Responsive findings below.	**Requires Improvement**

The Beeches Nursing Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience at this inspection had experience of caring for older people.

Service and service type:

The Beeches Nursing Home is a 'care home' with nursing care. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an unannounced inspection, which meant the provider and staff were not aware that we were coming. We carried out our inspection on 20 February 2019.

What we did:

Before inspection:

•We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
•We looked at information we held about the service including notifications they had made to us about important events.
•Information sent to us from other stakeholders, for example, the local authority and members of the public.
•We contacted two health care professionals following the inspection, to ask for their feedback on working with The Beeches Nursing Home.

During the inspection:

•We spoke with 11 people who use the service, two relatives, three visitors, the registered manager and six members of staff.
•We pathway tracked the care of four people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care.
•We reviewed records including accident and incident logs, quality assurance records, compliments and complaints, policies and procedures and two staff recruitment records.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.
We have inspected this key question to follow up the concerns found during our previous inspection on 4 and 7 December 2017, where the service was rated requires improvement for Safe. There were failures to ensure medicines were managed, recorded, stored, disposed of and given safely. We also found some risk assessments lacked detail and guidance about how to manage identified risks safely. The provider completed and sent us an action plan and we found at this inspection the provider had addressed these areas of concern.

Using medicines safely

•People received their medicines safely and on time.
•Following the previous inspection on the 4 and 7 December the provider introduced daily audits carried out by a manager to ensure that Medicine Administration Charts (MAR) where completed correctly and signed for.
•All staff who gave people medicines had read the providers policies and procedures for safe medicine management.
•Safe systems were in place for the storage and disposal of medicines, this was checked and recorded by two trained nurses. Medicine expiry dates were checked weekly and a monthly audit of all medicine cupboards were checked and expired medication was disposed of. We observed these checks being recorded.
•Systems were in place to record daily temperatures of the medicine cabinets and these were audited monthly.
•There were protocols and guidance for staff giving medicines which were prescribed 'as required' (PRN). A new chart implemented in March 2018 detailed when medication maybe required and signs and symptoms the person may show.
•Staff had received comprehensive training about giving people medicines and competency assessments were carried out to ensure their practice remained safe. One member of staff told us, "I found the medicines training very useful, to update on new procedures, and improve understanding of people's medication needs."
•We observed a member of staff discussing one person's medicines with them, explaining what they were for and chatting about their day ahead.
•People felt safe and told us they received their medication as prescribed.

Systems and processes to safeguard people from the risk of abuse

•People told us they felt safe and systems were in place to ensure staff had the right guidance to keep people safe from harm. These included policies and procedures to protect people from abuse.
•Staff understood how to raise safeguarding concerns appropriately in line with the local authority

safeguarding policy and procedures.
•Staff had received safeguarding training as part of their essential training and this was refreshed regularly.

•Staff were able to describe the different types of abuse and what action they would take if they suspected abuse had taken place. One person told us, "I definitely feel safe and It's because there is always someone about." Another person said, "I've felt exceptionally safe."

Assessing risk, safety monitoring and management

•Risks to people were identified, monitored and managed to keep people safe.
•Care plans detailed people's specific risks and conditions, the number of staff required to support the person and the type of equipment needed for moving and handling. One person told us, "I am moved around in the hoist and staff are gentle with me when they move me."
•We found guidance for staff in people's care plans to support and manage risks around their catheter care, PEG feeding and diabetes. For example, details included, 'please ensure the injection site is altered to maintain the person's skin integrity'.
•Risks associated with the safety of the environment and equipment were identified and managed appropriately.
•Scheduled checks of the premises and equipment helped to ensure that any ongoing maintenance issues were identified and resolved.
•A schedule was used to ensure the home was maintained safely. This included dates for upcoming checks such as lift maintenance, equipment and electrical safety.
•On the day of inspection, we observed an external contractor checking people's pressure mattresses, to ensure they were in safe working order.
•Staff received health and safety training and knew what action to take in the event of a fire.

Staffing and recruitment

•We observed sufficient numbers of staff to keep people safe and staffing rotas confirmed this.
•A dependency tool was used to determine the levels of support for each person, ensuring there was a correct mix of registered nurses and care staff.
•One person told us, "I've not noticed a shortage of staff and there's a good response to calls for help." One visitor told us, "We were impressed by how welcoming the staff are and the amount of staff on duty."

•The provider had an established care team, some of whom had worked at the home for many years.

•Agency and bank staff were used to cover staff shortages to ensure sufficient staffing levels were maintained and to cover sickness and annual leave.
•Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols.
•Staff recruitment folders included, employment histories, suitable references and appropriate checks were carried out to ensure that potential staff were safe to work within the health and social care sector.
•For example, we found details of Disclosure and Barring Service (DBS) for staff and checks with the Nursing and Midwifery Council (NMC) to ensure that nurses pin numbers were valid.

Preventing and controlling infection

•People were protected from the risk of infection.
•Personal protective equipment (PPE) such as gloves, aprons and hand sanitizer were located across the

home. For example, in communal areas and in people's bedrooms and we observed these being used.
•There were dedicated cleaning staff who followed schedules to ensure the home was clean and odour free.

•Staff confirmed that they had infection control and food hygiene training.
•One person told us, "The place is clean and tidy, my room is done daily," and. "Staff wear gloves when dealing with me." Another person said, "The place is always clean, warm and tidy."

Learning lessons when things go wrong

•Lessons were learned when things went wrong and accidents and incidents were managed safely and communicated to staff.
•The registered manager analysed accidents and incident including near misses, on a monthly basis to identify any emerging patterns, trends and learning.
•The registered manager gave an example, if it was identified that someone was falling regularly then the staff team would work together to look at preventative measures such as; making a referral to the falls team, a review of the person's medication or environmental factors if the person was falling in the same area of the home.
•Staff understood their responsibilities to raise concerns, record safety incidents and near misses and report them to the registered manager where appropriate.
•For example, the provider information return gave an example where, staff had identified that the releasing mechanism for one hoist was not always reliable. Due to the regular use of the hoist between people's bedroom's this was escalated to the registered manager who took action to stop using the hoist and contacted the company for a replacement hoist.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

•A pre-assessment was carried out before people moved into the home to help gain an understanding of people's backgrounds, needs and choices.
•One visitor told us, "The registered manager visited our friend on the Wednesday to carry out a pre-assessment and they moved into the home on the Friday. When we came to visit we met a member of staff who had returned from annual leave. They were able to give detailed information about our friends likes, dislikes and health needs. This reassured us that staff knew her well."
•The registered manager told us how they worked with health professionals when people moved into the home, to ensure staff had the knowledge and guidance to support people's specific health conditions.
•Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process.
•For example, care plan's detailed people's sexuality and we found guidance to staff to ensure that for one person, it was important that they were always clean shaven.
•One member of staff told us, "We offer people the choice of staff such as female and male carers and we respect that."
•The registered manage told us that, staff's understanding of equality and diversity was reinforced through training and the providers policies and procedures.

Staff support: induction, training, skills and experience

•People were supported by staff with the skills and knowledge to deliver effective care and support.
•Staff received training in a range of key areas to support people, such as moving and handling, pressure care and dignity and respect.
•The provider supported the registered nurses to keep up to date with their registration, through training to ensure they were re-validated every three years.
•One person told us, "Staff seem well trained."
•Staff completed an induction when they started working at the home and 'shadowed' experienced members of staff until they were assessed as competent to work alone.
•Staff received regular supervision and appraisals. One member of staff told us, "I receive regular supervision and the manager is very open and gives you opportunities to talk and raise any concerns."
•We observed a daily handover, where nurses and care staff discussed each person's care and support needs. For example, one person had returned from hospital that day, the nurse in charge updated staff on the person's health and any additional support required.

•Staff handovers were held at the beginning of each shift to share key information about people's needs and highlight any changes in their health and well-being.

Supporting people to eat and drink enough to maintain a balanced diet

•People's dietary needs and nutritional requirements were assessed and accurately recorded to help people maintain a balanced diet.
•Care plans included details about people's preferences and guidance such as, "Please can staff ensure I have my plate guard and my food is cut up and I am supervised due to hand tremors." We observed this happening at lunchtime.
•People were given a choice of food at mealtimes and alternatives were available.
•People told us that they enjoyed the food. One person told us, "Mainly, the meals are good and the staff do ask me what I would like to have as a meal. The kitchen is good with my meals, they know I'm a vegetarian and I choose to have my meals in my room."
•Staff understood people's dietary requirements and preferences. The chef was aware of special diets such as those in need of a diabetic or gluten free diet.
•People who required a higher calorie diet, the chef added cream and full fat products to their meals and this was highlighted in people's care plans.
•People's weight was monitored on a monthly basis and advice was sought from the GP and dieticians if people were at risk of malnutrition.

Staff working with other agencies to provide consistent, effective, timely care

•Staff worked well with other agencies to provide people with timely care.
• People's care plans reflected appointments and when referrals had been made to specialist teams. We found specific guidance to staff following appointments with GP's and specialist nurses to manage people's health conditions such as, Parkinson's disease, diabetes and continence.
•One professional told us, "The staff are always willing to carry out any suggestions that I make and are very proactive in recommending physiotherapy to people who they feel would benefit."
•People's care plans included detailed information about health needs and when staff must involve other agencies in the person's care.

Adapting service, design, decoration to meet people's needs

•People's bedrooms were personalised with people's possessions and there was simple signage to support people in navigating their way around the home.
•One person told us, "I was so pleased the matron let me have my own things in my room. I spend a lot of time doing cross stich pictures and they make my room feel like home. I have a lovely room it is very bright and light. I feel lucky to be here."

Supporting people to live healthier lives, access healthcare services and support

•People's everyday health needs were overseen by staff who accessed support from a range of health and social care professionals such as GPs, district nurses, social workers and dieticians.
•One person told us, "They did get the doctor in to see my foot, I will be getting a dentist in to fix two teeth and I'm receiving care from a chiropodist."

Ensuring consent to care and treatment in line with law and guidance

•The Mental Capacity Act (MCA) 2005 provides a legal framework for making decisions on behalf of people who may lack mental capacity to do so for themselves. This Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

•People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
•We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
•Staff received MCA training and understood the relevant consent and decision-making requirements of this legislation.
•People had an assessment in their care plans of their mental capacity to be able to make decisions about different activities and this was known to staff.
•One member of staff told us, "If I thought someone was confused or didn't have capacity I would go straight to the nurse and ask for advice to support the person."
•Where people were not able to make decisions, best interest meetings were held with family member's, professionals and people who had been given Power of Attorney.
• For example, a best interest meeting was held for one person with their GP and a family member. To discuss the person's refusal of medication and if medication should be given covertly. It was agreed at the meeting that covert medication should be given in consultation with the daughter.
•One member of staff told us, "If the residents can make their own decisions and choices, they can do what they want. If someone wanted to take risks we would give them the information to decide."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

•People were treated with kindness and compassion by staff in their approach when supporting people. People and relatives told us they thought the staff were kind, caring, helpful and respectful and this was evident in our observations throughout the day.
•One relative told us, "The staff are very kind to me as well as him. He has been able to personalise his room and the management are good at keeping me informed about his well-being.
•We saw good interactions between staff and people, they knew each other well and had developed caring relationships.
•One visitor told us, "There's very good service and care here and staff are always welcoming and friendly."
•Staff adapted their communication style, body language and used gentle touch to emphasise questions to people who had difficulty communicating their needs and choices.
•We observed staff giving people encouragement and reassurance throughout the day. For example, one member of staff told us, "If a person's hand is shaking due to their condition, I will hold their hand to offer reassurance."
•Staff treated people equally and recognised people's differences. For example, a church visited the home once a month for people to observe their faith.

Supporting people to express their views and be involved in making decisions about their care

•Staff supported people to make decisions about their care. One person told us, "All the staff, including the management are lovely and I have the choice to do as I wish and I like it that way."
• We observed staff supporting people discreetly when needing assistance with personal care and responding to call bells promptly.
•One member of staff told us, "We offer choices between outfits so they can choose their clothes. If they want to wear something warm and it is already hot we explain the risks to them and respect their choices."

Respecting and promoting people's privacy, dignity and independence

•People's privacy and confidentiality was respected. For example, we observed staff knocking on people's doors before entering, using people's names and ensuring people's dignity was respected.
•One person told us, "I choose to be in my room. My family can visit and I'm given privacy by the staff, they shut the door when dealing with me."
•People were supported to maintain and develop relationships with those close to them and relatives were

invited to have meals with their loved ones if they wanted to. On the day of inspection, we observed a family joining their loved one for dinner.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

•People received personalised care that was responsive to their needs.
•People, their relatives and health and social care professionals, where appropriate, were involved in developing and reviewing care plans.
•One professional told us, "I have worked in conjunction with the staff with several patients who wished to return home from the Beeches. With careful planning, they all achieved their goals with our combined support."
•One person told us, "There is a two-way conversion about my care, staff do listen to what I ask of them and I do feel involved in decisions about my care."
•People's care plans were person-centred and covered key areas such as their physical, mental, emotional and social needs to support staff in knowing the person.
•One agency member of staff told us, "On my first shift and before I support anyone new I am always shown the care plan and have time to read it."
•People had access to activities throughout the week. One person told us, "There is a varied programme of activities." We observed planned activities such as pub trips and takeaway evenings.
•People had access to a range of board games, DVDs and music.
•One member of staff told us about when the home had invited ballroom dancers into perform, as many people enjoyed 'Strictly Come Dancing', which everyone enjoyed.
•People were supported to access the local community and some attended the local community centre, to take part in activities such as keep fit and scrabble.
•People were supported to keep in touch with friends and loved ones. The home had WiFi and people had access to mobile phones and tablets.
•The registered manager told us they had supported one person to wish their granddaughter their best wishes on her wedding day via Skype.
•Staff understood the Accessible Information Standard (AIS). From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the AIS in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs.
•People's care plans showed that their sensory and communication needs were recorded and considered. For example, pictorial and large print menus were available to support those with hearing and visual impairments.
•People were supported to get their eyes tested and we found details of an optician who had recently visited the home.
•People's care plans included dates of when they had hearing and eye tests. We found guidance for staff to support people who needed to wear hearing aids and glasses.

Improving care quality in response to complaints or concerns

•People and their relatives knew who to contact if they needed to raise a concern or make a complaint.

•One person told us, "I've no complaints at all and If I needed to complain, I would."
•There was a complaints policy in place which people were given a copy of.
•People's views were sought through resident's and relative's meetings.

End of life care and support

•Staff supported people sensitively who were at the end stages of their life.
•Care plans recorded conversations with people and relatives, where appropriate. Advanced care plans were in place and people's wishes for end of life care were known, including their preferences for hospice care, staying at the care home and funeral arrangements.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At the last inspection on 4 and 7 December 2017, we asked the provider to make improvements to their quality assurance processes regarding the monthly auditing of accidents and incidents, medicines, health and safety and infection control. The provider completed and sent us an action plan and we found at this inspection the provider had addressed these areas of concern.

However, at this inspection we found some gaps in the providers record keeping that required improvement.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

•People's care records did not always reflect current practice.
•Some people's computerised and paper based care plan records were not always consistent and did not reflect people's current needs.
•We found that guidance in the computerised system did not always match the paper based record. For example, one care plan stated a person required turning every 2-3 hours and the other stated every 3-4 hours.
•We checked the daily diary notes and found that staff were not following guidance and the person was being turned every 6 hours.
•We discussed this with the registered manager who told us that the person did not need turning as frequently as their assessed needs had changed.
•Whilst staff were aware of the person's needs, the registered manager had not updated the person's care plan to reflect the change.
•Although the risk to the person was low, this meant that there was the potential that staff did not have the correct guidance to meet people's needs. This is an area of improvement to ensure that records reflect people's needs.
•The registered manager was aware of their responsibilities under the Duty of Candour regulation. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
•The culture of the service was positive and enabled people to live how they wanted to. For example, the atmosphere was relaxed, people were not rushed to get up in the morning and had control over how they wanted to spend their day.
•There was a clear person-centred approach to people's care. Staff knew people well and understood their individual needs.

•One person told us, "Everything about the place is excellent" and "I've been here eleven years, doesn't that say it all."
•One professional told us, "I feel the Beeches is a very supportive, caring environment and they are very much focused on maintaining a good quality of life for their residents."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

•The registered manager promoted an open and honest service and led by example. They were accessible to people and staff. We observed the registered manager responding quickly to staff requests and people throughout the day. People told us they knew the provider and visited the home on a regular basis.
•One person told us, "I know the manager and she is very nice, she will always listen to what you have to say and she is good at managing."
•The provider understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents.
•Staff understood their roles and responsibilities and what was expected of them.
•Quality assurance processes were in place such as, audits, annual reviews with people and relatives, to help drive improvement within the service.
•We saw evidence of staff competency checks being carried out and regular audits to help the registered manager identify areas for improvement and any patterns or trends.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

•People, relatives and visiting professionals were engaged and given opportunities to be involved in the service, through daily feedback with staff and regular care reviews.
•People, their relatives and staff took part in yearly surveys. People told us they felt the provider, staff and registered manager listened to them.

Continuous learning and improving care

•The registered manager understood the importance of continuous learning to improve the care people received. They kept themselves up to date with changes in legislation and had joined the local registered managers forum, to learn from others and share good practice.
•Systems were in place to continuously learn, improve, innovate and ensure sustainability, through staff meetings and surveys.
•For example, people fed back that they found the bathrooms a little cluttered. The provider took action to buy baskets for the bathroom areas to put items in and make the are less cluttered.
•There was a strong emphasis on team work and communication. Handover between shifts were thorough and staff had time to discuss matters relating to the previous shift.

Working in partnership with others

•Staff worked in partnership with other organisations to ensure people's needs were met. For example, the registered manager attended monthly GP meetings held at a local surgery. This gave registered managers from other care homes the opportunity to meet with GP's, nurses and community staff, to share ideas and raise concerns about partnership working.
•One professional told us, "One patient that I have been working with was admitted to the home, he was not able to stand at all. With my help and the daily input of the staff, he now walks every day, to the far end of

the home and back. He does this with support from one carer twice a day. The home always finds time to make this happen and his walking has improved so much because of their daily input."
•The home had good links with the local community and regularly raised money for local charities through coffee mornings