

Beverley Park Nursing Home Limited

# Beverley Park 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 ●

# Summary of findings

## Overall summary

The inspection took place on 21 of September 2016 and was unannounced. We last inspected Beverley Park Nursing Home on 23 April 2014 and found the service met the regulations we inspected against at the time.

Beverley Park Nursing Home provides nursing and residential care and support to up to 18 people. This includes care and support for people living with dementia. At the time of our inspection there were 17 people using the service.

The home had a registered manager. 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 said they were happy with the support they received and felt safe. Staff showed a good understanding of safeguarding adults and were confident in how to keep people safe.

Medicines were managed safely, effectively and in a way which reflected people's individual needs. All records were up to date and fully completed, with medicine audits being carried out regularly.

Staffing levels were consistent with people's needs. Staff were recruited in a safe and consistent manner with all appropriate checks carried out.

General risk assessments were in place in relation to premises and environment. All equipment was maintained and serviced within identified timescales. Each person had a personal emergency evacuation plan (PEEP) in place to ensure staff could support people in the event of a fire.

Staff received regular training and competency assessments were carried out in relation to specific areas, including the management of medicines. Regular observations were carried out as part of supervisions.

Staff told us they felt supported in their roles and they received regular supervisions, as well as annual appraisals. Records we viewed reflected this.

The registered manager and manager had a good understanding of the Mental Capacity Act 2005 and the procedure for Deprivation of Liberty Safeguards (DoLS). Best interest assessments were evident within care files and DoLS authorisations were in place where appropriate.

We observed during mealtimes that people enjoyed their meals, some independently and others with support from staff. There were choices available for people and support was provided by staff with patience and at an appropriate pace to each individual.

People and relatives told us the service was "brilliant" and staff were caring.

People had access to advocates where required. During the inspection we found one person was receiving advocacy support.

People and their relatives knew how to complain and felt confident and able to do so. People spoke positively about the service and told us they had nothing to complain about.

A range of regular audits were carried out that related to the service the home provided, as well as the premises and environment.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People and their relatives told us the service was safe.

Staff were confident in their role to safeguard people in the home.

Medicines were managed appropriately.

Risks to people's safety and wellbeing were assessed and managed.

### Is the service effective?

Good 

The service was effective.

People and relatives told us staff were well trained.

Staff received regular training, supervisions and annual appraisals.

The Mental Capacity Act (2005) was followed appropriately and Deprivation of Liberty Safeguards (DoLS) were authorised.

People were supported to meet their nutritional needs.

### Is the service caring?

Good 

The service was caring.

People and their relatives told us staff were caring and the service was brilliant.

Staff encouraged people to be independent in a supportive manner.

The home promoted community links and people were supported to follow their religious and cultural beliefs.

People were supported to access advocacy services.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed, up to date and reflected the individual needs of each person.

A wide range of activities were on offer for people both within the home and in the community. Activities were tailored to peoples' individual needs and preferences.

People and relatives told us they knew how to complain and would feel comfortable raising concerns.

### Is the service well-led?

Good ●

The service was well-led.

Staff told us they felt that the management were supportive and approachable.

The registered manager and manager completed regular audits on the care the home provided.

The registered manager and manager had a visible presence in and around the home ensuring good quality and personalised care was delivered to people.

# Beverley Park Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 comprehensive inspection took place on 21 September 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection took place we reviewed the information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We contacted the local authority commissioners of the service, the local authority safeguarding team, the clinical commissioning group and Healthwatch. Healthwatch England is the national consumer champion in health and care.

On this occasion we did not request a Provider Information Return (PIR) to be completed by the provider prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with four people, three relatives a visiting member of the clergy and a teacher who visited with children from a local school. We also spoke with five members of staff, including the registered manager, the service manager, a nurse and two care workers.

We looked at four people's care records and people's medicine records. We reviewed three staff files, including records of the recruitment process. We reviewed supervision and training records as well as

records relating to the management of the service. We also completed observations around the service.



## Our findings

People and relatives we spoke with felt the service was safe. One person said, "I find it all right, I have no disagreements with anything. The staff are really nice and make you feel safe and looked after." One relative told us, "I come every day, [family member] is safe enough here." Another relative said, "I can't fault the home at all, [family member] is protected here. I no longer need to worry." A third relative told us, "It doesn't matter what time of day or night I come, it is always fine, [family member] is settled."

Staff were aware of the policies and procedures to keep people safe, for example safeguarding and whistleblowing. Staff told us they would speak to the manager if they had any concerns about the safety and welfare of the people who live in Beverly Park Nursing Home. One staff member told us, "We have had training on safeguarding, and I know what to look out for, such as bruises or scratches." They went on to say, "I would tell my manager and also write down everything I had seen." Another staff member said, "I would have no problem reporting any concerns I had to the manager, they would always listen and do what is necessary."

We saw the home kept records of all safeguarding referrals made to the local authority and the subsequent action taken. For example, disciplinary action taken against staff members. Safeguarding records reflected those notified to the Care Quality Commission (CQC). Records showed safeguarding concerns were investigated and outcomes communicated to the person involved, if appropriate, and all other relevant parties.

We looked at the medicines systems in the home and found they were being managed in a safe way. Medicines were securely and appropriately stored. Where boxes of medicines were dispensed the date of opening had been written on the box to aid safe administration. This prevented medicines being administered after their expiry date.

During the inspection we observed staff administering medicines to people. Staff addressed people by their preferred names before medicines were given. We found fridge temperatures were recorded daily. People received their medicines at the prescribed times and this was recorded on the medicines administration records (MARs). We looked at the MARs and found these were completed correctly with no inaccuracies.

The registered manager told us they were responsible for the medicine ordering process in the service and had a good relationship with the pharmacist. This meant that any anomalies regarding dispensing could be addressed. They told us, "We have recently amended our policies to include NICE guidance (National



Institute of Clinical Excellence) for management of medicines in care homes this makes sure we are working to the most up to date information.

People told us they felt there were sufficient numbers of suitable staff to meet their needs and to keep them safe. One person told us, "There's plenty of staff, the girls come and say do you want a hot chocolate, that type of thing is great." Another said, "They [staff] are always about, sometimes there are three of them in here (the lounge)."

One relative we spoke with told us, "There is always a lot of activity going on in here, levels of staff is good." We found comments from quality assurance questionnaires which read, 'They always have time to make visitors feel welcome,' and '[family member] tells me she is safe.'

We spoke to the staff to see if they felt the levels of staff were safe. One staff member told us, "I feel there is enough staff, you're never left on your own." Another said, "I think the staffing levels are alright, there is enough staff, I feel people have never gone without."

We reviewed staffing rotas for a four week period and found staffing levels to be consistent. The manager told us staffing cover was provided by existing staff within the home, the registered manager and the manager as and when needed. Nursing cover was sometimes sought through an agency. The manager explained they used the same nurses from the agency for consistency.

The registered provider's recruitment process was followed so staff were recruited with the right skills and experience. All necessary checks were carried out for each new member of staff including reference checks and disclosure and barring service checks (DBS) prior to someone being appointed. DBS checks are used as a means to assess someone's suitability to work with vulnerable people.

People had risk assessments in place where required. Risk assessments were stored within care files and were regularly reviewed. All identified risks had appropriate care plans in place which detailed how care was to be provided to minimise those risks.

Accidents and incidents were recorded. Appropriate records were kept which included details of events that had happened, people involved and subsequent action taken.

Staff were observed using personal protective equipment to reduce the risk of cross infection. The provider ensured notices to remind staff, people and visitors about hand hygiene were sited in various parts of the home. There were no odours in the home. One staff member commented, "My first impressions of the home were how clean it was, there was no smell."

There were a range of general risk assessments in place relating to the premises and environment. These included a fire, legionella and moving and handling. We saw appropriate maintenance records for all lifting equipment. Maintenance checks were completed six monthly.

Personal emergency evacuation plans (PEEPs) were in place for every person who used the service. These included details about support each person required, how many staff were needed and any equipment to be used.



## Our findings

Relatives and people felt staff were well trained. One relative told us, "I think they are trained properly, they know how to use the hoist and make sure [family members] needs are met so that tells me they know what they are doing." One person said, "They know how to look after me and know how to give me my tablets."

Staff we spoke with told us they felt confident and suitably trained to support people effectively and their training was up to date. Staff told us they had completed an induction when they first started in their roles. One staff member told us, "I shadowed a staff member for a week so I was never working alone. After that I felt much more confident but we still work as a team anyway." Another staff member said, "We are constantly given courses to do, we get a training update every month. I have just completed syringe driver training so I feel confident to use it. A syringe drive is a piece of equipment used to administer medicines at a specific dose over a set period of time. A third said, "Since I first started a few months ago I have completed food hygiene, moving and assisting and safeguarding. My DoLS and MCA is ongoing."

Records showed staff had received up to date training in areas such as moving and handling, food safety, fire safety, safeguarding, MCA and DoLS. The majority of staff had received up to date training in dementia and the manager informed further training for those still requiring updates was due to be scheduled once new training dates were available. New care staff were enrolled onto the care certificate and existing staff were either working towards the certificate, had already completed it or were completing a top up version of the qualification. The majority of staff had also completed end of life training.

Staff told us they received regular supervision and annual appraisals. One staff member who had only been employed for a few months told us, "I have not had my supervision yet, but have had a meeting, this is part of my probation period." Another staff member told us, "I meet with [manager] we discuss my goals, looking at ways to constantly update my skills, we also discuss how I am doing." The registered manager undertook the supervision and appraisal of the nursing staff, incorporating competency checks of their knowledge and practice. Records confirmed that all staff received regular supervision and an annual appraisal.

The Mental Capacity Act 2005 (MCA) 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.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager explained how best interest decisions were made and demonstrated knowledge of MCA and DoLS. People's care records contained best interest decisions which corresponded to the information contained in the DoLS authorisations. Detailed care plans were created to ensure the least restrictive options were considered for people. Staff understood people should not be restricted unnecessarily unless it is in their best interests.

For those who required a DoLS authorisation there was a clear audit trail showing when DoLS applications had been submitted to the local authority and when authorisations had been granted. There were four instances where the registered manager had been given verbal authorisation but was awaiting written authorisation from the local authority.

People were supported to maintain a varied and healthy diet. The provider had a rolling menu in place. There was also consideration taken of people's likes and dislikes. Staff told us there was an alternative for people who did not want the planned menu. One person told us, "The food is edible but not fancy, there is always enough." Another said, "The food is really good and there is plenty of it." A third said, "The food is alright, we get a choice and it's all home cooked." We observed the registered manager speak with one person about their request for lamb chops. The registered manager had purchased them and came to let the person know. The person told us, "I told them I liked a chop and look it's sorted, I am having one for dinner."

Relatives were complimentary about the food. One relative told us, "The food is excellent, they are aware of who needs help. They made sure there were plenty of drinks especially in the summer." Another said, "Oh [family member] enjoys the food, no problems there at all. It always looks lovely."

We observed people's lunch time experience. People were served their meals in the communal lounge and dining area. Staff supported people to eat and drink in a respectful manner, supporting independence and offering assistance when necessary. The service had specialist equipment to aid people to eat and drink. For example, wide brimmed bowls, yellow crockery (used for people with vision problems) and specially adapted cutlery. One care worker told us, "Most of the people here are not able to sit independently at the table, many find it difficult to eat, there is a table if someone wants to sit at one."

On the day of the inspection people remained in their armchairs with individual tables in front of them. Staff asked if people wanted clothes protection before popping on a tabard. We found some people had the tabard on all morning. This was mentioned to the registered manager. They told us, "I will speak to the staff, tabards should only be left on for meal times unless any one wants to leave it on." We observed people's tabards were removed after the lunch time meal.

Where people needed their nutritional intake to be monitored, we found records were completed correctly. Staff completed these after each meal or after each drink. With amounts eaten being written in detail. One care worker told us, "These are completed to get a picture of what people are eating. We can report to the doctor if they not eating well and losing weight."



## Our findings

People told us they were happy in Beverly Park Nursing Home. One person told us, "I don't have any worries now, I like the staff, they have a laugh and a joke with me." We asked people and relatives about how caring they felt the staff were. The response was extremely positive. Relatives spoke about the compassion, dignity and respect shown to their family member. One relative told us, "[Family member] was not well they kept in touch with me so well, in that situation they were not only there for [family member] but also for me. I believe that now they are being looked after a weight is lifted." Another said, "I would give 110% to the staff, they know each person so well, it's brilliant. The care here is considerate of people's needs. If anything happened to me I would come here."

We observed staff knock on people's doors before entering. There were privacy reminders on each bedroom door. Staff ensured people's dignity was maintained during moving and assisting. People were supported to have their hair done, spectacles were cleaned and people who required hearing aids had them in. One person told us, "[Registered manager] organised me to get new hearing aids, it's great they are on a band so I don't lose them." One relative told us, "They think of everything. [family member] is always clean, everyone is."

The staff supported people to celebrate family days for example, mother's and father's day. One relative told us, "On mother's day they give cards and a little present, the same happens on father's day."

We observed staff interaction during the inspection. It was clear people were comfortable in the presence of staff. For example, people smiled when staff were approaching them. Staff spent time in the communal areas and were caring and compassionate in their approach showing kindness and respect. We saw staff chatting to people, giving time for them to respond. People were supported to make choices appropriate to their needs. For example, where people had difficulty understanding verbal communication, staff gestured drinking from a cup when asking someone if they wanted a cup of tea.

Relatives said they were kept up to date about their family member. They told us they felt involved in their families care and support needs and were involved in support planning. One relative told us, "There is good communication here." Another said, "If they think [family member] is not too well they let me know. We can chat in private, they are very considerate."

The registered manager promoted community links with the local school. During the inspection the children, teachers and some parents visited the service. The children had all brought iPads with them. They

spent time with people in the lounge showing them how to take pictures with the iPad and how to use the equipment to draw and play games. They also sang a song for people. It was clear from people's response that they thoroughly enjoyed the children's visit. One person told us, "That was lovely, I love to see the little children, I was a teacher you know." Another said, "I love to hear the children singing, my grandchildren come every other week, that's lovely isn't it." We spoke with the teacher who organised the visit. They told us, "There are good links with St Matthew's, we are looking at residents coming into school. We visit at harvest and Christmas. The staff are great, just lovely and the residents seem to love them."

We found people's religious and cultural preferences were acknowledged with arrangements made to allow people to maintain their faith. During the inspection a member of the local church came to give communion. They told us, "I come every month to give communion and say prayers, everyone is always well presented." We found staff supported those who did not wish to take communion were enabled to leave the area if they wished to.

We found positive comments about the service from quality assurance questionnaires. Comments included, 'keep up the fantastic work,' and 'so pleased we secured a place for [family member] at Beverley Park. They were happy and settled very quickly due to the care shown by [registered manager], [manager] and all the staff.' Another wrote, 'management and staff are very professional and always have time to make visitors welcome.'

Information was available in the reception area for people, relatives and visitors. We found Beverley Park Nursing Home provided guidance for families following the death of a person, particularly when a person had a DoLS in place, a welcome handbook setting out the ethos of the service along with important policies and procedures, and a leaflet around moving into a care home.

People were supported to pursue and enjoy their personal interests. One person loved to watch the birds and their relatives purchased a bird feeder to place near the window. The person's relative told us, "The staff keep it topped up for her, that's really kind of them." Staff made sure photographs, books and people's personal belongings were easily at hand for people to access as and when they wanted.

Staff completed the Gold Standards Framework (GSF) training programme. The GSF is an evidence based approach to optimising care for all patients approaching the end of life. One nurse working in the service told us, "The main thing here for me is the end of life care, it is brilliant, the care is unbelievable." At the time of the inspection no one living in Beverley Park Nursing Home was on end of life care.

People were supported to access advocacy services when required. At the time of the inspection one person was receiving support from an independent mental capacity advocate (IMCA).



## Our findings

Relatives told us they felt staff knew their family members well and how to support them. One relative told us, "I feel [family member] is safe here, they get anxious, but staff are managing behaviours well." Another relative said, "If they think [family member] is coming down with something, they do the testing and that way get on top of things. They know each person so well."

Staff were able to describe personalised care and how that looked for people in the home. For example, recognising if people were not well or unhappy. We observed one staff member summoning assistance from the registered manager when one person did not appear to be well. The registered manager responded immediately and the person was supported back to their room. One care worker spoke to us about preventative care. They told us, "We take skin care very seriously. It's important to relieve pressure for people. If we find someone has got a reddening it's reported to the nurses, and we can help people change position. I think we do a good job we have had people who have come (into the home) with sores and they have now healed."

People had a range of care plans in place to meet their needs including personal care, eating and drinking, medicines, pressure care, continence and mobility. Care plans were personalised and included peoples' choices, preferences, likes and dislikes. Care plans contained relevant detail and clear directions to inform staff how to meet the specific needs of each individual. Care plans were reviewed on a regular basis, as well as when people's needs changed. All care plans we reviewed were up to date and reflected the needs of each individual person.

People told us there were activities and entertainment in the home. One person told us, "We had a group down the other week, like a sing along, we sat outside it was very nice." Another said, "I like scrabble, I have one here." A third told us, "We do chair exercises sometimes, but I get a bit bored of them." One person has an iPad and was happy to download things to watch. They told me, "The staff help, sometimes it's the signal." A fourth person said, "There is always something going on I have never been at a loose end." We observed the service had some twiddle muffs available for people. Twiddle muffs are a hand muff with items attached inside such as buttons or toggles. These act as a stimulation activity for people living with dementia.

People had activity files, these contained very detailed life story work, along with details of people's interests, and hobbies. The file also contained cards that people had made, along with records of activity sessions they had attended.

The registered provider had a complaints procedure in place and this was available to people, relatives and visitors. People and relatives knew how to complain. One person told us, "I can't complain at all, the staff are very good, [registered manager] is always joking with me." Another said, "I have no complaints the staff are very nice, I would speak to [registered manager] if I had a problem but I haven't any." One relative told us, "I know how to but never need to, I have nothing to ever complain about." Another said, "If I needed to I would sit down and talk to the manager."

The service had a quality assurance system that sought the views and opinions of stakeholders by way of questionnaires. The results of the recent survey were on display in the reception area. These showed a positive response in all areas the survey covered, for example, accommodation, care and social activities.

The service had purchased scales specifically to use for people who could not weight bear or who had poor sitting balance. The scales were attached to the mobile hoist. This meant that people's weight could be monitored safely.

The registered manager had identified the concerns and issues with transitions between services. During the inspection we saw actions they had taken to reduce concerns and prevent issues reoccurring. For example, one person who attended hospital routinely had a specific hospital visit file put in place for information sharing purposes between the home and the hospital. The service had a leaflet available in the reception area setting out what transition means to people and who they can work together with families and people. The leaflet covered 'the seven stages of transition', this is a model to help care staff, people and families to understand what a person may go through whilst coming to terms with a major change in their lives.



## Our findings

People and relatives told us the service was well led. One person said, "[Registered manager] is lovely, always has a smile and a joke." Another said, "It's well run here, [registered manager] is there if you need her." One relative told us, "There is open communication here, I can approach them and discuss anything, there is an open door policy. If I needed to discuss anything of concern I feel [registered manager and manager] would be responsive and listen."

Staff made comments that the registered manager and manager were approachable. One care worker told us, "Management is fantastic, they are really dedicated, the residents come first." Another said, "[Manager] is very supportive, I genuinely enjoy my job here. I have a good relationship and have no problem reporting any concerns to [manager]. Both [registered manager and manager] are always available and approachable."

The manager told us they operated an open door policy at the service to enable and encourage staff to approach either themselves or the registered manager with any requests, concerns or issues. During the inspection we saw staff approach the manager in the office area to have discussions related to their work.

The home had an established registered manager who had been in post since 1 October 2010. We found statutory notifications had been completed and sent to the Commission in accordance with regulatory requirements. The manager maintained an electronic record of notifications.

Throughout the inspection there was a management presence in the home with the registered manager and the manager both readily available for staff, people who use the service, relatives and visiting professionals to speak to. During out of hours, the registered manager told us staff had access to contact details for them and the manager to be used should staff need to speak to management or have any issues or problems. We noted one occasion when the contact details were made available to a relative who had requested to speak with the registered manager.

There was a nice atmosphere in the home and we saw that people looked happy, calm and content. Staff we spoke with said they were happy in their work. They also said they were supported in their roles by management.

The service had been awarded an Investors in People Award in 2015. The current investors in people framework reflected the latest workplace trends, leading practices and employee conditions required to



create outperforming teams. The latest framework focused on three key areas: leading, supporting and improving. The service had also been awarded a level 5 food hygiene rating issued by the Food Standard Agency.

The registered manager and manager carried out regular audits. We examined audit records for medicines, mattresses, infection control and the kitchen. The registered provider had engaged a health and safety consultant to carry out a full review on the service. Records showed the service was fully compliant.

The service did not have a development plan in place. The registered manager told us, "I didn't think we needed to have one. As there is only myself and [manager] we know what needs to be done." During the inspection the registered manager and manager informed us they would create and implement a development plan for the service by the end of the following week. They informed us they would then follow the plan to develop the quality of the service.