

Orange Care Limited

# The Beeches Nursing Home

## Inspection report

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Date of inspection visit:  
08 December 2015

Date of publication:  
12 January 2016

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Good</b> 

# Summary of findings

## Overall summary

We carried out this unannounced inspection of The Beeches on 8 December 2015. The Beeches is a care home with nursing that provides residential care for up to 28 people. On the day of the inspection there were 26 people using the service. Most people who lived at The Beeches required general nursing care due to illness. Some people also had dementia, physical or sensory disabilities. This was the first service inspection since registration with the Care Quality Commission (CQC) in September 2015.

The service is required to have a registered manager and at the time of our inspection a registered manager was 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.

Water temperatures were checked and regulated at baths and showers. However hot water temperatures being discharged at wash hand basins was hot as there were no water temperature regulators in place. This was not safe practice.

There were suitable facilities available to store medication safely however the medicine room could not be locked due to it accessing a fire exit. Medicine records showed that people received their medicines as prescribed. However some people's medication was not always being delivered to the service by the supplying pharmacist when it should. This resulted in gaps when people received their medicines. We have made a recommendation about this to the provider.

The home was an older building with a more recent extension of rooms. The environment of the older part of The Beeches needed maintenance and redecoration in some areas. Internally corridors and paintwork in some bedrooms were damaged having been dented by wheelchairs and hoists. A carpet at the entrance to the lounge area was badly stained. The provider was aware of the issues and taking steps to address them.

Storage facilities for equipment were limited resulting in hoists being stored in corridors or peoples rooms. An industrial rotary iron was stored and used at the end of a corridor where people had access. Suitable storage facilities for these items had been identified in the basement however this had not yet been actioned.

The rear lounge was also used as a dining room. However there was only one dining table reducing the availability of dining spaces for people to take their meals. Other people had their meals from side table or in their rooms. This area was a thoroughfare to people's rooms. When fully occupied it was cluttered and restricted movement. The provider was aware of the current restrictions and was planning action to improve this.

A double room was accessed from the lounge and dining room. There were times during the inspection visit

when the door was open and whilst the room was not occupied it impacted on the privacy of their belongings.

Staff working at the service understood the needs of people they supported so they could respond to them effectively. The service training matrix was being updated. Staff told us they received training and support which enabled them to be effective in their care and support of people at the service. Training certificates were also on some files to support this.

Visitors reported good relationships with staff and said the management were approachable. Families told us, "Every time we visit staff always make sure we get an update" and "It's a busy place but staff are always around when you need them".

Staff supported people to be involved in and make decisions about their daily lives. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were protected from the risk of abuse because staff had a good understanding of what might constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe.

Staff recruitment files contained the relevant recruitment checks, to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. Pre-employment checks had been completed to help ensure staff had the appropriate skills and knowledge required, to provide care to meet people's needs. There were enough skilled and experienced staff to help ensure the safety of people who used the service.

People told us they knew how to complain and would be happy to speak with the registered manager if they had any concerns.

There were a variety of methods in use to assess and monitor the quality of the service. Meetings and surveys had taken place and showed people were engaged with and listened to.

Service certificates were in place to make sure equipment and supply services including electricity, fire systems and gas were kept safe.

We identified a breach of the regulations. You can see what action we have told the provider to take at the back of the full version of the report.

## 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.

Not all water temperatures were regulated to ensure they were safe.

People were not always receiving their medicines when required due to the supplies not being delivered to the service on time.

Laundry equipment was being used and stored in a corridor area accessible to people using the service.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

**Requires Improvement** 

### Is the service effective?

The service was not entirely effective.

Some internal areas required decoration and some maintenance.

People had access to healthcare professionals including doctors, chiropodists and opticians.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

**Requires Improvement** 

### Is the service caring?

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People spoke highly of the staff and told us that they were

**Good** 

supported with respect and kindness and experienced flexibility in their routines.

Staff respected people's wishes and provided care and support in line with those wishes.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support which was responsive to their changing needs.

People were able to take part in a range of group and individual activities.

Information about how to complain was readily available.

### Is the service well-led?

Good ●

The service was well led

The registered manager supported staff and was approachable.

Systems and procedures were in place to monitor and assess the quality of the service.

Staff told us meetings were taking place and they could speak with the manager whenever they felt it was necessary.

# The Beeches 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 unannounced inspection took place on 8 December 2015. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with eight people who were able to express their views about living at The Beeches and four visiting relatives. We spoke with ten staff members. We looked around the premises and observed care practices on the day of our visit. Prior to and during our visit we communicated with two healthcare professionals and a service commissioner.

We looked around the service and observed care and support being provided by staff. We looked at three people's records of care. We looked at three staff files and records in relation to the running of the service.

# Is the service safe?

## Our findings

People told us they felt safe living at the service and with the staff who supported them. One person said, "I have never experienced any abuse, only kindness. The carers are generally quite ok when I call for assistance. I have no worries at all. I do take medication and I receive it on time" and "It was my choice to come here. They treat me very well, I feel very safe here." Families said they felt the service was a safe place for people to live. They told us, "I feel confident when I leave here (relative's name) is safe and well cared for" and "I chose this home as I felt it was the best. All the carers are lovely."

Water temperatures on baths and showers were being regulated and tested by the lead housekeeper. Records showed they were being maintained in accordance with health and safety guidance. Water temperatures on hand wash basins were not regulated and therefore water was hot when discharged. This meant there was potential risk to people.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Storage facilities for equipment were limited resulting in hoists being stored in corridors or peoples rooms. An industrial rotary iron was stored and used at the end of a corridor. Suitable storage facilities for these items had been identified in the basement however this had not yet been actioned.

The door to the medicine room was unlocked due to it being a fire exit route. However, all cupboards and storage facilities were securely locked. There was a medicine management system in place. All medicine administration records (MAR) were completed correctly showing when each person's medicines had been given and included the initials of the nurse who had given them. The service had arrangements in place for the recording of medicines that required stricter controls. These medicines required additional secure storage and recording systems by law. The service stored and recorded such medicines in line with the relevant legislation. However three of these prescribed medicines showed gaps where the prescribed medicine had not been delivered by the supplying pharmacy. We discussed this with the registered manager who showed us evidence of orders being placed early but not being delivered on time. Further discussion took place regarding attempts to ask the General Practitioner and specialist nurse for extra medicines so that any delays would not stop the dispensing of these medicines. We were told by the registered manager their requests had been refused and that this was an ongoing issue which they were addressing with the pharmacy. The service carried out regular audits of medicines to ensure they were correctly monitored and procedures were safe. Medicine audits were taking place regularly and an effective system was in place for communicating changes to staff. A nurse told us, "We have a good system for communicating with each other so that any changes are picked up straight away."

It is recommended the service follows best practice guidance to ensure all prescribed medicines are available at all times.

There was a separate refrigerator for any medicines needing cold storage. Records showed that room and

refrigerator temperatures were monitored so that medicines were stored correctly and were safe and effective for people to receive.

Staff safely supported people by providing the care and support they needed. People had a call bell to alert staff if they required any assistance. We observed various response times to call bells and they were answered promptly. One person who lived at the service said, "Staff are usually very good at answering my call bell but if they have to keep me waiting, they apologise".

People received personal care and support in a safe way. For example, two staff supported a person to move position using of hoist equipment. During the process they talked with the person reassuring them they were safe. The person looked relaxed and comfortable. We spoke with that person later in the day, they told us, "They (staff) are very patient with me, and it takes me a long time to move". A staff member told us, "We know it can be difficult for some people to move about and we try our best to make sure using the hoist is as least restrictive as possible".

Care planning records were undergoing a complete review. Completed plans were centred on the person's individual needs and detailed risk assessments which were specific to the care needs of the person. For example, there was guidance that directed staff on how many people and what equipment was needed to move a person safely.

Staff were aware of the different types of abuse and were clear on how they would raise any concerns they had with senior staff and management. Staff also knew they could raise any concerns with the local authority or the Care Quality Commission if necessary. We looked at the safeguarding policy and found it contained accurate information about the various types of abuse, the process for raising concerns and whistleblowing policies. Staff were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. Staff received safeguarding training as part of their initial induction and this was regularly updated.

Recruitment procedures had been updated and files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. The recruitment process identified they had the appropriate skills and knowledge needed to provide care to meet people's needs.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited regularly. This meant that any patterns or trends would be recognised, addressed and would help to ensure the potential for re-occurrence was reduced.



## Is the service effective?

### Our findings

The internal environment of The Beeches needed maintenance and redecoration. This mainly affected the main house and not the more recent extension area. Internally corridors and some bedrooms had paint work which was scratched and had been dented by wheelchairs and hoists. The carpet at the entrance to the lounge and dining area was badly stained and marked. Work had been undertaken to redesign and decorate a first floor room. The provider and registered manager discussed the business plan to improve the environment. However, further work to improve the environment internally was recognised as necessary by the provider and registered manager.

We recommend that the service seek advice from a reputable source in relation environmental standards for residential services.

A double room was accessed from the lounge and dining room. There were times during the inspection visit when the door was open and whilst the room was not occupied it impacted on people's privacy of their belongings.

Peoples comments about the standard of care provided were positive. People told us they felt the staff understood their needs and support they required. They said the staff were good and competent in how they delivered care. People told us, "I chose this home as I felt it was the best. All the carers are lovely" and "I can have a bath whenever I want. I have difficulty using my hands, the carers always cut my food and I have special cutlery to help me when I eat. The carers would write cards for me if I asked them."

People were cared for by staff with the appropriate knowledge and skills to support them effectively. People told us, "I think the staff are trained and know their stuff". Families felt the service was effective in meeting their relatives needs they said, "All of them (staff) know what (persons name) needs and I am certain they meet those needs" and "I think this is a lovely place very warm and understanding staff".

We observed people were relaxed and comfortable. Staff had a good awareness of each person and how best to meet their needs. Some people demonstrated anxiety and staff were quick to reassure them without restricting their freedom. We observed staff interactions with people demonstrated they understood their needs and how best to support them.

The service was introducing a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction programme which included training identified as necessary for the service and familiarisation with the home's policies and procedures. Included in the induction programme was a period of working alongside more experienced staff until a satisfactory competency level was met. Three staff members had enrolled at the local college to undertake the induction programme. A lecturer visited the service during the inspection visit to update the manager and staff on their progress. However there was no current record of people's initial health and safety induction to the service. The registered manager was aware of this and said new documentation was being put in place but it was not yet ready. Staff said they

felt supported and they had the opportunity to discuss their performance and development. Staff also said they were supported to undertake training which supported them in their roles. "We have a good range of courses and we are encouraged to go on training regularly". Most staff had attended training including safeguarding adults, fire safety and moving and handling. The current training matrix was being updated to reflect all current training being undertaken.

There was evidence on care plans where people had been involved in the development and review of care plans where it was possible. In addition people had signed consent where they had capacity for data protection and use of their personal information sharing as well as consent to medicine administration and personal care.

The registered manager and the staff were aware of the Mental Capacity Act 2005 (MCA). 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 service considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had been carried out and where people had been assessed as lacking capacity for certain decisions best interest meetings had been held. Applications had been submitted in line with guidance although there were no current authorisations in place.

Care records confirmed people had access to health care professionals to meet their specific needs. This included referrals to tissue viability nurses to identify people who were at risk of pressure sores. A healthcare professional told us staff worked with them to identify and manage people's health needs.

People we spoke with told us they were happy with the range and quality of food offered to them at the service. One person told us, "The food is good". We observed people arriving for breakfast at different times and noted throughout the day they were able to have drinks of their choice such as tea, coffee, water or squash. Where people's weight had identified unexpected changes, records showed referrals had been made for specialist advice including SALT (Speech and Language Therapy) guidance. This showed people's diet and nutritional needs were being monitored effectively. The service was meeting food standard agency requirements and had recently been awarded five stars for its standards of food management. This system looks at how they handle food and hygiene procedures to make sure the food produced is safe to eat.

We observed the support people received during the lunchtime period. Most people required assistance from staff when eating lunch. Most staff were discreet and attentive when supporting people. Staff sat down with people and chatted whilst asking their permission to support them. There was very limited dining space with one table available to three people, who were able to use it in their wheelchair. Most people were in specialist chairs and had side tables to take their meals from. Staff were available to support people with their meals in their own rooms. Where people required support to eat independently plate guards were in place. Special diets were catered for including diabetic and lactose free meals. Pureed food for soft diets was serviced in individual portions rather than pureeing food together. This made it look more appetising.

## Is the service caring?

### Our findings

People told us they were happy living at The Beeches and found it to be a good place to live, where staff knew what people's needs were and were responding to them in a kind and caring way. They told us, "Staff are very friendly, they are very polite and respectful to me", This adjustable arm chair was supplied by the home, it is very comfortable, and I have all that I need. I have clean clothes every day". Some people were unable to verbally communicate with us about their experience of using the service due to their medical and psychological needs. Therefore we spent time observing people in the lounges and dining area. Staff explained to people what they were doing for them and why. Staff were seen to be busy but caring and unhurried. Staff were visible and able to respond to peoples care needs.

People were cared for by attentive and respectful staff. We saw staff showing patience and providing encouragement when supporting people. People's choices were respected and staff were sensitive and caring. Nobody using the service at the time of the inspection visit could mobilize without a wheelchair or mobility aid, therefore staff responded to peoples care needs in pairs so that their care needs could be managed safely. Families we spoke with said, "All of them (staff) are respectful and patient" and "One of us visits every day so we see staff all the time and yes they are very caring".

The Beeches provided care and support for people approaching the end of their life. The service had recently undergone an accreditation review and continued to achieve the Gold Standard Framework. This aimed to provide optimal care for people approaching the end of life. Wherever possible people were encouraged to make as many choices as possible for example if they wanted any specific support from religious leaders, friends or family.

Staff spoke in a reassuring way when talking with people. People were not left on their own in any part of the service for any length of time. We observed staff giving people reassuring hugs when they were anxious and gentle hand squeezes. Staff could be seen kneeling or bending down to make sure people they spoke with were at eye level. Where people requested assistance with personal care, staff responded discreetly and quickly. A health professional told us the staff were very caring and supported people well.

Staffing levels ensured that staff could spend quality time with people, for example, we saw staff talking with people in the lounges and their individual rooms. Staff were mindful of people's wellbeing within their environment. We saw staff regularly checked on people who were cared for in their own rooms.

Staff were motivated and told us people were well cared for. Staff told us, "I have worked here a long time but at the end of the day I work here because I really care for the people who live here" and "Because the staffing levels have gone up it has made such a difference in the time we can give people". Staff were friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example staff always engaged with people as they moved through the lounge areas. When a singing session was taking place various staff members joined in as they passed through. People responded to this by laughing and smiling.

Visitors told us there were no restrictions to visit and staff always made them feel welcome at any time of the day. One relative said, "They (staff) always make me feel welcome whenever I visit." and, "I try not to come at mealtimes but even if I did I don't think it would be a problem".

## Is the service responsive?

### Our findings

The registered manager and staff were knowledgeable about people's needs and how to respond to them. People who used the service and who were able to speak with us told us the staff responded to their needs and they said they were looked after well. "I have children, two live locally and two live away but I can speak to them on the phone when I want" and "They (staff) let us know if there are any changes to (persons name) or even if they have had to change (persons name) medicines".

People who wished to move into the service had their needs assessed to help ensure the service was able to meet their wishes and expectations. There were examples where the registered manager and nursing staff had responded to changes in people's needs. Care plans had been updated to provide information of the changes in care plans. Where people required additional support from specialists including dieticians and consultants referrals had been made and responded to.

Care plans were currently being developed to include more information about a person's life history. This was in order to support staff to have relevant and meaningful conversations with people according to their interests and backgrounds. Care plans were informative and accurately reflected the needs of the people we spoke with and observed. They were reviewed monthly or as people's needs changed. A summary care plan was in place in people's bedrooms. However we discussed the issues around confidentiality of this information as it was accessible to anybody going into the person's room. The registered manager agreed this had the potential to infringe people's right to confidentiality and they were in the process of being removed as all care plans were updated.

The service had a broad range of activities available to people. Two activity coordinators worked at the service. They had a lot of experience in providing activities suitable for people's age ranges and disabilities. They were creative in the range of activities. For example, arts and crafts, interactive games so that people who had less hand to eye movement or limited capacity could join in. There were diaries kept of activities that had been carried out and photographs of certain group activities. All showed people were enjoying what they were taking part in. On the day of the inspection visit an external entertainer was engaging with people in a sing- a-long. Song books were given out to help people engage in the songs. The activity co-ordinator for the service supported people who were unable to hold the song books. Staff told us, "There is always something going on for somebody, we get a lot of comments about how good the activities are here".

People and their families were supported with information on how to raise any concerns they might have and were provided with details of the complaints procedure in service user information guide. A relative told us they had not had cause to raise any concerns but felt confident the service manager would listen to them and act on concerns raised.

## Is the service well-led?

### Our findings

There was a management structure at the service which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the service, reporting to the provider. Staff felt well supported by the registered manager. They told us, "There have been a lot of changes but it's good that there are more of us now (staff). I always feel supported by (manager's name)" and "We (staff) work well as a team and support each other. The manager is always around". Staff members we spoke with said morale was good within the team. A number of staff had worked at the service for a number of years and felt committed to it. Staff told us that if they had any minor concerns they felt confident addressing these with their colleagues. They felt more major concerns would be addressed appropriately by the owners.

There was a current review of all management systems within the service. The registered manager had completed a review of policies and procedures since the service was registered with a new provider in September 2015; they reflected current legislative guidance in areas including the mental capacity act and clinical guidance. The auditing process provided opportunities to measure the performance of the service. The registered provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. These included accident and incident audits, medication and care records.

Staff meetings were taking place and minutes of the meetings were available for inspection. The meetings provided staff with the opportunity to gain information about operational issues for the service. For example a recent meeting generated discussion about changes in staffing levels and how staff would be deployed using a shift system.

Staff demonstrated a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with felt the manager worked with them and showed leadership. One staff member said, "The manager has had a lot of changes to deal with, but he is very supportive and keeps us (staff) informed of any changes". Staff told us morale was good and there was a stable staff team, with some staff having worked in the service for a number of years. Staff said they were supported by the management team and were aware of their responsibility to share any concerns about the care provided by the service.

The registered manager had identified a number of areas for improvement and planned the way that they would implement change. This included the care planning and review, recruitment and training, as well as continuing development in the Gold Standard Framework. This was to ensure people were supported in the best possible way.

The views of people using and working in the service were taken into account by talking individually with people and the use of surveys. A recent staff survey had a good response. Out of thirty surveys sent out twenty two were returned. Suggestions had included an increase to the rates of pay and the introduction of a bonus scheme. Both had been acted on and staff felt this had increased morale. A staff member said, "It really has lifted staff morale".

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	People who use services and others were not protected against the risks associated with safe care and treatment because of unsuitable water temperature management. Regulation 12 (2) (d)
Treatment of disease, disorder or injury	