

# Care Worldwide (Nottingham) Limited







## Beechdale Manor Care 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	

### Overall summary

We inspected the service on 03 February 2015. This was an unannounced inspection. Beechdale Manor Care Home provides residential and nursing care, support and treatment for up to 65 people, some of whom are living with dementia. On the day of our inspection 56 people were using the service.

The service did not have a registered manager at the time of our inspection. 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.

When we last inspected the service in July 2014 we found there were improvements needed in relation to how dignity was respected, planning people’s care, staffing levels and the monitoring of the service. The provider

# Summary of findings

sent us an action plan telling us they would make these improvements by 31 October 2014. We found at this inspection that improvements had been made, although further improvements were needed.

People felt safe in the service but not all incidents were shared with the local authority for consideration under their safeguarding procedures. Steps were not always taken to minimise the risk of further incidents. Staff did not always record information about people's care and feedback when they should.

Medicines were managed safely and people received their medicines as prescribed. Staffing levels met the needs of people who used the service to ensure they received care and support when they needed it.

People were supported by staff who had been given access to all of the training they needed to inform them how to care for people appropriately.

We saw the appropriate assessments and applications were taking place to ensure people were protected by the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain their nutrition and health needs. Referrals were made to health care professionals for additional support or guidance if people's health changed.

People were treated with dignity and respect and had their choices acted on. We saw staff were kind and caring when supporting people.

People enjoyed the activities and social stimulation they were offered. People also knew who to speak with if they had any concerns they wished to raise and they felt these would be taken seriously.

People were involved in giving their views on how the service was run and there were systems in place to monitor the quality of the service. However the systems were not always effective and had not identified some shortfalls in relation to documents in care plans.

# 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 not consistently safe.

People felt safe in the service, however not all incidents were recognised as placing people at risk of harm and action taken to minimise this risk.

People received their medication as prescribed and medicines were managed safely.

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

Requires improvement



### Is the service effective?

The service was effective.

People were supported by staff who had received appropriate training.

People were supported to maintain their hydration and nutrition. Their health was monitored and staff responded when health needs changed.

People made decisions in relation to their care and support.

Good



### Is the service caring?

The service was caring.

People were treated with kindness, compassion and respect.

People were encouraged to make choices and decisions about the way they lived and they were supported to be independent.

Good



### Is the service responsive?

The service was responsive.

People were involved in planning their care and were supported to pursue their interests and hobbies.

People felt comfortable to approach the manager with any issues and complaints were responded to with appropriately.

Good



### Is the service well-led?

The service was not consistently well led.

Records of people's care and the overview of the service were not always fit for purpose.

The management team were approachable and sought the views of people who used the service, their relatives and staff and there were systems in place to monitor the quality of the service.

Requires improvement



# Beechdale Manor Care Home

## Detailed findings

### Background to this inspection

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

We inspected the service on 03 February 2015. This was an unannounced inspection. The inspection team consisted of two inspectors and specialist advisor, who was a registered general nurse (RGN).

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted

commissioners (who fund the care for some people) of the service and asked them for their views. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with fourteen people who used the service, four relatives, eight members of care staff, the head cook, two nursing staff and the manager. We observed care and support in communal areas. We looked at the care records of eight people who used the service, staff training records, as well as a range of records relating to the running of the service including audits carried out by the manager and provider.

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

# Is the service safe?

## Our findings

The last time we inspected the service, in July 2014, we found there had been a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found improvements had been made and staffing levels had been increased in the service.

People felt there were enough staff available to give them support when they needed it. One person who used the service said, "There is always a staff member around." One relative told us, "There is always plenty of staff especially at meal times." Our observations showed that staff were available when people needed assistance and staff told us that there were enough staff on duty to meet the needs of people. One member of staff told us, "Staffing levels have improved since the appointment of the current manager."

People could not be assured that incidents would always be responded to appropriately. Staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. The manager demonstrated that they had shared information with the local authority following incidents in the service. However we found staff had not followed these processes when there had been a series of recent incidents between two people who used the service and these incidents had not been shared with the local authority for consideration under their safeguarding protocols. Sharing this information could have led to steps being put in place to prevent further incidents of this nature.

We looked at the care records of these two people and we saw there were plans in place detailing how their behaviour was triggered and how staff should respond. However there was no information in place to alert staff that these two people had a history of disagreements with each other. We observed three occasions during the day that these two

people were in the same room without any supervision from staff and so there was a risk of further incidents occurring and a risk of harm. Staff we spoke with were unaware of the history between these two people.

However, all of the people who used the service that we spoke with told us they felt safe. They told us that if they were concerned they would talk to a member of staff or the manager. One person said, "They (staff) look after me well here." Another person said, "I am safe here and very settled." Relatives we spoke with told us they felt their relation was safe. One relative said, "I feel [my relation] is very safe and that's one of the reasons we picked this home, it's safe and warm."

People felt that they were supported in relation to how staff cared for them safely. All of the people we spoke with who needed equipment to help them to move around told us that staff always used the equipment. One person said, "They always use the lift (hoist) to help me get out of bed."

Risks to individuals were recognised and assessed and staff had access to information about how to manage the risks. In all the care plans we viewed risks in relation to the support people required for daily living, such as safe moving and handling and falls prevention were regularly assessed and action taken to minimise the risks. For example, we saw from one person's care records a risk assessment identified that they were at risk of falling. This had been assessed monthly and guidance put in place for staff to minimise the risk of further falls. Staff were aware of this and knew how to use the equipment which had been put in place to prevent them from falling.

Two people we spoke with about medicines confirmed staff gave their medicines to them when they should. Staff who administered medicines had received training and we saw they had their competency assessed to ensure they were following safe practices. We observed a member of staff administering medicines to a person and saw they followed safe practices. Staff received training in the safe handling and administration of medicines and had their competency assessed. We found the systems to store and manage medicines were safe and people were receiving their medicines as prescribed.

# Is the service effective?

## Our findings

The last time we inspected the service in July 2014 we found there had been a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found at this inspection that improvements had been made in relation to care planning, staff knowledge of the care plans and were monitoring fluid intake. However further improvements were needed to ensure care plans were updated and contained all of the information needed.

People felt staff knew them well and knew how to support them. One person told us, "They (staff) know how I like to be cared for." One relative told us, "We all feel the staff are very good."

The care records we looked at had care plans in place for individual health care needs. The plans contained appropriate guidance for staff to know how to support people with their health and care needs. Staff we spoke with had a good knowledge of the needs of people. Where people had been identified as being at risk of de-hydration staff were recording the amount people had consumed and taking action if people did not drink enough.

We observed staff supporting people and they gave this support appropriately and safely. Staff told us they had been trained in a range of areas, including moving and handling, food hygiene and slips and falls. One nurse had recently undertaken training on assessing how well people could swallow their food and fluid which would be a relevant and useful skill in the service.

People felt they were supported to make decisions about their care and support and we observed staff asking people prior to supporting them. For example in the morning we saw staff asking people what they would like to do with their day and if they would like to get involved with the activities on offer.

The manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and described how they supported people to make their own decisions. The DoLS is part of the MCA, which is in place to protect people who lack capacity to make certain decisions because of illness or disability. DoLS protects the rights of such people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. Where people

had been assessed as not having the capacity to make certain decisions, we saw the appropriate best interests assessments were in place. Applications had been made where it was felt people were having restrictions placed on them.

People told us they were happy with the care they received from the staff, and their relatives also spoke positively about the care provided. One person said, "The staff look after me very well." Another said, "I have been in the home for two and a half years and it is like a 5 star hotel." A relative told us, "They look after [my relation] well and staff call me if [my relation] is poorly."

People's health needs were monitored and their changing needs responded to. People told us they were supported to see a doctor when they needed to and that the chiropodist and optician visited them at the service. We saw from care records that staff sought advice from a range of external professionals such as dieticians, occupational therapists and the district nursing team. We saw people were supported to attend hospital appointments and doctors were called when people were ill.

Where people were at risk of developing a pressure ulcer staff had undertaken assessments and obtained specialist equipment to help manage the risk. We saw from one person's care records who had been admitted to the service with a pressure ulcer that there was a plan in place informing staff how to minimise the risk of the ulcer deteriorating and the person developing a further pressure ulcer. We saw nursing staff were caring for the wound and assessing it regularly which had a positive outcome for the person with the wound healing well.

People were supported to eat and drink enough to help keep them healthy. People we spoke with told us that the food was good and that they were given plenty to eat. One person said, "The food is good." Another said, "I get plenty to eat and drink." One relative told us their relation was much healthier than they were prior to moving in to the service and said, "[My relation] has put weight on and looks much better. [My relation] has plenty to eat and is drinking more fluids."

We observed the lunch time meal and where people needed support to eat we saw this was given by staff in a discreet and supportive manner. The meal looked appetising and nutritious and people we spoke with during lunch told us they were enjoying the meal. Where people

## Is the service effective?

needed a special diet, such as a soft diet, this was provided for them. We spoke with the cook and they were aware of who had particular dietary needs, such as a diabetic diet. Nutritional assessments were undertaken monthly to assess if people needed extra support with their nutrition.

# Is the service caring?

## Our findings

The last time we inspected the service in July 2014 we found there had been a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found at this inspection that improvements had been made in relation to people's preferences for care being recorded and their privacy and dignity being respected.

People were no longer having to wait for support to go to the toilet as more equipment had been purchased and staff had attended training in respecting people's privacy and dignity. People told us their preferences for how they were supported were acted on and we saw this information was recorded in care plans. For example which gender of staff people preferred to support them.

People we spoke with told us that staff respected their privacy and dignity. One member of staff was a dignity champion and gave guidance to other staff on promoting dignity. We observed staff respecting people's privacy and dignity when supporting them. For example speaking to people discreetly about matters of a personal nature and closing bedroom doors behind them prior to assisting people. We observed interactions between staff and people who used the service were respectful. We spoke with two members of staff about how they would respect people's privacy and dignity and both showed they knew the appropriate values in relation to this.

We saw that people had records called 'all about me' and these had been completed with people's life history and information they felt was important for staff to know. We asked staff to tell us some preferences people had stated in this document and they were able to tell us these. For example one staff member stated that one person's main choice of food would be fish and this was accurate. Staff told us that two people had specific needs due to their religious beliefs and they were able to describe these needs and how they needed to be met.

People told us they were given choices and supported to be independent. One person said, "Lots of choice of food." Another said, "I can do everything for myself and they (staff) don't interfere." We observed staff supporting people with their independence such as providing utensils to assist people to eat independently at lunch. We observed staff offering choices of meals to people who lived with

dementia. Staff explained what was on offer and reiterated any information previously given to ensure people understood what was on offer. The interactions were relaxed and staff were patient and gave people time to respond to choices.

People told us that staff were caring and kind. One person told us, "The staff are really lovely, lovely girls." Another said, "The nurses are good to me and pleasant." Our observations supported what people told us. We saw people laughing and chatting with each other and with staff. People also told us staff were helpful to them. One person said, "They (staff) can't do enough for you" and a relative told us, "All the staff are friendly and very helpful." Another relative said, "The girls are brilliant."

People were treated with kindness and compassion by staff. We heard staff speaking to people in a kind tone of voice. There was a relaxed and comfortable atmosphere in the home and people were frequently smiling throughout our visit and looked happy. Two people were celebrating their birthday on the day we visited and we saw other people and staff wishing them a happy birthday and there were banners up with their names on. One person said, "It has been a great birthday so far, I have had lots of kisses and there is a cake for me."

One person who lived with dementia was anxious and confused about where they were. We saw a member of staff respond in a patient and understanding way, offering support and reassurance. The interaction eased the anxiety the person had and they looked happier after the interaction with staff.

We observed the lunch time meal and we saw this was a social occasion with people chatting together and with staff. On one floor of the service it had been recognised that the dining experience could be better if the group of people who used the service was small and so a second dining area had been created. We saw this made the meal experience calm and relaxed. Relatives told us this second dining area was, "Working well." We observed people were given a choice of meal and when one person said they didn't want what was offered, alternatives were offered.

We saw there was information available for people if they wished to use an advocate and the acting manager told us one person was currently receiving this support. Staff



## Is the service caring?

confirmed this and told us they had arranged for advocates to visit in the past when needed or requested. Advocates are trained professionals who support, enable and empower people to speak up.

# Is the service responsive?

## Our findings

People were supported to have a say in how they were cared for. They had access to their care records and people told us they had been involved in planning their care. There was evidence in care records that people and their relatives had participated in care planning with dates of discussion recorded. One relative told us, "We have seen and agreed to [relation's] care plan and we have having another meeting with the staff for an update."

One person told us they felt they were involved in recent decisions about their care. The person had been offered another bedroom on a different floor in the service but after viewing the room the person decided to stay in their current room and this had been respected. We observed staff responding to people's choices, for example one person was given a cup of tea and said it wasn't sweet enough. The staff member straight away went to fetch more sugar.

People told us they enjoyed the activities which were on offer such as the '50s night' and 'movie night' and we saw individual likes and dislikes in relation to activities were acted on. For example we heard one member of staff ask a person if they would like to play a particular game and they said to the person, "I have read that you are good at this game." We observed the game and it was clear this was the person's preferred game.

We observed a group of people taking part in baking and this was clearly enjoyed by the group. The activities organiser supported the people taking part with their

independence in this task and ensured everyone took part. We observed staff supporting people in a reminiscence activity where staff encouraged people to discuss a bygone item and gave them time to recall their experience of using the item in the past. People clearly enjoyed this discussion and the activity resulted in people chatting and laughing.

Two relatives we spoke with told us that activities took place but that they felt there could be more offered. We discussed this with the manager and they told us it had been recognised that a second activities organiser was needed due to the size of the service and this was being looked in to.

People felt they could speak with staff and tell them if they were unhappy with the service. They told us they did not currently have any concerns but would feel comfortable telling the staff or manager if they did. One person said, "Why would we want to do that (raise concerns) everything is lovely." Another person said, "If I had any issues I would talk to the boss." Relatives also felt they could raise concerns if they had any and that they would be responded to. One relative said, "We cannot fault this place at all and we have no complaints, its nice and relaxed." Another relative said, "I would speak with [the manager] if I had any concerns and am sure he would deal with it straight away."

There was a clear procedure for staff to follow should a concern be raised and staff we spoke with knew how to respond to complaints if they arose. We saw the four complaints which had been recorded had been investigated promptly and resolved satisfactorily with the person raising the complaint.

# Is the service well-led?

## Our findings

The last time we inspected the service in July 2014 we found there had been a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found at this inspection that improvements had been made in relation to staff supervision meetings, audits and gaining feedback from people about the quality of the service. However there were further improvements needed to ensure audits of the care plans were effective and that records were fit for purpose.

People told us they were able to attend meetings and discuss the service and we saw records to show the meetings were taking place. We saw a satisfaction survey had been sent out in 2014 to people who used the service and the results of these had been analysed and the scores achieved were positive. Relatives had also completed a survey and all of the respondents had said they were happy with the way their relative was cared for and felt they were safe in the service.

Staff told us they had regular support and supervision with the manager, where they were able to discuss the need for any extra training and their personal development. We saw these supervision sessions were being held.

There were systems in place to monitor the quality of the service provided. These included, a monthly audit completed by the management team in areas such as catering, medicines management and infection control. There had been an audit carried out of the care plans since our last inspection. However we found there were issues with recording in care plans and the audits had not identified these.

We looked in care records and there was not a summary sheet with important information about people's care needs, often referred to as a grab sheet, which could be accessed quickly by staff in the event of an emergency. We saw one person had been sent to hospital in an emergency and there were concerns that information about their needs had not been sent with them and so hospital staff had not known. Staff told us there should be a grab sheet in the care plans but acknowledged some of the plans we

looked at did not have one of these. This meant there was a risk of people's needs not being known if there was an unplanned transfer to another service such as the hospital and the audits in place had not identified this shortfall.

Records of people's care not always fit for purpose. We found that care records were not always updated when people's needs changed and although staff were delivering care in line with the person's current needs, records did not always reflect this. For example the records of two people gave guidance for staff to monitor their fluid intake but staff said this was no longer needed as the fluid intake was good. The care records of another person stated they should be repositioned four hourly, but staff said this person could now reposition themselves and this was no longer needed. This posed a risk that staff newly employed at the service would not have up to date information relating to the needs of the people they were supporting.

Some assessments in care plans were duplicated as the old records were not always removed when new records were introduced. We also found that staff were not filling in records following delivering care to people and instead this was delegated to the nurses. These systems introduced a risk of error.

We saw that although complaints had been responded to, not all complaints had been recorded. A relative told us they had given feedback on some improvements they thought could be made regarding their relation's care and some issues they were not happy with and the manager had responded to these. We spoke with the manager and he said he had dealt with the feedback and had responded to the relative but had not recorded the information. This meant there was not a clear picture of complaints due to a lack of recording and this would impact on identifying trends and learning from issues raised.

There was no registered manager in post and there had not been since June 2014. There was a manager employed and they told us they were preparing their application to register with us. People knew who the manager was and felt they could approach him if they wanted to talk to him about anything and that he would listen and make changes as a result of this. The manager was aware of improvements needed in the home and told us they were working toward them in order of priority. Records we looked at showed that the manager had submitted all the required notifications to us that must be sent by law.

## Is the service well-led?

The manager told us that an operations manager carried out monthly visits which included looking at areas of management such as how accidents and nutrition were being managed. We saw these visits also included observations of staff supporting people and discussions with people who used the service. We saw there were action plans put in place where areas requiring improvements were identified and that these were acted on.

Reports of accidents and incidents were logged on the provider's online monitoring system and these were reviewed by the regional operations manager to assess if there were any trends in order to identify and make improvements to the support people received.

We received positive feedback about the new manager from people who used the service, relatives and staff. Comments included, "compassionate and reassuring, he promotes good communication" and "Very passionate about care." Staff told us there had been a lot of recent improvements in the service. One member of staff said,

"Huge improvements. Staff morale is better. We feel like we are listened to and [acting manager] is approachable and visible." Another member of staff said, "The manager is available and we are never afraid to approach him about any issues."

Staff told us they felt the manager listened to them if they raised any concerns or suggested improvements. The staff told us they could attend staff meetings and these were a two way conversation with the acting manager. They told us they felt supported and could approach the acting manager, who had a visible presence in the service.

We could see that staff enjoyed working in the service, they looked happy and they told us they enjoyed their job. We observed them working together as a team and they were organised and efficient. The acting manager had implemented a system to give care staff a leading role on the unit they were working and staff told us this was working well. One member of staff told us, "We have a good team here and we are well supported by the manager."