Country Court Care Homes 2 Limited

Beech Lodge 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?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Beech Lodge Nursing Home provides residential and nursing care for up to 37 people, including older people and people living with dementia.

We inspected the home on 19 April 2016. The inspection was unannounced. There were 35 people living in the home at the time of our inspection.

The home had a registered manager (the 'manager') in post. A manager is a person who has registered with CQC to manage the service. Like registered providers (the 'provider') they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection the provider had submitted DoLS applications for 22 people living in the home and was waiting for these to be assessed by the local authority.

During our inspection we found a breach of the Care Quality Commission (Registration) Regulations 2009. This was because the provider had failed to notify us of significant incidents relating to the service. You can see what action we told the provider to take on this issue at the back of the full version of this report.

We also found other areas in which where improvement was needed to ensure people were provided with safe, effective care that met their needs.

The provider's audit and quality monitoring systems were not consistently effective and some people were not protected properly from the risk of falling.

In other areas the provider was meeting people's needs effectively.

Staff had a good understanding of how to support people living with dementia and had time to meet people's care and support needs without rushing.

There was a calm, relaxed atmosphere in the home and care and support were provided in a warm and patient way that took account of each person's personal needs and preferences. People and their relatives were involved in the preparation and review of their personal care plan.

A specialist activities coordinator organised a varied programme of activities and events and staff supported people to maintain personal interests and remain active.

Medicines were well-managed and people had prompt access to any specialist healthcare support they needed. Food and drink were provided to a good standard.

The provider had sound recruitment procedures in place and formal complaints were well-managed. The manager met regularly with people and their relatives to discuss any concerns and suggestions.

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.

Some people were not protected properly from the risk of falling.

Staff had time to meet people's care and support needs without rushing.

The provider had sound systems in place for the recruitment of new staff.

Medicines were managed safely in line with good practice and national guidance.

Is the service effective?

Good

The service was effective.

Staff worked closely with local healthcare services and people had prompt access to any specialist support they needed.

Staff had a good understanding of how to support people living with dementia.

Food and drink were provided to a good standard.

Is the service caring?

Good

The service was caring.

Staff knew people as individuals and supported them in a warm and friendly way.

People were treated with dignity and respect and their diverse needs were met.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in the preparation and review of their personal care plan.

A specialist activities coordinator organised a varied programme of activities and staff supported people to maintain personal interests and remain active.

Any concerns or complaints were well managed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had failed to notify CQC of significant incidents.

The provider's audit and quality monitoring systems were not consistently effective.

The provider met regularly with people and their relatives to seek their feedback on the service provided.

Beech 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. The 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.

We visited Beech Lodge Nursing Home on 19 April 2016. The inspection team consisted of one inspector, a specialist advisor whose specialism was nursing care of people living with dementia 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 inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with five people who lived in the home, two visiting relatives, the registered manager, the deputy manager, an area manager from the registered provider, four members of the nursing and care staff team, one member of the activities team and two members of the kitchen staff team. As part of the inspection process we also spoke with two local healthcare professionals who had regular contact with the home.

We looked at a range of documents and written records including six people's care records and two staff recruitment files. We also looked at information relating to the administration of medicines, managing complaints and monitoring the quality of the service provided.

We reviewed other information that we held about the service such as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies, including the local authority.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe living in Beech Lodge Nursing Home. One person said, "I feel safe as I know everybody." One visiting relative told us, "I have no qualms about [the home] at all."

During our inspection visit we looked at people's care records and saw, when someone first moved into the home, staff assessed a wide range of possible risks to the person's wellbeing, including those relating to skin care, nutrition and mobility. However, the provider's response to some people's assessed risks was not consistently effective. For example, on 10 August 2015 the provider had assessed one person as being at very high risk of falls and several preventive measures were identified for staff to follow. However, in the period from 22 September 2015 to 9 April 2016 this person fell at least four times, sustaining a fractured wrist on one occasion and damaging their skin on another. Throughout this period staff had conducted a monthly review of the person's falls risk assessment but, despite the continuing falls and serious injury sustained, there was no evidence that additional or alternative preventive measures had been considered. On 3 July 2015 staff had assessed another person as having a history of falling and being at risk of further falls. Again, a range of preventive measures was set out for staff to follow. However, in the period from 1 October 2015 this person had at least eight further falls, sustaining some injuries and being taken to hospital on at least two occasions. Although the provider had put additional measures in place during this period, these had been ineffective in keeping the person safe from the risk of further harm.

Other risks to people's welfare were managed more effectively. For example, we saw that some people had been assessed as being at risk of weight loss. The provider had sought specialist advice and a range of preventive measures had been put in place which were understood and followed by staff. As a result, people's weight had stabilised. The provider had also assessed the risks to each person if there was a fire or the building needed to be evacuated. This information was available to all staff together with a 'grab pack' containing equipment such as torches and high visibility jackets which might be required in an emergency.

Shortly before our inspection visit, the provider had notified us of a serious incident involving two people who shared a bedroom. Although one of the people involved in this incident had since left the home and the manager had converted the bedroom to single occupancy, at the time of our inspection another double occupancy room was still in use by two people living with dementia. We spent time in this room and identified concerns about the interaction between the two people living there. We discussed this issue with the manager and shortly after our visit, he contacted us and told us that he had now converted this room to single occupancy also and ended the use of shared rooms in the home on an interim basis, pending a formal decision from the provider.

People told us that the provider employed sufficient staff to meet their needs. One person said, "There's always someone about." Another person told us, "They are here all day with us." Reflecting these comments, throughout our inspection visit we saw that staff had time to meet people's care and support needs without rushing. For example, at lunchtime we saw that three members of the care staff team were available to support people who needed help to eat their lunch. The staff provided assistance in a patient, friendly way ensuring lunch was a relaxed and enjoyable experience for each person they supported. Later in the day,

one of the kitchen staff was circulating in the main lounge asking people what they would like from the teatime menu. We saw that the staff member took time to sit with each person individually and chat to them about their day. The manager told us that he reviewed staffing levels on a regular basis using a tool supplied by the provider for this purpose. He said that he had recently introduced a new senior care assistant role within the care team to relieve pressure on nursing staff and ensure they had enough time to support people with nursing needs.

We saw the provider had safe recruitment processes in place. We examined two staff personnel files and saw that references had been obtained. Disclosure and Barring Service (DBS) checks had also been carried out to ensure that the service had employed people who were suitable to work with vulnerable people, including the people living in the home.

Advice to people and their relatives about how to raise any concerns was displayed in the reception area and was also provided in the 'Welcome Pack' that was given to people when they first moved into the home. Staff were clear about to whom they would report any concerns and were confident that any allegations would be investigated fully by the provider. Staff had received training in how to keep people safe and there were up to date policies and procedures in place to guide staff in their practice in this area. Staff said that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team and the Care Quality Commission (CQC). During the course of our inspection one staff member did raise an issue of concern with our inspector. We alerted the manager who conducted a prompt and thorough investigation and identified a number of actions to be taken in response.

We reviewed the arrangements for the storage, administration and disposal of medicines and found that these were in line with good practice and national guidance. We observed one member of staff administering people's medicines and saw that they did this calmly and patiently in a way that took account of each person's individual needs. Regular audits of medicines management were conducted by the provider and we saw that issues identified in these audits had been followed up by staff and changes made as a result. For example, following a recent audit, changes had been made to the way the use of dietary supplements was recorded on some people's medicine charts.

Good

Is the service effective?

Our findings

People told us that the staff had the skills and knowledge to meet their needs. One person said, "They seem to know what they are doing." Another person told us, "I think they are very good." A visiting family member told us, "I feel they are well trained." Commenting on the quality of nursing and personal care provided to people living in the home, a local health professional told us, "[Staff] do a good job. If my parents needed this type of care I would use this service."

Staff told us they understood the importance of obtaining consent before providing people with care and support as required under the Mental Capacity Act 2005 (MCA). This provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. One staff member told us, "We have to give each person every opportunity to understand what is happening. I always offer a choice, [for example] of clothes or meals."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. At the time of our inspection, the provider had sought a DoLS authorisation for 22 people living in the home to ensure that their rights were protected and they could continue to receive the care and support they needed.

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. One member of staff told us, "The induction programme prepared me [for my role]. And anything I didn't know, I just asked." The provider had embraced the new national Care Certificate which sets out common induction standards for social care staff and had built this into the induction programme for new recruits. A new member of staff told us he was "surprised" at the level of support he had received when he started working in the home which contrasted with his experience of working for other companies when he had just been, "Left to get on with it."

The provider maintained a detailed record of staff training requirements and arranged a range of internal and external training courses including moving and handling, first aid and dementia awareness. One member of staff said, "The trainers are really good. You can ask them anything and they help you out." The provider also encouraged staff to study for nationally recognised qualifications. One member of staff said, "I have just started my NVQ Level 2. The company is very supportive [of this]." Commenting on his own training and development, the manager told us that he had been supported by the provider to study for a nationally recognised management qualification. He also said that he and his deputy had enrolled on a new internal leadership development programme launched recently by the provider.

We saw that staff training had been effective. For instance, one member of staff told us that they had completed a 'dementia awareness' course which had given them greater insight into the needs of people living with dementia. Reflecting on this training they said, "I learned that we don't always need to be doing

[an organised activity] with people. Sometimes a conversation, or five minutes holding their hand, is just as important." During our inspection visit we saw this member of staff putting their learning into action, interacting with people in the way they had described. Another member of staff told us, "I was told on our dementia awareness course that music is really important [to some people living with dementia]. Now we put music on in the lounge and it makes a real difference."

Staff received regular supervision from senior staff. Records showed that this was provided through a combination of observed practice and individual and group supervision. Staff told us that they found the supervision process beneficial. For example, one staff member said, "I find my [supervision sessions] helpful. I can raise any concerns." Shift handover meetings, a daily meeting for senior staff, written notes and regular staff meetings were also used to ensure staff kept up to date with changes in people's care needs and any important events.

People told us they enjoyed the food and drink provided in the home. One person said, "I enjoy [the food]. They feed me well." Another person told us, "There will [always] be something I fancy. I'll eat anything!" We observed people eating lunch and snacks and saw they were served food and drink of good quality. There was a rolling four week menu which changed regularly and provided two hot lunch choices. Staff took the lunchtime menu round each morning to enable people to make their choice. However, if people didn't want either of the two main options kitchen staff told us they were always happy to prepare alternatives. One person said, "We get a choice [and] if I was hungry, they'd get me a sandwich." Kitchen staff also said that people could have whatever they wanted for breakfast. For example, the cook told us that, on the morning of our inspection, one person had requested egg on toast in preference to the usual breakfast options. A range of hot and cold options was provided at tea time including homemade cakes.

Kitchen staff had copies of the nutritional assessment form that was maintained for each person and used this information when preparing food and drink. For example, staff knew who needed to have their food pureed to reduce the risk of choking and hot and cold drinks were offered throughout the day to combat the risk of dehydration. One relative told us, "They monitor what [my relative] drinks. Every time they come in and check, they will get [my relative] to take a few more sips." Kitchen staff were also aware of the particular needs of people with allergies and those who were following reduced sugar or other special diets. The provider was committed to providing people with opportunities for healthy eating. For example, fresh fruit was offered as an alternative to biscuits at afternoon tea and we saw that this was enjoyed by people and their visitors. One relative told us, "We'll have some fruit in the afternoon together when they bring it."

The provider ensured people had the support of local healthcare services whenever this was necessary. From talking to people and looking at their care plans, we could see that their healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, community nurses, dieticians, opticians and chiropodists. For example, the provider had identified one person had developed high blood pressure. Staff had sought specialist medical advice and preventive measures had been put in place. As a result, the person's blood pressure had returned to normal. Commenting on their healthcare needs, one person told us, "They asked if I wanted an eye test but I said no, as my glasses are fine at the moment. I have my feet done now and then." One local healthcare professional who visited the home on a regular basis told us they found staff were always receptive to any advice they offered them.

Good

Is the service caring?

Our findings

People told us that staff were kind and helpful. One person said, "I wasn't well the other day and they were fussing all over me." Another person told us, "They are always asking if they can help me."

There was a friendly, relaxed atmosphere in the home and, throughout our inspection visit we saw staff support people in a warm and caring way. For example, we saw one member of staff helping one person to make their way through to the lounge after breakfast. The staff member walked patiently and attentively alongside the person providing a supportive hand when necessary. Once the person had arrived in the lounge the member of staff took time to ensure the person was settled in their seat of choice, checked if they needed an extra cushion and asked if they would like a magazine to read. On another occasion we saw a member of staff chatting with people whilst they took afternoon tea. The staff member noticed that some people needed additional assistance and provided this in an encouraging and supportive way, ensuring people had the chance to enjoy their drink and fresh fruit snack. One staff member told us, "I just want to do my best for the residents. To make sure they are happy, comfortable and well looked after."

People told us that staff knew and respected them as individuals. One person said, "We're all like friends." Another person said, "They know me well." A visiting family member told us, "They call [my relative] by her name and seem to know her well." One staff member told us, "I talk to people and their families which helps me understand their background and why they do and say what they do." Throughout our visit, we saw staff supporting people in a person-centred care and giving people choice and control. For example, at lunchtime, we saw one member of staff offering people the choice of a napkin or an apron, respecting their decision on each occasion. One member of staff told us, "Some people like to go to bed late and get up late in the morning. We are not institutionalised here. If someone wants to lie in longer we let them." Confirming this approach, one person said, "I've had a long lie-in today. I told them I wanted to snooze." Another person said, "I can have a shower any time. I just ask." Staff also understood the importance of encouraging people to retain their independence. For example, one member of staff said, "If I know someone can do something, I always encourage it. For instance, using a fork for themselves." Another member of staff said, "People need to maintain as much independence as possible. It makes them happier." One person told us, "I get myself up and dressed [although] they offer help if I want."

We saw that the staff team supported people in ways helped maintain their privacy and dignity. Staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. One staff member told us that, wherever possible, they stepped outside when someone was using the toilet, "It's not nice having someone watching you on the toilet. I wouldn't like it." One person said, "They always knock and my blinds get closed if they are in here." One visitor told us, "They will wait till I say they can come in and are good with [my relative's] privacy." The provider also took steps to ensure people's personal information was stored securely and computers were password protected.

A local vicar hosted regular services in the home. Staff told us these were well-attended by people who enjoyed singing hymns and taking communion if they wished. In addition, the provider had arranged for a local Roman Catholic priest to visit some people on a one-to-one basis to ensure their particular spiritual

needs were met.

Information on national and local advocacy services was included in the information pack that was provided to people when they first moved into the home. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

If someone was thinking of moving into Beech Lodge the manager told us that, whenever possible, he would offer the person and their family an opportunity to visit the home and spend a few hours there to help decide if it was right for them. If someone decided to move in, we saw that a senior member of staff had then carried out a pre-admission assessment to ascertain that the provider could meet the person's needs. The manager said it was important to be sure that Beech Lodge was the right place for someone and that he sometimes had to turn referrals down. When someone moved in, staff prepared an initial care plan to address the person's key care requirements. Over time, staff developed this into a full care plan.

We looked at people's care plans and saw that these were partly written in the first person and addressed a wide range of needs and wishes. For example, one person's plan detailed their preference for a particular type of bath crème and stated, "I like peace and quiet and to retain as much independence as I can, for as long as I can." Care plans were reviewed regularly and people and their relatives had the opportunity to be involved. One person told us, "They talk to me about [my care plan]. A family member told us, "They're very good and let us know what's going on. I read an assessment the nurses had done. It was so well done, I couldn't have done it better myself." Staff told us that they used the information in each person's care plan to ensure they provided individualised care and support that met each person's particular needs. One staff member said, "The care plans are helpful, particularly for new people. I can go through their file and this helps me get to know them."

The provider employed a specialist activities coordinator who worked four days a week, including one day each weekend. The provider was in the process of recruiting an additional activities coordinator to provide a full seven day service. The activities coordinator delivered a varied programme of daily activities including music therapy, board games and craft activities. This was clearly popular with many people. One person told us, "I'm good at dancing and I like the music. I am never bored." The activities coordinator also organised a programme of special events including visits from 'Wilson', a 'Pets As Therapy' dog; visits from professional entertainers and trips out to local attractions using a minibus shared with one of the provider's other homes. Again, these events were clearly valued by people. One person said, "I enjoy a lot of things. We have a lovely singer who comes in." A visiting family member said, "The singer was superb and so good with the residents."

The activities coordinator and other staff also supported people to maintain personal interests and to remain active and stimulated. For example, one person who was living with dementia had been a farmer before moving to Beech Lodge. They still enjoyed opportunities to be outside and active so staff had arranged for them to spend time assisting the home's handyman. On the day of our inspection we saw them outside painting a fence together, an activity that was clearly a source of considerable satisfaction to the person. Later in the day, we saw another person assisting staff to clean cutlery and fold table linen, again enjoying the opportunity to keep busy. The activities coordinator told us of another person, also living with dementia, who had recently moved into the home. She said that her initial attempts to engage with the person had been unsuccessful. However, reflecting her knowledge of the person's life history, she had recently provided them with a tool box which had proved to be a very good source of stimulation and

occupation for the person, something we saw for ourselves on the day of our inspection.

The activity coordinator was conscious of the need to interact with people who were being nursed in bed and were therefore unable to join in most of the communal activities and events. For example, she told us that she spent time in the evening with one person, watching football on the television in their room. She also took 'Jinks', the resident cat, to people's rooms on a regular basis. Describing one person who stayed in their room almost all of the time but who was particularly fond of Jinks, she said, "I get a big beaming smile when [the person] strokes him."

Information on how to raise a concern or complaint was provided in the welcome pack that people received when they first moved into the home. However, people we spoke said they had never had reason to make a complaint. One person told us, "It's perfect as we are." The manager told us, "I talk to families on a regular basis and try to build a rapport. They bring issues to me without making it into a formal complaint." A relative told us, "I can't complain at all [and] I do feel listened to if we ask [about anything]." The provider kept a log of any formal complaints that were received and we could see that these had been handled correctly in line with the provider's complaints policy.

Requires Improvement

Is the service well-led?

Our findings

People told us how highly they thought of Beech Lodge Nursing Home. One person said, "It's a well-run place." A family member told us, "I think it's a good home."

The provider maintained logs of any untoward incidents or events within the service that had been notified to CQC or other agencies. In preparing for our inspection visit we noted that, in the previous 18 months, we had not received any notifications of a serious injury sustained by someone living in the home. However, during the course of our inspection visit when we reviewed one person's care file, we saw that in November 2015 they had fallen and fractured their wrist which had required emergency treatment at a local hospital. Prior to our inspection we also noted that in the previous 12 months there had been several allegations of abuse made against the provider relating to people living in the home. These cases had been considered by the local authority under its adult safeguarding procedures and should also have been notified to CQC. The manager apologised for failing to submit the necessary notifications and told us he would ensure that these were submitted as required in future.

The provider's failure to notify CQC of significant issues relating to people's health and welfare was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Although the provider had a comprehensive system of audits in place to monitor the quality of the care provided, this was not consistently effective. For example, despite regular reviews of accidents, incidents and safeguarding cases, the provider had failed to identify that CQC had not been notified of significant events occurring within the home. Other audits were more effective. For example, we saw that a recent audit of some people's care plans had identified a need to improve further the communication between care and kitchen staff.

Throughout our inspection visit the manager maintained a high profile presence in the home and regularly spent time out of his office engaging with people and staff. The manager said, "I started as a nursing student and worked from the bottom, all the way up." He told us that he still worked occasional care shifts and often came into the home at night to spend time with the night staff. He also said, "I get phone calls in the middle of the night [from staff]. People don't misuse it but they feel better if they know you are about. I came to the home at 4am [following one recent incident]." The manager told us that he had an "open door" policy and encouraged people to come to him to discuss any issues. This approach was clearly appreciated by staff and relatives. One member of staff told us, "The manager is supportive. I can approach him with anything." One relative said, "We know him well and he's very approachable."

We saw that staff worked together in a friendly and supportive way. One member of staff said, "There's a good atmosphere [in the staff team]. Everyone respects each other's role and we all work together. I really like coming to work and couldn't wait to get back from leave." Another staff member told us, "I am happy here and would recommend it to others. We work hard but get good support from our colleagues." There were regular staff meetings and we saw that a range of issues had been discussed openly at the most recent meeting. One staff member told us, "We have regular meetings where we can raise concerns and get things

out in the open." Staff knew about the provider's whistle blowing procedure and said they would use it if they had concerns about the running of the home that could not be addressed internally.

The provider undertook regular surveys to measure satisfaction with the service provided. Questionnaires were sent to people and their relatives and to local health and social care professionals. One relative said, "They often ask what we think." The results of recent surveys were displayed on a noticeboard near the entrance to the home and we saw that a number of actions had been taken in response to the feedback received. For example, changes had been made to laundry procedures following comments from people living in the home.

The provider held regular meetings for people and their relatives which were well-attended and gave a further opportunity to discuss any concerns or suggestions. One person told us, "Sometimes we have a meeting." A visiting relative said, "I came to the last [meeting] and it was useful." We saw that at a recent meeting, relatives had asked if they could have some 'dementia awareness' training to give them greater confidence in escorting their loved ones outside the home. The provider had responded positively to this suggestion and the first training session was set to take place shortly after our inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify CQC of significant issues relating to people's safety and welfare.