

Minehome Limited

Beech Lodge Nursing Home

Inspection report

Rakeway Road
Cheadle
Stoke On Trent
Staffordshire
ST10 1RA

Tel: 01538753676

Date of inspection visit:
28 August 2019
29 August 2019

Date of publication:
30 September 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Beech Lodge Nursing Home is a nursing and residential care home providing accommodation, nursing and personal care to older people, people living with dementia and people with physical disabilities. The service can support up to 40 people. At the time of the inspection the service was providing support to 35 people. Beech Lodge Nursing Home is an adapted building which has been extended. It has three communal living areas, a dining area and an unsecured garden. All accommodation is on ground floor level.

People's experience of using this service and what we found

Since the last inspection changes had been made to the ways in which meals were prepared. The registered provider said the changes had been made to ensure people received nutritious foods. We received mixed feedback from people and relatives about the quality of food provided. We have made a recommendation about this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, documentation did not always show the provider was working within the principles of the Mental Capacity Act (MCA). We have made a recommendation about following good practice guidance related to the MCA.

People and relatives told us safety was considered and promoted at Beech Lodge Nursing Home. The provider was aware of the need to monitor and address risk. Medicines were managed safely, in line with good practice. Staff were aware of the importance of keeping people safe and responding to the risk of abuse. We received mixed feedback about the deployment of staffing and have made a recommendation about this.

Relatives told us there was an emphasis on providing person centred care within the home. Staff had been trained to support people at the end of their lives. Relatives praised the responsiveness of the management team and their commitment to listening and responding to feedback.

Care and support was flexible and tailored to people's needs. People were able to have some control over their preferred routines. Relatives told us they were always welcomed at the home. When people had no family members to assist them with decisions, advocates were encouraged. People and relatives told us staff were kind and caring. Observations made during the inspection confirmed this.

People, relatives and staff told us the service was well-led. They praised the skills and approachability of the registered manager. The registered manager was aware of their role and responsibilities and the importance of continuous improvement. We saw evidence of multi-disciplinary working to ensure care was delivered in line with good practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 22 March 2017).

Why we inspected

This was a planned and scheduled inspection.

Follow Up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beech Lodge Nursing Home on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Beech Lodge Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector, one specialist advisor and one Expert by Experience visited the home to carry out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Beech Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since registration. This included looking at information held on our database about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also sought feedback from the local authority contracts and commissioning teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information

helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with five people who lived at the home and seven relatives. We spoke with the registered manager, three nurses, two senior carers, two carers, the cook, the maintenance person and the head of housekeeping. To gather information, we looked at a variety of records. This included care records related to six people and information related to the management of the service. This included training records, staff rotas and team meeting minutes. We did this to ensure the management team had oversight of the service and to ensure the service could be appropriately managed. We walked around the home and carried out a visual inspection and observed care interactions between people and staff.

After the inspection

We continued to communicate with the provider to verify our findings.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Deployment of staffing to meet the needs of people who lived at the home was not always consistent.
- We received mixed feedback from people who lived at the home and their family members about staffing levels. One family member said their relative often complained about the time it took staff to respond to call bells. Another family member told us emergency buzzers were always answered in a timely manner, however when their family member called for routine help they had to wait. During the inspection, we reviewed call bell response times and noted that call bell response times varied between one and six minutes.
- Staff told us overall, they were dissatisfied with staffing levels and said there were times when they did not have enough time to carry out their duties. One staff member said, "We no longer have time to sit with residents. The only chance we get to talk to people is in the morning, when we are getting them up." Another two staff members said there were times when they did not have enough time to complete all their tasks.
- We fed back our concerns to the registered manager. The registered manager said they had recently reviewed staffing levels and increased them during the morning to meet people's needs. They said they were confident staffing levels were sufficient. They said recent staffing levels had been impacted upon by annual leave and staff sickness.
- Following the inspection, the registered manager provided us with a staffing tool, which demonstrated staffing levels throughout the day were in line with people's needs. We discussed staffing levels at night and people's individual needs. The registered manager agreed to review staffing levels at night as these varied with the information held within the staffing tool.

We recommend the registered manager reviews the deployment of staffing to ensure staff are effectively deployed and people's needs are consistently met in a timely manner.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare were assessed, monitored and managed.
- Staff confirmed they had access to risk assessments and could contribute to the reviewing and updating of risk assessments.
- Records maintained by the provider showed risk was assessed and reviewed in a timely manner. We saw risk assessments to manage weight loss, moving and handling, falls, skin viability and behaviours which sometimes may challenge the service.

Using medicines safely

- Medicines were managed safely, and people received their medicines in line with good practice guidance. One person said, "They always try to give me my medicines at the right time."

- Since the last inspection, a new treatment room had been created within the building so medicines could be stored securely and safely when not in use.
- Medicines administration records were completed to show people had received their medicines as directed. Time specific medicines were clearly identified and consistently given in line with the prescriber's instructions.

Preventing and controlling infection

- Systems and processes were established to prevent the spread of infection. Staff had received training in infection control and confirmed personal protective equipment was available for use. We saw staff using personal protective equipment in line with good practice.
- Refurbishments had taken place within the home and consideration had been taken to promote good practice to promote and maintain standards of hygiene.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. People and relatives confirmed people who lived at the home were safe from harassment and the risk of abuse. One family member said, "She's safe, I can go home at night and I know she's well looked after."
- Staff were able to identify abuse and understood their responsibilities for keeping people safe. When asked, staff could tell us the processes for reporting any safeguarding concerns both internally and externally.

Learning lessons when things go wrong

- The registered manager understood the importance of learning from incidents when things had gone wrong. They told us they reflected after incidents had taken place which had resulted in an unexpected outcome and had looked at implementing changes to prevent any re-occurrence.
- Records were maintained for all accidents and incidents which had taken place. These were reviewed by the registered manager and uploaded to their electronic monitoring system. This allowed the opportunity for accidents and incidents to be analysed and reviewed for trends and themes.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's consent for care and treatment was gained in line with the law and good practice. Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The provider had established systems to ensure people who lacked capacity were lawfully deprived of their liberty. Applications had been submitted to the relevant bodies detailing all proposed restrictions placed upon people. These applications were monitored by the registered manager to ensure they were lawful. When conditions had been put in place, we saw these were being followed as directed.
- Staff told us they had received training in MCA and DoLS. They knew how to support people in making decisions and how to offer choice with day to day decisions and activities. From records viewed, we saw people's consent to care and treatment was routinely sought. Assessments of mental capacity had been undertaken but these were not decision specific and did not always demonstrate when and how capacity had been assessed. We discussed this with the registered manager who agreed to review processes to bring them in line with the MCA.

We recommend the provider follow current legislation guidance on the documentation of MCA related decisions.

Supporting people to eat and drink enough to maintain a balanced diet

- The staff managed people's nutritional needs to ensure they received a balanced diet and enough fluids to keep them hydrated. Since the last inspection visit, the provider had reviewed systems and had

commissioned an external company to prepare lunchtime main meals which were then cooked on the premises. The cook advised breakfasts and evening meals were freshly prepared by them.

- Feedback about the quality of food was mixed and included, "The food is alright". And, "The food is not brilliant." Also, "Food is never hot and quite dry."
- We fed back to the registered manager, people's comments about people's thoughts on food so action could be taken to improve people's experiences of food.
- We looked to ensure people received adequate amounts of fluid during the day. People were provided with regular fluids to keep them hydrated.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access health care and support. Care needs were routinely assessed and monitored. Care records were regularly reviewed and updated by a senior member of staff when people's needs changed. Good practice guidance was referred to.
- People and relatives told us the care was effective. They praised the way in which people's health care needs were met and the relationships maintained with health professionals. One relative said, "Any concerns they ring me and the doctor."
- The management team carried out an assessment before offering people a service. They did this to ensure the service could meet the person's individual needs. This included liaising with professionals and relatives to ensure they had the correct information required. Links with health and social care professionals continued once people moved into the home.

Staff support: induction, training, skills and experience

- Staff confirmed they received regular training and were provided with suitable support to carry out their roles. They confirmed training was provided in a variety of formats including competency based e-learning and hands on training.
- Staff confirmed they were provided with support when they first started working at the home. They said they completed an induction process to allow them time to learn new skills and give them confidence to work safely with people.
- Staff confirmed they had regular supervision. Supervision is a one to one discussion held between a staff member and a more experienced member of staff. Supervisions allow staff to discuss performance and training needs.

Adapting service, design, decoration to meet people's needs

- The registered manager had started to make improvements within the home to ensure it was adapted and decorated to meet people's needs. This had included replacing some carpets with more suitable flooring which took into consideration people's health care needs and infection prevention and control processes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion. We observed positive interactions between people and staff. There was a light-hearted atmosphere where people laughed and joked with staff.
- Everyone we spoke with told us staff were kind and caring. Feedback included, "I can't fault the staff, they're wonderful. the care is very, very good." And, "It's very, very good the staff are all very nice." Also, "They staff are great, they love [person] to bits."
- The registered manager understood the importance of protecting people's human rights and ensuring equality and diversity was promoted and maintained. They confirmed staff had to undertake equality and diversity training as part of their role.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us independence, privacy and respect were always considered. We observed staff knocking on doors before entering rooms.
- One family member told us there had been times when their family members privacy had been compromised. The registered manager took immediate action to prevent this from occurring again. This showed us the registered manager understood the importance of protecting people's privacy.
- Independence was promoted throughout the home. When people had expressed wishes to retain their independence this had been respected. For example, one person liked to support themselves at meal times. Despite the task being quite challenging for them, staff respected this.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives where appropriate, were encouraged to express their views and be involved in making decisions about their care. People and relatives confirmed the registered manager was approachable and said they were able to express their views directly to them.
- The registered manager was aware of the importance of accessing advocates when people did not have help from families to express their views. Advocates are independent people who can support people express their views and make decisions about their care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Personalised care was promoted. Staff could tell us about people's likes, dislikes and personal routines. People were encouraged to make choices and have control within their lives. Support was flexible, according to people's needs and wishes.
- Care plans were individualised and identified key information about the person. Staff had a good understanding of people and could tell us about people's needs and wishes.
- An activities coordinator was employed at the home to encourage people to remain active. People were supported to take part in activities within the home and within the community. Individual one to one activities were planned and scheduled for people who were being nursed in bed.
- The provider understood the importance of supporting people to maintain relationships. They told us they had accessed technology to enable people keep in touch with family members who could not visit. Relatives told us they were able to visit the home at any time and said they were always welcomed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information in a way they understood. When people could not always communicate effectively due to their disability, provision was in place to ensure information was accessible. Staff had access to a picture bank of symbols and photographs to promote communication when appropriate.

Improving care quality in response to complaints or concerns

- The provider worked proactively to ensure concerns and complaints were acted upon in a timely manner.
- Everyone we spoke with commended the attitude of the registered manager and their responsive attitude. They told us any concerns relayed to management were effectively dealt with in a timely manner.
- No formal complaints had been received since the last inspection.

End of life care and support

- The service provided end of life care when necessary, in response to people's preferences and changing needs. Staff had received training to equip them with the required skills and knowledge. In addition, the registered manager and staff worked with other agencies as appropriate, to support people at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- There was an emphasis upon continuous learning and improving care. The registered manager at the home was registered with CQC in May 2019. They told us they had enrolled on further training to develop their skills and to enhance the care at the home. Relatives told us they had seen marked changes for the better since the new registered manager had introduced some changes.
- All relatives we spoke with told us they considered the new registered manager to be effective, responsive and skilled at their job. One relative said, "The new manager is very good, very relaxed. The atmosphere has come back. They're making subtle changes."
- The registered manager understood the importance of being open and honest when things had gone wrong. We saw they engaged with people when the service had not met their expectations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their responsibilities and had a good understanding of quality performance. As part of their role, they ensured regular quality audits took place. This included reviewing the quality of care plans, medicines processes and infection control procedures within the home.
- Staff were knowledgeable about their working roles and responsibilities. They said the service was well-managed. Staff turnover in the home was low. This meant people were supported by staff who knew them well.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People and relatives confirmed they were consulted with about the management of the home.
- Staff told us communication was good and said they could contribute to discussions and make suggestions about the service. We saw evidence team meetings had taken place.
- We saw evidence of partnership working taking place. The registered manager was supported by a network of professionals. This included being mentored by an established registered manager as well as being part of active managers groups who came together to share experiences and offer advice and guidance.