

Making Space

Beyer Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 21 October 2014 and was unannounced. The home was last inspected in December 2013 and there were no breaches of legal requirements at that time.

Beyer Lodge Nursing Home is registered to provide accommodation with nursing care for a maximum of 16 older people aged 65 years and above assessed as requiring nursing care for mental health needs.

The home had recently been taken over by Making Space.

There was a registered manager in place at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at Beyer Lodge were encouraged to make their own decisions about their lives and it was clear from speaking with people and our observations

Summary of findings

that the staff had developed good relationships with people. We saw people had their dignity and privacy respected. People did not always want to speak with us and staff respected their choices.

The care plans were detailed and contained a good amount of information to help staff support people well. There were capacity assessments in place and the correct procedures had been followed to ensure people were not unlawfully deprived of their liberty or have any restrictions put upon them which had not been agreed.

We found the service to be well led, relaxed and friendly and people were supported by appropriately trained staff who were caring and knowledgeable about them. We found the skill mix and staffing levels were sufficient to support people safely and effectively.

The community mental health team (CMHT) had made us aware of a concern in relation to the recording and administration of medication. We found medication records were in good order and where the error had occurred the correct reporting procedures had been followed.

People had the opportunity to be involved in a range of activities and were encouraged to maintain relationships with their friends and family, to participate in their local community and enabled to take risks.

The home had experienced some difficulties providing support to some people who used the service in relation to their assessed dietary requirements. This was because the speech and language team (SALT) had made recommendations for some people to be provided with soft food or thickener to reduce the risk of choking. Sometimes people who used the service did not always want to follow these recommendations. We found the home had responded appropriately to try and manage the situation whilst respecting the choices of the people they supported.

From discussions we had with people who used the service, staff and other professionals we found there was a mixed response in the feedback we received from healthcare professionals about the service. From further information and meeting with stakeholders after the inspection we were able to ascertain the home was providing a good service, which took account of people's views and embraced continual improvement and development.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People living at Beyer Lodge told us they felt safe and protected at the home. Staff had received appropriate training in respect of abuse and were clear about the action to take should they need to.

People had comprehensive risk assessments in place which respected their rights and supported their freedom to make their own choices and decisions.

Medicines were managed safely and people were supported by enough staff, who knew them well. This meant people were kept safe by staff who could meet their needs.

Good



Is the service effective?

The service was effective.

Staff received training which was appropriate to their job role. This was continually being updated which meant staff had the knowledge to effectively meet people's needs.

People's capacity was assessed in line with the requirements of the Mental Capacity Act 2005 (MCA). We found care records considered people's capacity to make decisions for themselves which ensured their rights were protected.

Appropriate action had been taken to ensure people's nutritional needs were assessed when needed. People had a choice of food and were provided with a well-balanced diet. People also had access to a range of healthcare professionals as and when needed.

Good



Is the service caring?

The service was caring.

People told us they were happy with the care they received at the home. They told us staff knew them well and that they trusted them.

We saw staff were kind, patient and friendly and had developed good relationships with the people they supported. Staff understood the complex care needs of people they supported which people using the service told us helped them maintain a good level of health and wellbeing.

People's privacy and dignity was respected and their independence was promoted by staff at all levels.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care plans contained good information to ensure people's needs were identified. People's care records had been regularly updated and provided staff with the information they needed to meet people's needs.

We saw staff understood the people they cared for including their likes, dislikes and complex care needs in relation to their mental wellbeing. This meant people received personalised care in the way that they wanted.

Good



Summary of findings

There were a wide range of activities available for people to do in the home if they wanted to. People had lots of opportunity to be involved in social and recreational activities.

Is the service well-led?

The service was well led.

We saw that the registered manager promoted a positive culture of openness and inclusion within the home. The staff team were well established, spoke highly of each other and staff at all levels said they felt supported within their role.

The home had recently been taken over by Making Space and we found there were effective systems in place to monitor and improve the quality of the service.

Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Good



Beyer Lodge Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on October 21 and was unannounced.

The inspection was carried out by an Adult Social Care Inspector.

The provider information return (PIR) had not been sent back to us at the time of the inspection. We looked at notifications we had received about the service and information of concern about the nursing care provision at the home.

We carried out a number of observations; spoke with three people who used the service and seven staff including the registered manager, nurses, care staff and the cook. We reviewed records and audits within the service and pathway tracked one person where we had received information of concern. We looked at three care files in detail. Some of the people who lived at the home chose not to speak with us and stayed in their room whilst we were there.

Before our inspection we e-mailed Manchester City Council who are the commissioners for the service for some feedback about the home. We met with the community mental health team to discuss information they had about the home and spoke with a dietician and a social worker to obtain their views about the service.

Is the service safe?

Our findings

As part of this inspection we looked at a sample of medicines records for two people who lived at the home. We spoke with the nurse responsible for administering medication and carried out an observation during the medication round.

We had received information from the community mental health team about their concerns regarding the poor record keeping and the mismanagement of an administration of one person's medication in June 2014. We spoke with the registered manager and the nurse about the concern and they were able to show us records of how this had been managed. We found there was a robust system in place for auditing medicines and the records were well maintained. We found medication was managed safely and recorded appropriately. People who used the service who agreed to speak with us told us they received their medication at the right time and were happy with the arrangements in place for them.

The two people we spoke with over lunchtime told us they felt safe living at the home. They said staff knew them well and although they "mithered" them sometimes to do things they didn't want to, for example follow a special diet, they told us they understood staff did this to help keep them safe and well.

We found there was a positive approach to risk and incident management. Incidents were recorded on incident forms, which were regularly reviewed by staff and the registered manager. We looked at a sample of incident forms and found them to be comprehensive and in good order.

Incidents were recorded and investigated to identify what actions were needed to prevent a recurrence. The incident forms included information about lessons to be learned, the managers investigation and what the home did in relation to any injury sustained from the incident.

The home had a system in place to ensure incident reports were escalated to the internal quality assurance team who would then support the registered manager to implement any changes which were needed to keep people safe.

The registered manager talked to us about the importance of ensuring other healthcare professionals understood the complexities involved in supporting people with enduring mental health needs who sometimes made unwise decisions, which, may be seen as neglect. We found examples where the home had advocated on behalf of people to ensure they were protected from discrimination and had escalated concerns when they felt people's rights were not being protected or people were at risk.

The registered manager spoke about the philosophy of the home, which was to advocate for the people who lived there and ensure their choices were respected and their independence promoted at all times. Staff we spoke with spoke passionately about the importance of respecting people's choices and understood the complexities which sometimes occurred when people became unwell which impacted on their ability to make an informed choice.

What staff told us reflected what was recorded in people's care files. This meant people who used the service were supported to have their needs met by staff that knew them well and understood the risks associated with each individual in relation to their mental health condition in order to help keep them safe.

The staff working at the home had worked there for a number of years and worked together to cover shortfalls in staffing due to sickness or holidays. The staff we spoke with understood the importance of providing continuity of care for the people they supported and the negative impact unfamiliar staff may have had on the people living at Beyer Lodge.

Is the service effective?

Our findings

The registered manager told us that since the home had been taken over there was more support and training being made available for staff. The home had a system in place which identified what training was needed for care staff and when update training was due. Staff confirmed that they received “lots of” training. Training was provided through the registered manager, in-house training, and attending external courses. 90% of staff held a National Vocational Qualification (NVQ) level 2 or above in care. This meant people received care and support from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively.

People were also supported by qualified mental health nurses and registered nurses within the home. We spoke with a variety of staff and they confirmed that training and supervision occurred, they felt well supported and enjoyed working at the home.

We had received mixed feedback about the responsiveness of the home in relation to meeting people’s dietary requirements. We spoke with the registered manager about concerns we had received about the dietary requirements of people living at the home not always being met. One example was regarding the use of thickening agents to be used in drinks for people who may be at risk of choking. We saw the difficulties faced by the home when people refused the drink as they “didn’t like it”. Staff responded by talking to people about what might happen if they did not comply with the assessments, which had been done by the speech and language team (SALT). We saw people then accessing their own drink without thickener and signing a disclaimer in order to “protect” staff from allegations of abuse or neglect.

Nutritional risk assessments had been completed and were regularly updated. There were capacity assessments in place which outlined people’s views about their assessments. Some people did not want to follow their nutritional plan and this had been recorded.

We spoke with staff who told us about the dietary requirements of people they supported. The cook was on leave and a member of the bank staff support team had stepped in in their absence. The bank staff member was able to tell us about the dietary requirements of people who used the service and knew the people well. We saw

clear records were kept in the kitchen about the dietary needs of each person and we had received feedback from the dietician that the cook was “excellent” at ensuring people ate well in line with their dietary needs.

We had lunch with people who used the service and found the food to be tasty and nutritious. People were offered choices and one person told us “it’s like a hotel here, they feed us well”.

Before the inspection we had had received information of concern that the home had not always responded to changes to people’s physical health in a timely manner, which we discussed with the registered manager. We saw evidence in care records that staff worked with healthcare professionals and the registered manager had made referrals to relevant professionals when extra support was needed or there was a change in the care or support need of people living at the home. The manager told us of a recent example where the health need of a person had begun to deteriorate and it was decided more effective care could be given elsewhere to meet their primary need, which had become a physical health need rather than a mental health need.

We saw the home effectively supported people to manage their mental health needs. Each person living at Beyer Lodge had been subject to a community treatment order (CTO) following on from detention under the Mental Health Act. We saw the home had supported people to attend mental health tribunals which had decided the CTO was no longer needed. This meant the home was providing effective support as people living at the home no longer required any restrictions upon them. The home focused on recovery as part of the care planning process and had a positive approach to risk taking which promoted and respected people’s independence and freedom.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. Staff members were aware of people’s rights to make their own decisions. They understood the need to protect people’s rights when they had difficulty in making decisions for themselves. This is a legal requirement that is set out in an Act of Parliament called The Mental Capacity Act 2005 (MCA). We saw

Is the service effective?

evidence that when necessary the home had followed the correct process to ensure a best interest decision had been done to protect a person's rights when they did not have capacity to make their own decision.

There was nobody at the home currently subject to a DoLS. People were able to move freely inside and outside the home. We had been made aware of a concern from the community mental health team about people being able to access alcohol when this had been identified as a potential

risk. We saw risk assessments had been done, which outlined people's capacity and how staff should manage situations when people who had capacity made unwise decisions. Staff understood the complexities of providing effective support to people who sometimes chose not to accept the support offered. We saw there were good systems in place to support people and inform staff during these times.

Is the service caring?

Our findings

Three people who used the service agreed to speak with us. People we spoke with were positive about the care they received. One person told us: "I can go out when I want to, I like that, staff know me and help me and they are kind." Another person told us they had "been here a long time" and "the staff are steady."

We had received mixed feedback from the community mental health team and dieticians about the staff at Beyer Lodge. We were told staff genuinely cared about the people living at the home but they said there had been occasions where they felt staff had not always responded to feedback from them in relation to changes in people's care needs.

We carried out a number of observations and saw staff engaging well with people that lived in the home. Staff we spoke with understood the importance of knowing and respecting people as individuals and helping them to "live a valued life." One staff member said "I treat everyone the way I would treat a member of my own family and the way I would like to be treated if I needed support." And "We are a team, all of us, including the people living here."

The care plans we looked at were person centred and of a very good standard. They clearly related to the assessed

need. Care plans included information about people's histories and preferences. The actions needed to provide care were clearly written and individualised, including care in relation to promoting people's physical and mental health care and welfare. Care was reviewed regularly and changes made to people's care plan where required. There was evidence that people who used the service had been involved in the assessments, where possible.

People looked well cared for. We saw staff helped people in a way that encouraged their independence. People at the home were encouraged to participate in residents' meetings to discuss aspects of the service they would like to be improved and look at menu choices and activities. The home had responded to feedback people had given at the meetings and was planning more activities in line with what people had said they wanted.

The service employed an involvement officer who was tasked with promoting service user involvement within the home and ways of making the service more enabling to promote the independence of people living at Beyer Lodge. This included more access to community based activities with a view to promoting people's self esteem and sense of value and worth within their own community.

Is the service responsive?

Our findings

We had been told the home was not always responsive when there was a change in need of a person living at the home. We found that the registered manager worked with professionals to ensure people's needs were met and advocated on their behalf when they felt they were not.

We looked at the records of three people who lived in the home. The records showed assessments were done before people were admitted to the service which meant staff had good information to help support people to meet their needs. The records included an assessment of risks and actions needed to reduce any risks that had been identified. These were updated and reviewed regularly. We saw that the home carefully followed the advice of visiting professionals and involved them in complex decisions in order to meet people's needs and safeguard their best interests. This meant that the home ensured that people's needs were properly met by working in collaboration with others.

Systems were in place to record and take action following on from written and verbal complaints. There were no complaints recorded on the day of our inspection. People we spoke with said they felt able to complain to any of the staff if they were not happy though they said everything was "ok."

Activities were planned and organised around individual interests and hobbies as well as group activities. For example we observed a game of musical bingo taking place with two staff and three people who wanted to join in as well as one to one activities and a trip out to the shops, which was what one person had told us they wanted to do.

We saw audits were being done regarding "what worked and what didn't" in relation to activities and care plans contained information about who had accessed the community which was something the home was keen to promote.

People who used the service were encouraged to participate in task based activities such as laundry if they chose to do so and it would help with their recovery and enhance their daily living skills.

People who used the service had care plans outlining the different approach needed depending on their mood state or level of arousal. For example care plans outlined whether a person would be responsive to the care and support offered by staff at different times during their fluctuating mood and how staff should respond when this occurred. We spoke with staff who were able to tell us in detail how to support people when their mood fluctuated and the different responses they would make to ensure people had their needs met.

People were encouraged to complete quality assurance questionnaires to feedback their experiences. This was a system which had recently been introduced and the home was looking at ways of best capturing everybody's views. The registered manager told us the provider had provided a budget to be used on activities and trips as this was something people had said they wanted. This meant the home was listening to people who used the service and had responded accordingly.

Is the service well-led?

Our findings

There was a registered manager in place at the home who had been with the company for 8 years. We saw that they had a positive influence over the running of the home and people who used the service and staff spoke highly of them. The registered manager did hourly checks on the quality of care within the home as well as speaking with people who lived in the home, reviewing incident reports, reviewing complaints and checking other records.

The registered manager had a clear vision about improvements they wanted to make and said they felt more supported since the home had been taking over by Making Space.

We spoke with nurses who told us they were supported within their role and felt the home provided a good service to the people living there. We spoke with people who used the service who told us they were happy. We saw staff support people with patience and empathy. We spoke with

staff at all levels and they all said how much they enjoyed working at the home. We found there was a good understanding of each other's role and a healthy respect for each other.

We saw there were comprehensive handovers done each day and support staff contributed to the care planning process in the same way as the nursing staff, which helped ensure they understood the care needs of the people they were supporting. There was a strong sense of teamwork present within the home.

The ethos of the home to provide personalised care and support and to promote people's independence was evident from the leadership of the registered manager. People using the service were supported by a team of nurses and support staff, housekeepers and cooks and the administrator who all had a positive presence within the home.

The provider had commissioned a confidential counselling service for staff to access should they need to speak with someone in confidence. We found the home to be well led with good systems in place to support people who used the service, and staff, well.