Minehome Limited

Beech Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 4 and 9 January 2017 and was unannounced.

Beech Lodge provides accommodation with personal care or nursing care for up to 40 people. There were 29 people living at the home when we visited.

There was a registered manager in post. 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.

Staff knew how to protect people from harm and abuse. They knew how to report any concerns if they suspected someone had suffered potential abuse. Risks to people's safety had been assessed, and staff knew how to support people to reduce any risk of harm. There were enough staff to meet people's needs and the provider had safe recruitment processes in place to ensure that staff were suitable to work with people. People were supported to take their medicines safely and risks of harm to people were assessed and action was taken to minimise the risks through the use of risk assessment.

People and their relatives told us they were happy with their care, and were cared for by staff who had been trained and had the required skills to support them. People were encouraged and supported to make their own decisions where possible and staff knew about the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). However, some people did not have formal assessments of their ability to make decisions for themselves.

People were supported to maintain a healthy diet and received access to health care professionals if their needs changed, or if they became unwell.

People were supported in a kind and caring manner by staff who knew them well, and their privacy and dignity was respected and promoted. Care was personalised and met people's individual needs and preferences.

People were able to participate in activities that they enjoyed. They knew how to raise any concerns or complaints and these were dealt with in a timely manner.

People were happy with the support they received from the service. Feedback was encouraged from people and their relatives. Staff were clear about their roles and responsibilities, and there were systems in place to monitor the quality of the service and drive continuous improvement.

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 were kept safe by staff who understood how to recognise any signs of abuse and knew how to report any concerns.

Risks to people's safety were managed and staff understood people's risks.

There were enough staff to meet people's needs and keep them safe. The provider had safe recruitment processes in place to ensure that staff were suitable to work with people

Is the service effective?

Requires Improvement

The service was effective.

People received care from suitably skilled staff who were supported to carry out their roles.

People were supported to make decisions about their care and where people were unable to make decisions, however all of the requirements of the Mental Capacity Act 2005 had been not been followed.

People were supported to have a balanced diet and maintain their health, and had access to health professionals when it was required.

Is the service caring?

Good

The service was caring.

Staff supported people in a kind and caring way and were offered choices about their care.

People's privacy was respected and staff provided care in a dignified way.

Is the service responsive?

Good

The service was responsive.

Staff knew people well, and the records reflected what staff told us about how people liked to receive their care and support.

The provider had a system in place to handle and respond to complaints, and people knew how to raise an issue if they needed to.

Is the service well-led?

Good

The service was well led.

People, their relatives and staff felt the registered manager was approachable and staff felt supported to carry out their role.

Effective systems were in place to assess, monitor and manage the service.

The registered manager had notified CQC about significant events that they are required to notify us of by law.

Beech Lodge Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 inspection visit took place on 4 and 9 January 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

We also had a provider information return (PIR) sent to us. A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. As part of our planning, we reviewed the information in the PIR.

We spoke with twelve people who used the service, six relatives, five members of care staff, two and the registered manager. We also spoke with two visiting healthcare professionals.

We looked at the care plans of three people to see if they were accurate and up to date. We reviewed six staff files to see how staff were recruited and looked at records that related to the management of the service. This included the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us, "I always feel safe here, the girls are always around if you need them." Relatives also told us they felt their relative was safe living at Beech Lodge. One relative told us, "I feel safe with them being here. I cannot fault the care that they are given, it is very good and the carers are very nice." Another relative told us, "Beech Lodge provides a very pleasant environment for its residents. It is clean, light and airy. The residents are treated with kindness and respect. All members of staff and management are friendly and helpful. My [relative] was admitted to Beech Lodge for end of life care and was very well cared for in a happy, secure environment."

Staff we spoke with understood how to recognise the signs of harm or abuse and knew their responsibilities in reporting any concerns relating to people's safety. One member of staff said, "If I thought someone was being abused I would tell the manager straight away." And another staff member told us, "It's about us keeping people safe, we need to make sure that people are cared for in a safe way." We saw records that confirmed issues had been raised with the registered manager who had reported these concerns to the local authority as required. This meant that people were protected from the risk of harm.

People's risks had been identified and individual assessments were completed for each person and plans were put in place to minimise these risks. Staff were able to tell us about the risks that had been identified for the people they supported, and how those risks were managed. One staff member said, "We follow the care plans and risk assessments to make sure we are doing things properly and keeping people safe. When we are hoisting someone there are always two of us to do it and we use the person's own sling." We saw that where people required specialist diets and thickened fluids these were given, and we saw records that confirmed what staff told us, and these had been reviewed and were up to date. This meant that staff had the most up to date information to follow to help them support people safely.

We saw that where accidents or incidents had occurred that these had been recorded. The registered manager completed an audit of these to analyse them for any trends or patterns to try to reduce the risk of any further accidents. For example, we saw where a person had fallen that their care plan and risk assessment had been reviewed to try to prevent further falls. A referral to the physiotherapist had been made and suitable equipment had been sought to try to prevent the person falling again. This meant that steps had been taken to keep people safe following an accident.

The people we spoke with told us that there were enough staff available to support them. One person told us, "If I want anything like a drink, I just ask the staff and they get it. There's not a big turnover of staff which is good, there is enough staff on day and night." Another person told us, "There are enough carers, no complaints about staff, there are enough staff who treat me well"

We spoke with the registered manager about how they manage staffing levels. They told us they assessed the needs of people currently living in the service and then worked out how many staff they needed, and this was adjusted depending if people's needs changed. We saw rotas that confirmed
this. This meant that there were sufficient staff available to meet people's needs and the provider had a

system in place to assess these levels regularly.
We saw that the registered manager had followed safe recruitment procedures. The registered manager had undertaken checks that ensure the staff that were employed at the service were suitable to provide support to people. Staff we spoke with told us they had undergone checks through the Disclosure and Barring Service (DBS) before they began working at the service. The DBS is a national agency that keeps records of criminal convictions.

People told us that they received their medicines when they needed them, and staff helped them with their medicines. One person told us, "I get my tablets when I need them; staff ask me if I need them." Relatives also told us that they felt their relation received their medication when they needed it. One relative told us, "Staff are aware of their illnesses and they get medication as soon as possible." Staff we spoke with told us they had received training in how to administer and support people with their medication. We observed the nurse assistant offering people their pain medication, and they were able to tell us what signs people would show to indicate they were in pain. We looked at people's medicine administration records (MAR) and found people were given their medicines as prescribed. Staff had recorded when medicines had been administered and charts were completed when creams had been applied. We saw that protocols for the use of 'as required' (PRN) medicine were not currently in place for every person. We discussed this with the manager stating that protocols describing the signs that people were in pain would help support staff to recognise when people may need their PRN when they were unable to ask for it. The manager put in place the PRN protocols after the inspection. This meant that people were protected from harm because medicines were administered and managed safely.

Requires Improvement

Is the service effective?

Our findings

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw some good examples of where the Act was being followed. For example, where best interest decisions had been made in consultation with the person's family and GP around a DNACPR (Do not attempt cardio pulmonary resuscitation) order. The registered manager had carried out assessments on those people who were unable to make decisions for themselves. These assessments were briefly recorded on the electronic care plan system for some people within the service. We discussed with the manager that the information about these assessments needed to be documented for all people who lack capacity and be more specific to provide robust evidence that they had taken place and to allow for a timely review of the person's capacity. This meant we could not be sure that mental capacity assessments had been carried out for everyone using the service that may lack capacity to make decisions for themselves.
Staff told us and records showed they had received training prior to supporting people when they started working at the home, and were supported to refresh their training. One staff member told us, "I did one week of shadowing of other staff, and completed induction training and I've been on training since, then we get a refresher on it every year." Another staff member said, "The manager does spot checks on us when we are hoisting and when helping people to eat, and if she spots anything we need to improve on she will have a word with us afterwards, and also we discuss it in supervision."
The registered manager stated that she was in the process of getting a new system in place for 2017 and this would help to keep track of staff training. This meant people were supported by staff who were suitably trained to enable them to provide effective care.

Staff told us and records showed that they had supervisions with their line managers where they were able to discuss any training needs or concerns they had. One member of staff told us, "We talk about any problems I might be having or any training that I might need refreshing. We also talk through how we would report a safeguarding or go through other training."

People told us that staff asked their consent before they supported them. One person said, "They always ask me if I need any help." And another person said, "I get choices of clothes and food." We saw that staff asked people if they needed support, and offered choices and waited patiently for the person to answer. We discussed capacity and consent with staff members. One member of staff told us, "It's about giving people choices and finding out what they want if they can't tell you. Instead of asking someone what they want for their lunch, we would show them the choices and it makes it easier for them." Another staff member said, "You always ask the person if they want something doing, and if they say no, or they look as if they don't want something doing then you just don't do it."

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 saw that the registered manager had requested

DoLS authorisations for the majority of the people at the home; although these were yet to be authorised by the local authority, risk assessments had been put in place in the interim.
People we spoke with told us they enjoyed the food, and told us there was choice, one person said, "The food is nice here, we get to choose." And another person said, "I'm happy here, there's enough food and drink." Another person said they were happy as they were still able to enjoy foods they ate at home, they told us, "I'm happy here; I have enough food and drink especially with having chocolate and beer in my room." People's relatives also told us that their relations were given choice and enjoyed the food. One relative said, "My relative had lost weight and had gone off their food before they came into the home, they are eating most meals here and the staff are really good as they don't rush him to eat."
We saw that staff were patient with people at mealtimes and involved people in decisions about their food and drink. We also saw that staff assisted people to eat and drink when this was required and people were supported to consume dietary supplements if these were prescribed. We saw that some people required a specialised diet that had been recommended by the Speech and Language Therapists (SALT) team. We saw that the food was provided by a specialist company, the pureed or blended food was shaped to look like a piece of meat or fish, to make the food appear more appetising. This meant people had the support they required to make choices about what they ate and drank and their dietary requirements were catered for.

We saw that people had access to healthcare when they needed it. The service benefitted from visits from the GP once per week and other health professionals. We saw that where people were at risk of weight loss due, they had their weight monitored and records kept of food and fluids consumed. One relative told us, "My relative is quite happy here, if my relation has any health problems then the home contacts me straight away." This meant people had access to healthcare when they needed it and
any changes in health or well-being were acted on.

Good

Is the service caring?

Our findings

We saw that staff interactions with people were kind and caring, and saw staff members taking time to talk with people throughout the day. People told us that staff supported them in a kind and caring manner. One person said, "The staff are all really lovely and look after me." And another person told us, "I'm happy here as I get looked after really well" One relative also commented, "The staff are brilliant; they look after my [relative] really well and make a fuss of them."

Staff we spoke with were positive about their role and said that the best part of their job was spending time talking with people and getting to know them. One staff member said, "Sometimes all people want is a few minutes to chat with you and you can see if means the world to them if you have a laugh and a joke with them in between getting your jobs done."

People told us they were able to make choices about their care, and staff listened to them and respected their choices. One person told us, "I can choose what I eat and what I want to wear and they get it out for me." Relatives also told us that their relations were given choices with their care, one relative said, "Yes, she is always given the choice about things, they always ask." Another relative told us told us, "They always take their time with them, and wait for them to answer." We saw that staff offered people choices of where to sit, what they wanted to drink and how to spend their time.

People also told us that staff were respectful of their privacy, one person told us, "They respect my privacy at all times. They always knock the door if they are checking to see if I am okay." Another person said, "They always knock the door even if it's already open, and ask if it's okay to come in." Throughout the inspection we saw staff knocking people's bedroom doors and keeping them closed during personal care tasks. This meant people's privacy was respected.

People also told us that staff maintained their dignity during personal care and promoted their independence where they could. One person told us, "They do things the way I like them; they are kind, and helpful." Relatives also told us how staff maintained their relation's dignity. One relative told us, "They always treat my relative with respect, and always take the time to have a chat with them throughout the day."

Staff we spoke with were able to tell us how they helped to maintain people's dignity during personal care or when using the hoist to support people with moving. One staff member said, "I always make sure I keep the person covered up as much as I can, and usually if you are talking to the person it makes them relax and not feel self-conscious."

It was noted that the registered manager had received a dignity award from the National Dignity Council for 2015-2016 and was nominated by a granddaughter of a resident at the service for end of life care. The Dignity in Care campaign is led by the National Dignity Council, who work together to promote the work the Dignity Champions do to improve standards of care for people who use services.

Good

Is the service responsive?

Our findings

People and their relatives were involved in the planning and review of their care. One relative said, "Yes, I am involved in my relatives care plan." And another relative said, "We will be taking part in our relatives care planning and this is planned for next week."

We saw that support plans were personalised and contained information about each person's level of independence as well as details of areas where support from staff was required. Plans had been reviewed and information contained in the plans was up to date. Staff we spoke with told us that during induction, and when any new person came into the home they were given time to read peoples' care plans prior to supporting them. They also told us they were involved in people's support plans reviews.
The staff we spoke with had a good knowledge of people's preferences and support needs. Staff understood different people's individual ways of communicating and how they preferred to be supported. We also saw staff spending time chatting with people in-between helping to support others.

Some people were able to tell us how they liked to spend their time. One person said, "The home has a hairdresser, but I have my own that comes in. We play bingo and go for days out and we had a Christmas meal at the pub." Relatives also told us that there were regular activities planned. One relative said, "There seems to be a good range of activities at the home, and my relative is taking part in the days out, playing bingo and going for pub meals." We spoke with the activity coordinator who told us that she asks people what they would like to do, and also speaks with their family members to talk about past hobbies and interests if the person is no longer able to tell her or remember. We saw that various activities had taken place recently which included a visit from the zoo lab, chair exercises, bingo, movie days and famous people flash cards. We also saw that individual activities were arranged for people who spent a lot of time in bed such as crossword puzzles, manicures and time spent just chatting.

People and their relatives told us they knew how to complain if they needed to and they would feel able to do this if required. One person told us, "I have been here four years and had nothing to complain about." Another person said, "I've not been here very long, food is marvellous, my room is alright and there are enough carers, no complaints about staff." One relative told us, "I am confident that I can raise any concerns with the staff, for example I raised an issue about my relations personal care needs, and I was happy with the action taken."

We saw that there was a complaints procedure in place and we saw although no official complaints had been received, any minor issues were recorded in the relative's communication log and dealt with by the registered manager. For example, there had been one instance where a relative had mentioned that her relation's TV wasn't on, the registered manager discussed this with the relative, spoke with staff about this, and spoke to the relative after a few days to see if the situation had improved. It was recorded that the relative had been happy with the outcome.

People who were able to speak with us told us that the staff and the registered manager asked them if they were happy living at the service. Records showed that relative's meetings were held during wine and cheese

evenings and that feedback was encouraged and responded to. It was noted that during the last relative's meeting, the relatives present stated they did not want to complete an annual survey and felt they could approach the registered manager with any concerns. We also saw that there were lots of compliments that had been received from relatives about the level of care and support their relations had received at the service.

Good

Is the service well-led?

Our findings

People told us that the registered manager was approachable. One person told us, "We see the manager a lot; you can always talk to her." Relatives also told us that the manager was available to them when they needed them, one relative said, "I have never had any concerns about Beech Lodge and I enjoy a very open relationship with all the staff and in particular the manager."

Staff we spoke with told us that the registered manager was approachable and supportive. One member of staff told us, "The manager is very approachable, you can go to her with anything and you know she will deal with it." Another staff member told us, "I find the manager very approachable and she puts herself out for us, it's a nice place to work, and I enjoy coming to work."

We saw that the registered manager had systems in place to monitor the quality of the service and drive improvements. We saw that regular checks on the quality and consistency of the service were completed which included maintenance checks, health and safety, pressure area audits, care plans, risk assessments, daily notes and medication were audited to ensure they included the most up to date information for each person. For example, we saw that where a medication near miss had occurred that the registered manager had recorded this as an incident, contacted the persons GP for advice and updated their risk assessment. We also saw checks were made to ensure that the nursing staff maintained their nursing registration. Accidents and incidents were audited for trends, and we saw that where people had been identified as at risk of falling, or required assistance with behaviours that may challenge, appropriate referrals to health professionals had been made as a result of this.

We saw that the registered manager had good relationships with external health professionals. These included the GP, SALT and the care home liaison team. We spoke with two healthcare professionals who stated that they had a good relationship with the registered manager and staff and felt that they were proactive in consulting them when there were any concerns about people living at the service.

The registered manager had on-going plans for the improvement of the service, which included the updating of the training system and also they had introduced a nurse assistant role. This role was offered to senior care staff to enable them to support the nurses on site. The senior carers received extra training to enable them to undertake the extra duties and the registered manager stated that this role would help should there ever be a nurse shortage. We spoke with a nurse assistant who stated they were pleased to have been offered the role and welcomed the extra training, and this would help the service if nurses were on sick leave.

The registered manager had notified CQC about significant events that they are required to notify us of by law. We used this information to monitor the service and ensure they responded appropriately to keep people safe.