

Leafoak Limited

# Beechlawn Residential Home

## Inspection report

Elton Park Hadleigh Road  
Ipswich  
Suffolk  
IP2 0DG

Tel: 01473251283  
Website: [www.guytoncarehomes.net](http://www.guytoncarehomes.net)

Date of inspection visit:  
11 August 2016

Date of publication:  
19 September 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 11 August 2016 and was unannounced. Our previous inspection of 15 and 17 December 2016 had found breaches of regulations. We had concerns that people were not being supported in a safe manner, there were not sufficient staff, people's consent was not obtained before providing support, people's nutritional needs were not met, people were not treated with dignity and respect, care was not person-centred and systems were not in place to ensure the quality and safety of the service. Since that inspection the service has made substantial improvements. The provider employed two consultants to support the manager and implemented support and advice from a variety of sources.

Since our last inspection the manager has registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

Beechlawn Residential Home provides care and support for up to 36 older people, some of whom may be living with dementia. At the time of our unannounced inspection on 11 August 2016 there were 16 people living in the service.

We found mixed views from people as to whether there were sufficient staff to meet people their needs. There was not a system in place to ensure the number of staff was sufficient to meet people's assessed needs. The registered manager told us they were researching a suitable method to do this. We have made a recommendation for the service to seek guidance on appropriate staffing levels. Staff had received appropriate training to meet people's needs.

There were procedures and processes in place to protect people from abuse and minimise the risks to their safety. There were procedures to ensure people received their medicines as prescribed. However, protocols regarding medicines which people were prescribed 'as required' were not in place.

The service was up to date with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and met. Since our last inspection the service had re-located the dining area to make the dining experience an enjoyable experience. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People had mixed views about their relationships with staff. This was an area which was being addressed by the registered manager. We observed staff interacting with people in a respectful manner and respecting people's privacy and dignity. Care plans had been revised since our last inspection and the service was consulting with people and their relatives to improve these.

The environment of the service was not dementia friendly and did not support people to be as independent as possible.

The provider and registered manager were working towards improving the culture of the service. Communication with people and relatives was being improved and their views taken into account when planning improvements. Quality assurance systems had been put in place and these were also supporting the service to identify where further improvements were needed.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

People had mixed views on whether there were enough staff to meet their individual needs.

Procedures were in place to help protect people from the risk of abuse and staff had a good understanding of these.

The risks to people who used the service had been identified and assessed to help protect people from the risk of harm.

People received their medicines safely and as the prescriber intended although improvements with regard to PRN medicines were needed.

### Is the service effective?

**Good** ●

The service was effective.

People received care and support from staff that had been trained and felt supported in their roles.

Staff had knowledge of the Mental Capacity Act 2005 (MCA) and worked within its principles.

People's nutritional and healthcare needs were met.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

People and staff were developing caring and meaningful relationships.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

### Is the service responsive?

The service was not consistently responsive.

The environment was not dementia friendly to encourage people's independence.

People were not always encouraged to engage in activities which interested them.

Care staff were aware of the content of care plans and used these to support people.

**Requires Improvement** 

### Is the service well-led?

The service was not consistently well-led.

A range of quality assurance audits were carried out. The service was working towards using these to drive improvement.

Residents and relatives meetings and a regular newsletter were used to involve people in the development of the service.

Resources and support had been made available by the provider to support the staff team and drive improvement.

**Requires Improvement** 

# Beechlawn Residential 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.

The inspection took place on 11 August 2016 and was unannounced. The inspection was carried out by an 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. Our expert had experience of caring for older people.

Before the inspection we looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events. We also received information from the local authority regarding their knowledge of the service.

During our inspection we spoke with six people receiving care and support from the service and one relative. We also spoke with the provider, the registered manager and four members of staff including care staff and kitchen staff. We looked at three people's care planning documents. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service provided. During the inspection we observed care and support being provided and interactions between people and staff.

# Is the service safe?

## Our findings

Our previous inspection of 15 and 17 December 2016 identified breaches of regulation relating to how people received safe care and treatment which met their individual needs. Staff were not aware of their responsibilities regarding national safeguarding procedures. Risk assessments were not effective and did not ensure risks were managed effectively. Medicines were not managed safely. There were not enough staff available to keep people safe and meet their needs. At this inspection we found that significant improvements had been made in all areas and on going improvements were planned.

People had a mixed views as to whether there were sufficient staff to provide the support they required at a time they required it. One person said, "They don't have enough staff, they work hard and after meal times you have to wait, it makes me uncomfortable, it's the same at weekends." Another person said, "I just press a button and a nurse comes, always fairly quickly, it takes longer at mealtimes and weekends." A visitor said, "The home is not at capacity, I see that the staffing is being maintained at an appropriate level. I don't see people kept waiting."

We discussed with the registered manager how they assessed staffing levels. They told us that at the moment with a reduced number of people they were able to monitor this on a day to day basis by observations. They told us that they were looking at different systems to assess the number of staff required to meet people's needs.

We recommend that the service seeks reputable guidance on staffing levels which takes into account the needs of people and the layout of the building.

Records showed that checks were made on new staff before they were allowed to work alone in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service. Since our last inspection the service had also reviewed the records for current staff to ensure they contained the information required by law.

People told us they felt safe living in the service. One person said, "I feel very safe, very well looked after. The nurses always come in and ask me how I'm getting on." Another person said, "I feel safe, you couldn't ask for better staff, they're always there."

Since our previous inspection a new safeguarding procedure had been introduced by the service. Safeguarding referrals were reviewed for trends and where a trend was identified action was taken to address this. For example following an identified trend staff received further training. All staff had received safeguarding adults training and safeguarding had been discussed at staff meetings to reinforce learning. Staff were clear about their roles and responsibilities in how to protect people from harm and abuse. They understood their responsibilities to report any safeguarding concerns to a senior member of staff. The registered manager and management team were aware of their responsibilities to report any safeguarding concerns to the local authority. Records demonstrated that the service had referred and investigated safeguarding concerns appropriately.

Care plans contained risk assessments which identified the risk to people and identified the actions put in place to minimise the risk. For example ensuring a person with reduced mobility had their call bell to hand. Our observations confirmed that where a person's risk assessment stated they needed their call bell to hand this was in place. Risk assessments were reviewed and updated regularly. We observed a staff handover and saw that staff discussed any changes to people's care and support so that they were aware of any changes to the support people required.

People were satisfied with how they received their medicines. One person said, "Once a day when I'm up. I definitely get them [medicines], they usually give them in my mouth and I take some water, there's always water here." Another person said, "I get my medication, they help me to take them, put them in a pot and they stay with me while I take them. I have a drink."

The service had improved the systems in place to manage medicines. Further improvement was needed. This was because there were no protocols in place to ensure that people who were prescribed medicines as required (PRN) received these when they required them and in a consistent manner. Medicines audits were carried out weekly and monthly. Where errors were identified these were addressed promptly. The registered manager was looking at further ways to improve the medicines ordering system.

We saw that medicines administration records were appropriately completed. Staff had signed to show that people had been given their medicines at the right time. A staff member explained the process for storing, administering, ordering and disposal of medicines. They were knowledgeable about the processes and showed that the service had systems in place for the safe management of medicines. People's medicines were kept safely but available to people when they were needed.



# Is the service effective?

## Our findings

Our previous inspection of 15 and 17 December 2016 identified breaches of regulations relating to how effective the service was at providing care and support to people. This was because staff training was not planned and up to date, the Mental Capacity Act 2005 (MCA) was not understood by care staff and people did not receive nutritional support which met their needs. At this inspection we found that significant improvements had been made.

People told us they were confident that staff had the knowledge and skills they needed to carry out their role. One person said, "Oh yes, they do [know how to support me], we have new staff sometimes, they have someone [another staff member] with them." Another person said, "They support me well, I think they are fine."

Since our last inspection the service's registered manager had reviewed the training plan. All staff training was audited and training needs identified. Records we looked at showed that staff training was up to date and refresher training planned. This was monitored by a spread sheet. Staff told us that training was good and supported them in their role. One staff member spoke enthusiastically about the dementia training they had received that morning.

Regular supervision of staff took place with both one to one meetings and observations of practise. The registered manager had put in place regular observation of staff. However, this had not been developed into a format to provide ongoing support and development for staff to ensure that they were meeting people's needs effectively.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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 staff we spoke with had knowledge of the MCA and DoLS and how this applied to their role in supporting people. When we discussed the MCA and DoLS with the registered manager they demonstrate that they had a good understanding of this and worked within its principles.

People we spoke with told us that staff sought their consent before providing care or support and offered them choices. One person said, "They [staff] always ask us if it's alright, my door is always open, and at night

I like it open." Another said, "They [staff] get one or two things out to show me and ask me what I would like."

Since our last inspection the service had re-organised the service and the dining space had been re-located. This was done in consultation with people, the majority of whom agreed with the change. We saw that the new dining area was light, bright and clean with fresh flowers on the windowsills. We observed lunch and saw people sitting at the dining tables, talking to one another and enjoying a sociable experience.

People who did not want to eat in the dining room were supported to eat where they chose, in their bedroom or where they were seated in the lounge. People were offered a choice of what they wanted to eat. One person said, "Yes, they asked me yesterday, they give you two options or you can ask for something else." People also told us that quality of the food was good. One person said, "She's a damn good [chef], its good food and it's always hot and tasty." Where people required support with their meal we saw this was done appropriately. We observed one person being supported who was initially reluctant to eat but after encouragement from staff ate their lunch.

We spoke with the cook who told how they supported people with specific conditions such as diabetes, or people who required fortified food. The catering records contained pictures of the meal choices. The cook told us, "I always try and go round all the residents and if they want anything different on the menu I can do it. There is a menu sheet for them to fill in. I sometimes sit in on residents meetings and talk to people one to one."

Care plans contained an assessment of people's dietary needs and where a risk was identified actions were put in place to address these, for example fortifying people's food with cream to increase their calorie intake. Where required, referrals were made to the dietician, such as when people were at risk of losing weight.

People told us that they were supported to maintain good health and had access to healthcare services. One person said, "They had the doctor in the other day, they just said I needed him. I had the district nurse in once a week since I hurt myself." They went on to say, "They [dentist] came here to fill two of my teeth and they [optician] tested me and replaced my glasses."

The service had put in place regular meetings with district nurses to enable them to improve their working relationship with them. A positive result from this was a better system for the exchange of information about people with diabetes between the service and district nurses. The service also made referrals to other healthcare professions where appropriate, for example the dementia intensive support team.

## Is the service caring?

### Our findings

Our previous inspection of 15 and 17 December 2016 identified breaches of regulations relating how caring the service was. This was because staff did not know the people they were supporting and people were not encouraged to be involved with decisions about their care.

Since our last inspection the service had put in place a number of measures to allow staff to build positive caring relationships with people. For example a key worker scheme had been re-introduced. This gave each person a named worker who got to know the person and supported them with small purchases such as toiletries. People we spoke with gave us a mixed response on how this was working. One person did not know who their key-worker was. Another said, "Yes, her pictures up in my room, [carer's name] someone, I don't really have a lot to do with her to be honest, not to do anything in particular." However, another person said, "[Carer name] is my keyworker, she sees you've got everything and if you haven't she'll get it. She comes about three times a week to gives me a bath on Saturday's before tea."

People also had mixed views about their relationships with staff. One person said, "Yes in a way they do care, they're always busy always in a rush. It annoys me how they come and they go, you feel like you're not a person you're a job." However, another person said, "I'd say it's [care] very good, I really do. They [staff] cheer me up, you can't fault them." These comments, along with people's experience of the key worker system demonstrated to us that improving caring relationships between staff were being developed but there were still improvements to be made.

Care plans had been revised since our last inspection. This had taken place with the involvement of people and their relatives if appropriate. One person said, "When my relative comes we [manager] have a care plan resume, yes, I'm involved." We saw that the service was pro-actively encouraging people and relatives to become involved in care planning, writing to relatives who lived a distance away and arranging convenient dates for reviews.

People were involved in making decisions and planning how the service provided some aspects of care. We saw minutes of a recent residents meeting where people had been involved in deciding what activities they would like the service to provide and where they wished to go on external visits.

Staff gave people explanations of what was happening when they received their daily care. For example, we observed staff supporting a person to move from a chair to a wheelchair. The staff explained their actions and reassured the person as they used the hoist.

People told us that staff respected their privacy and dignity. One person said, "They [staff] put a towel over my lap when they're washing me; they always close the door too." Another person said, "Yes they [staff] do respect me, they knock on the door and they do wait."

## Is the service responsive?

### Our findings

Our previous inspection of 15 and 17 December 2016 identified breaches of regulations relating to care planning and the environment. At this inspection we found that improvements had been made.

The environment was not dementia friendly which did not encourage people to be as independent as possible. There was a lack of stimulus within the environment and some areas could be confusing and disorientating to people living with dementia. There were no tactile objects to touch and feel for reassurance. We did not observe people engaged in routine tasks and jobs that often provided people with a sense of purpose. The registered manager did tell us about one person who helped with this type of activity but we did not observe this as a routine occurrence. There were no visual indicators at the entrances to people's bedrooms and some bedrooms did not have their name on which may lead to confusion when trying to find their bedroom.

We saw activities taking place during the day of our inspection. The activities co-ordinator was presenting a quiz. People were actively engaged in conversation and debate and were enjoying the experience. Some people told us they enjoyed going out into the garden. However on the day of our inspection the level secure courtyard garden was locked. The separate lawned garden was not being used by people. We pointed out a trip hazard in this garden which was rectified on the day. Neither area contained appropriate seating or was used for people to enjoy the outside space.

Some people felt they were supported to do what they enjoyed. However, others declined the support offered. One person said, "I just look at the paper, magazines, my [relative] brings them I'm not keen on the telly, I haven't been out recently." However another person said, "They [staff] encourage me, we get out to Christchurch Park, we had a table there, some sausage rolls and things like that." A relative said, "They take two people to [local supermarket] or a drink or one to one." Some people preferred to stay in their bedroom. One person said, "They ask me if I want to do things [activities] but I'm not bothered." Another person said, "I like the activities, taking us on outings to [local supermarket] and Christchurch Park, we don't go anywhere else. I'd like to go to Felixstowe." One person told us how they had been encouraged to take up drawing after 15 years of not drawing. The activities co-ordinator showed them a book and they had been inspired to copy a picture. They were now drawing regularly and some of their drawings were on display in the service.

Care and support records were clear and well organised. People's needs had been assessed and reviewed regularly to ensure they remained current. Each person had a profile page that gave a good overview of important information. This included their mobility needs, any particular health requirements, and any communication needs. However, care plans did not contain information on the management of individual conditions such as diabetes or care of a person's catheter. This meant that people may not get consistent support which met their needs.

There was a system in place to ensure care staff read the care plans regularly so that they knew the contents and could provide the care and support people required. Care staff were aware of the contents of care plans and used them to support their work. We saw a demonstration of this when a member of care staff referred

to a person's care plan. They had been talking to a person about their history and the person could not remember a particular fact. The member of care staff remembered it was recorded in the care plan and came to check and reminded the person.

People told us that they knew how to make a complaint and that their concerns and complaints were addressed. One person said, "I would speak to the manager if I had something important." There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed.

## Is the service well-led?

### Our findings

Our previous inspection of 15 and 17 December 2016 identified a breach of regulation relating to how the service assessed and monitored the quality of service provided. This inspection found that improvements had been made.

The provider had worked to improve the culture within the service. They had employed two consultants to support the registered manager to implement the action plan put in place following our last inspection. Team meetings for care staff were held regularly and staff told us the manager listened to them and they felt their input was valued. One member of care staff said, "The registered manager is doing a good job."

The service was encouraging open communication with people and their relatives. A newsletter had been circulated to people with up to date information regarding staff changes and events at the service. This newsletter also contained information about the previous CQC inspection rating, demonstrating an open and honest approach to sharing information. We observed a member of staff reading the newsletter with a person living in the service. People could share their opinions of the service. Records showed that residents meetings had been held and quality assurance survey had been carried out. However, one person said, "They say 'we're going to have a meeting, but they don't invite me.'" As a result of the meetings and quality assurance survey, changes had been made in the service, for example to the menu and in the way the way in which care plan reviews were carried out. The results and actions from surveys had been displayed in the service to show people actions taken as a result of their comments.

People had mixed views on the visibility of the management team. One person said, "I don't know anything about the manager here, I don't see them, I don't know their name and I don't know if they're a man or a woman." However, another person said, "The manager comes to see me every morning, calls me by my name."

The registered manager told us they had been supported by the provider since the last CQC inspection. They told us two management consultants had worked with them to improve the service including revising the care plans and improving staff management. We spoke with them about the sustainability of the improvements the service had made since our last inspection. They told us with the on-going support being given by the provider they were confident that the improvements could be sustained and further improvements would be made.

The registered manager was aware of their legal obligations to submit notifications and safeguarding information to the CQC. This was demonstrated by notifications and referrals we had received since our last inspection and actions by the service to investigate and monitor these.

The registered manager had instigated a number of quality assurance systems. This included audits of different aspects of the service such as medicines, accidents and care plans. The results of these audits were analysed for trends and themes. Information from these audits was beginning to be used to drive improvement in the service. However, we noted that an action plan which had resulted from an

environmental audit did not indicate what actions were to be taken or any dates improvements would be carried out. This meant that we could not be sure the service was taking action to identify the issues identified.