

Contemplation Homes Limited

Beechcroft Green 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?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 20 January 2015. It was unannounced.

Beechcroft Green Nursing Home is registered to provide personal care, nursing care and accommodation for up to 25 older people and people living with a physical disability. At the time of our inspection there were 22

people living at the home. People had a variety of nursing needs. Accommodation was arranged over two floors in a combination of single and shared rooms. There was a shared lounge and an enclosed garden with a paved area.

Beechcroft Green Nursing Home had been without a registered manager since April 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 visited the home the deputy manager was acting as manager. They had been in post for two months, and it was the provider’s intention the deputy manager would apply for registration as manager.

Records of medicines administered were not accurate and did not protect people from risks associated with medicines. However medicines were ordered, stored, handled and disposed of in a way which kept people safe from associated risks.

Staff did not always receive support in the form of an organised programme of training, supervision and appraisal which conformed to the provider’s own procedures.

The provider’s procedures for assessing and monitoring the quality of service were not always followed and did not always lead to improvements where issues were identified.

People were kept safe because the provider took steps to avoid the risk of avoidable harm or abuse. Staff were aware of their responsibilities to report any concerns about possible abuse. Risks to people’s safety and welfare were assessed and actions were taken to reduce their risks while promoting their liberty. The provider had procedures to follow in the event of emergencies, and these were tested regularly.

There were enough staff to support people to the required standard and to keep them safe. The provider carried out the necessary recruitment checks before staff started work.

Staff followed processes to obtain people’s consent to care and treatment. Where people lacked capacity to make certain decisions staff were guided by the principles of the Mental Capacity Act 2005 to ensure any

decisions were made in the person’s best interests. The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found Beechcroft Green Nursing Home to be meeting the requirements of the DoLS.

People were satisfied with the menu choices offered and the quality of the food served. Where people had specific needs or preferences concerning their food or how it was prepared, staff were aware of these and accommodated them. People received effective treatment and were supported to access healthcare services both in the home and as hospital out-patients.

People had positive, caring relationships with the staff who supported them. People were able to participate in decisions about their care and support, and their views were listened to. Staff took steps to promote people’s dignity and privacy.

The care and support people received met their needs and was reviewed regularly. If people’s needs changed, their care plans were updated to reflect their changing needs. People were supported to take part in a variety of leisure activities which reflected their interests and preferences. Staff listened to people and learned from their comments and complaints to improve the quality of service provided.

There was a friendly, homely culture with open communication between the staff, people living at the home and their relations. People were confident the deputy manager would manage the service effectively and responsively. Staff felt supported and motivated.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we told the provider to take at the end of the full version of this report.

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 always safe.

Medicine records were not completed in a way that ensured medicines were administered safely.

Medicines were stored and handled safely. People were protected against risks, including the risk of avoidable harm or abuse.

There were enough suitable staff to support people in a safe manner.

Requires improvement



Is the service effective?

The service was not always effective.

Staff did not always receive regular supervision and training to keep their skills and knowledge up to date.

Staff obtained people's consent to care and treatment, and followed legal guidance where people lacked capacity.

People were supported to eat and drink enough and maintain a healthy diet. Staff assisted people to maintain good health and access appropriate treatment.

Requires improvement



Is the service caring?

The service was caring.

Staff had caring relationships with people using the service.

People were supported to express their views and take part in decision making about their service.

Their privacy, dignity and independence were promoted.

Good



Is the service responsive?

The service was responsive.

People received care and support that met their needs and were focused on them as individuals. They could follow their preferred routine and take part in a variety of leisure activities.

The service listened to people's complaints and comments.

Good



Is the service well-led?

The service was not always well led.

There was no registered manager in post as required by the provider's conditions of registration. Internal checks and audits were not effective in leading to improvements in the quality of the service.

Requires improvement



Summary of findings

There was an open, friendly culture at the home. People living there, their relations and staff responded positively to the deputy manager's style of management.

Beechcroft Green 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 20 January 2015 and was unannounced. One inspector carried out the inspection.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

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.

We spoke with three people who lived at Beechcroft Green Nursing Home, two visiting relations and a volunteer who visited the home regularly. We observed care and support people received in the shared area of the home. We spoke with the registered provider, the deputy manager and five members of staff: a nurse, a care worker, a housekeeper, an activities coordinator and the chef.

We looked at the care plans and associated records of three people, medicine records for four people and four wound care plans. We reviewed other records, including the provider's internal checks and audits, training records, staff rotas, and four staff recruitment records.

Is the service safe?

Our findings

People told us they felt safe at Beechcroft Green Nursing Home. People were comfortable when staff were assisting them. One said, “You know you are being looked after. It sets your mind at rest.” People’s relations were confident their family members were safe. One said, “I have no concerns about [name]’s safety. Everything is just right”. Another relation told us, “I don’t worry. [Name] is being looked after.”

People’s medicines were not recorded in a way that showed they were administered safely. We found gaps in people’s medicine administration records. Records of the provider’s internal checks on medicines showed errors in completing medicine records for the previous three months. These included examples where the nurse had not recorded medicines administered, had used the wrong code to record why medicines had not been administered, and had not recorded the actual dose administered in the case of medicines prescribed “as required”. This meant people were not protected against the risks associated with medicines by means of accurate records. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 (1) and (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were ordered in a timely fashion, and checked on delivery. This meant they were available to people as prescribed. Medicines were stored securely and the provider had procedures in place to make sure they were kept at the correct temperature. Instructions for the nurses included a photograph of the person to reduce the risk of medicines being given to the wrong people, and information about people’s allergies.

Medicines were administered from blister packs, and the nurse took time to make sure people understood what the medicines were for and how they should take them. Appropriate records were in place when medicines were disposed of or returned to the pharmacy. Staff followed procedures to make sure people’s medicines were stored and handled safely.

The provider took steps to protect people from the risk of avoidable harm and abuse. Staff were aware of the types of abuse, the signs and indications of abuse, and how to report them if they had any concerns. They knew about

contacts outside the home where they could report problems. They had not seen anything which caused them concern, but they were confident any allegations would be handled by the provider and senior staff in a prompt and effective way.

The deputy manager was aware of how to engage with adult services if there was a suspicion or allegation of abuse. They had contacted adult services on one occasion recently, and had been advised the concern did not meet the criteria for formal safeguarding. They had a copy of the local authority safeguarding protocol for reference, and encouraged staff to be vigilant in this respect. There was an open management culture in which concerns could be raised about people’s safety without fear of any consequences.

People were kept safe by appropriate risk assessments, for instance with respect to falls or pressure injuries. One person was at risk of falls for a number of reasons. They had a moving and handling risk assessment. The provider had reviewed their medicines with their GP, and the GP had changed their prescription as a result. Staff used a motion detector with an audible alarm to warn them if the person started to move about. This allowed them to assist the person to move about safely without restricting their liberty.

Arrangements were in place to keep people safe in an emergency. People had personal evacuation plans which showed the assistance they would need. Staff were trained in fire safety and first aid. There were regular fire drills to test the evacuation process. Alarms, emergency lighting, escape routes and equipment were checked regularly. If people could not return to their rooms after an evacuation, they could go to another home owned by the provider nearby. Plans had been made to keep them safe and comfortable in the event of an emergency.

There were sufficient numbers of suitable staff to support people and keep them safe. People and their relations were satisfied there were enough staff and they did not have to wait if they needed assistance. Two people said there were times when staff were very busy. Staff told us their workload was manageable. One staff member thought it would be easier to cover sickness and other absence if more staff were available.

The provider was recruiting new staff in order to reduce their reliance on agency staff. The deputy manager told us

Is the service safe?

two registered nurses were expected to start in the month following our inspection. Staff rotas showed the deputy manager planned shifts according to people's needs as calculated by a tool which took into account people's dependency.

The provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of

identity, a criminal record check, employment history, and good conduct in previous employment. Where agency staff were used, the provider obtained criminal record and professional registration information from the agency. People were supported by staff who were checked for their suitability to work in a care setting.

Is the service effective?

Our findings

People were happy they received effective care and treatment from competent staff, and they could access other healthcare services. One person said, “The girls are wonderful,” and, “I have seen enough doctors to stock a shop this last fortnight.” Another person told us they had seen a doctor “straight away” when they needed one, and that had given them “a feeling of safety.” People’s relations told us they had no concerns with respect to staff being trained and prepared adequately to support their family members.

Staff were satisfied they had adequate training to provide care and support to the required standard, although they identified gaps in the training they received. One staff member had not received training in the Mental Capacity Act 2005. The provider had a corporate training plan. This defined mandatory courses which included safeguarding, infection control, moving and handling, fire safety, and health and safety. Training records available at the time of inspection showed not all staff had received refresher training in safeguarding. The training plan identified a further 16 topics which were not mandatory. Records showed that no member of staff had completed training in more than five of these subjects. The deputy manager told us training was an area that needed to be brought under control. Staff were not being supported by training as defined by the provider’s own plans.

Staff told us they were supported informally by senior staff but had not had formal supervision or appraisal meetings. The deputy manager told us supervisions should take place every two months. Records showed this was not being achieved. The deputy manager was aware minimum standards were not being met with respect to supporting staff by a programme of training, supervision and appraisal. They told us it was a high priority to get this under control. It meant there was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider obtained people’s consent for care or treatment and acted in line with legal guidance where people did not have capacity to make certain decisions. People and their relations were all satisfied the provider sought their consent for care and treatment. Their care

plans contained records of consent. Where people did not sign the consent records, it was noted they gave verbal consent. Decisions to decline treatment, for instance to decline a flu vaccination, were respected. Where people had made decisions about future treatment, for instance to decline resuscitation in the event of heart failure, records showed they had been discussed with the person.

Where people lacked capacity to make certain decisions, the provider followed the principles of the Mental Capacity Act 2005. The Act provides a legal framework for acting and making decisions on behalf of people who lack capacity to make particular decisions themselves.

Records showed assessments were made in relation to individual decisions, and people were assumed to have capacity. One person’s assessments concluded, “[Name] has capacity to explain his mobility needs” and in relation to support to maintain his skin viability, “can consent, but needs prompting and explaining”. People’s capacity assessments were reviewed every month.

Where decisions were made on behalf of people who lacked capacity, these were made in their best interests and in consultation with advocates such as family members. Records were on file to show where people had granted lasting power of attorney to a family member.

The provider was in the process of assessing people in relation to the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people using services by ensuring if there are any restrictions on their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The provider had applied to the local authority for DoLS on behalf of some people living at the home. Where they had received authorisation the information was filed, and the person’s care plan updated.

People and their relations were satisfied with the quality of food and menus offered. They described it as “good” or “very good” and “appetising”. They said there was choice and their preferences were respected. The chef had a relevant qualification, and we noted the service had been given a rating of five “Very Good” for food hygiene by the local authority environmental health department.

Staff were aware of people’s individual needs with respect to maintaining a healthy diet. Six people were considered to be at high risk of poor nutrition. Risk assessments were in place for them, which instructed staff to encourage them

Is the service effective?

to eat and offer snacks where appropriate. Individual care plans for eating and drinking contained people's meal preferences. If staff were concerned about a person's intake at lunch, they offered them ice cream as an additional, alternative dessert.

The chef was aware of and provided meals according to people's dietary needs and preferences. These included semi-puree and full puree diets and vegetarian diets for two people. Nobody living at the home had food preferences arising from their religious or cultural background. The chef told us they would be able to meet these needs if required.

People were supported to maintain good health and had access to healthcare services and professionals. Where people had wounds, including pressure injuries, which required treatment, their wound care plans described the

required treatment. Staff involved GPs to prescribe antibiotics and consulted with specialist nurses or a community matron where appropriate. Records showed progress and improvements, such as the wound reducing in size or hardening over.

Care plans contained guidance for staff on how to support people if they had specific health conditions such as Parkinson's disease. Where people were being treated for long term conditions, such as anaemia or diabetes, staff monitored their progress by regular blood tests. Records showed people attended hospital outpatient appointments and healthcare professionals visited people in the home. People and their relations were satisfied that staff supported people to maintain their health and that people had access to healthcare services as required.

Is the service caring?

Our findings

People described the staff as “very caring”. One said, “We are very lucky. They all bend over backwards to help you. They come in and have a laugh and a joke.” A visiting relation said of staff, “They are lovely. I haven’t found one who is not lovely.”

People were happy when they interacted with staff. There was cheerful two-way conversation between people and staff. A volunteer who visited the home regularly described how staff worked to boost people’s self-esteem by caring for details such as making sure their clothing was coordinated and their finger nails were manicured.

During a shift handover we observed staff react to news about a person who had gone into hospital. It was evident from their expressions and comments that they were concerned about and cared about the person. Staff established relationships with people by talking about subjects other than the task while they were supporting them. Staff told us if there was one thing they would change, they would like to be able to spend more time with people.

People were able to express their views and were involved in decisions about their care and treatment. One person said, “The manager always talks to us about our care.”

A visiting relation said staff were responsive and that they felt able to “ask them anything”. Their family member had

been involved in discussions about arrangements for their funeral. They said, “[Name] knows what she wants.” Their spiritual beliefs were taken into account and they were happy with the outcome of the discussions. Another relation said, “The care is personal, it is not like a doctor-patient relationship.”

People’s care plans contained records showing their choices and preferences. The deputy manager said people’s choices were respected. People were involved in decisions, and they liaised with their families to make sure everybody was kept informed.

People found staff to be polite and respectful. One person said, “We are as independent as we can be.” They were happy with the communication they received about their service. Visiting relations felt that people’s privacy and dignity were respected. One relation said, “Very much so.”

Staff told us they encouraged people to be as independent as possible. They were aware of the need to respect people’s equality and diversity. They described things they did to maintain people’s dignity and privacy. These included using “personal care in progress” signs on bedroom doors to prevent unnecessary interruptions while they were supporting people. Where people shared rooms they could use curtains and screens to maintain their privacy. Staff took practical steps to maintain and promote people’s dignity.

Is the service responsive?

Our findings

People received personal care that met their needs. They were able to follow their own preferred routines. One person said, “I wake up at seven, no worries. I don’t have to stay in bed, but it is more comfortable for me. I get up most days at eleven, and that suits me fine. My husband visits in the afternoon, and we play cards.” Another person described their hobbies, “I do all sorts” and the entertainment arranged for them. They said it was all “very good” and they would not change anything. People’s relations were confident they received the care and support they needed, and that the necessary checks were done to identify changing needs.

People’s care and treatment were reviewed regularly and changes made if required. Monthly observations included weight, blood pressure, pulse and blood sugar levels if appropriate. People’s risks with respect to pressure injuries and nutrition were assessed monthly using established screening tools. Monthly care plan reviews were recorded. The form staff used for this contained a space for comments by the person or by staff, although this had not been used in the files we saw.

If monthly reviews indicated people’s needs had changed, action was taken. Where a person was shown to have lost weight, their condition was discussed with their GP and their food and fluid intake were monitored. If people changed their mind, for instance about decisions made concerning the treatment they wanted if a particular situation arose, the appropriate records were updated. Staff were aware of people’s needs and could describe how they identified if people were in pain or anxious. One

person needed help to turn over in bed. There were clear records to show when they had last turned, and when their next turn was due. When a person stood up in the shared lounge, staff responded promptly and helped them move using a walking frame.

People could take part in various leisure activities and entertainments. They told us they were asked what sort of entertainers, games and activities they enjoyed. During our inspection two people were supported to assemble and fill bird feeders. There were photographs of musical entertainment and recent seasonal parties.

Activities plans showed people were also supported in individual activities such as puzzles, word searches, games and reading. The deputy manager told us they made efforts to make sure people who could not leave their rooms were supported to take part in activities connected with their interests and preferences. During our visit we saw an activities coordinator going from room to room where people chose to take part in individual activities.

People were confident any concerns they raised would be dealt with promptly and effectively. One person found the deputy manager was responsive, listened and took action when concerns were raised. There was a copy of the provider’s complaints procedure displayed clearly at the entrance to the home. People had books in their rooms where they, or visitors, could record comments about the service. The service’s complaints file contained records of complaints which had been or were being followed up and resolved. The provider encouraged people to raise concerns and followed them up to improve the quality of service.

Is the service well-led?

Our findings

Beechcroft Green Nursing Home had been without a registered manager for nine months at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

The provider had kept us informed about their efforts to recruit a replacement registered manager and the steps they took to reduce the risk to people living at the home during the period when there was no registered manager in place. They had appointed a manager, but they had resigned in the month before our inspection without having applied for registration. At the time of our inspection the deputy manager was acting as manager and intended to apply for registration.

This meant the provider was not complying with a condition of their registration and they needed to complete the registration of a manager without delay.

Processes were in place to assess and monitor the quality of service provided but they were not always followed and actions identified were not always effective. There was a system of monthly internal checks and audits which included clinical audits, care plans, falls, accidents, infection control, wounds and pressure areas. Records did not show that these had all taken place every month as required by the provider's procedures. The deputy manager said some of the quality checks had been done "informally".

An internal medication audit in September 2014 had identified gaps and errors in the recording of medicines administered. Subsequent internal audits in October, November and December 2014, an external audit by the provider's pharmacist in October 2014 and our checks during the inspection continued to show gaps and errors. Records identified actions and follow up but these had not been effective.

The lack of robust quality assurance was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 (1) and (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The culture at the home was characterised by openness and friendliness. People described it as "homely and friendly". Staff told us it was a pleasant place to work, and more like a home than a business. A visiting relation told us they had looked at "lots of homes" before choosing this one. Their family member had initially come in for short-term, respite care but had not wanted to leave. They said they would not change anything and were "very satisfied".

A wide range of information was available to people and visitors. The results of the last satisfaction survey undertaken in June 2014, and comments by the manager in post at the time were on display near the entrance. There was information about events and activities, including a "come to tea" project and an open evening for the families of people living at the home. There were a number of thank you cards written by friends and relations of people living there. There was open communication between the home and people and their relations.

People and their relations were positive about the impact the deputy manager had made since taking on responsibility for the service. One visitor said they had seen improvements in recent weeks. Another visitor said people would be more willing to raise concerns with the deputy manager as they "encouraged interaction". The deputy manager told us they were supported by the registered provider and by the manager of another of the provider's homes. They described to us where they believed the service needed changes to be made and their plans to improve it.

There was an established management structure which included the deputy manager, a clinical lead and senior staff. The deputy manager compiled a weekly report for the provider which included staffing and training status, accidents and incidents, and clinical concerns. Staff told us they received clear guidance and management, and they felt motivated and appreciated.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Care and treatment were not provided in a safe way. The registered person did not manage medicines in a proper and safe manner.
Regulation 12 (1) and (2)(g)

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
The registered person did not operate effective systems or processes to ensure compliance with regulations. Systems or processes to assess, monitor and improve the quality and safety of the services provided were not effective.
Regulation 17 (1) and (2)(a)

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Persons employed by the service provider did not receive appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.
Regulation 18 (2)(a)