

Rajanikanth Selvanandan

Beechcroft Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 2 July 2015. The service met all the regulations inspected at that time. We rated the service as good.

We undertook a focused inspection on 29 June 2016 due to concerns we had received about the service in May 2016. There were concerns that people were not receiving safe care and treatment at the service. This report only covers our findings in relation to these concerns.

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

Beechcroft Care Home provides accommodation for persons who require nursing and personal care for up to 26 people. On the day of the inspection, 24 people were using the service.

The service did not have a registered manager in post at the time of the inspection. 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.

During this focussed inspection, we found people received safe and appropriate care. Staff had identified risks to people's health and there were measures in place to protect them from risk of harm. The manager ensured staff followed guidance to manage the risks safely. Staff monitored risks to people's health and made referrals to healthcare professionals when required.

We saw the action the provider had taken to ensure there were sufficient nursing and care staff at the service to meet people's needs safely. The provider had recruited a nurse and four care staff to increase its staff complement and to replace those who had left the service. Staff had the right skills and knowledge to provide people with safe care and treatment. People received the support and care they required although some people received their care earlier than stated in their care plans if they requested so. The provider had informed us that the registered manager left the service in May 2016. The provider had made an internal appointment to the post of manager in June 2016 and were yet to submit an application to CQC for registration.

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.

Staff had identified risks to people's health and managed these appropriately. People at risk of developing pressure ulcers and becoming malnourished received appropriate care and support. Staff understood how to protect people from abuse and neglect.

The provider had taken appropriate action to ensure there were sufficient and consistent members of staff to meet people's needs safely. Staff were suitably skilled staff to support people safely with their specific health needs.

Beechcroft Care 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.

We undertook a focused inspection of Beechcroft Care Home on 29 June 2016. This inspection was carried out in response to concerns raised about the service in regards to providing safe care and treatment to people using the service. We inspected the service against one of the five questions we ask about services: Is the service safe?

The inspection was undertaken by one inspector and a specialist advisor who is a nutritionist. Before our inspection we reviewed the information we held about the service including records of notifications sent to us. A notification is information about important events which the service is required to send us by law.

During the inspection, we spoke with four people using the service, the manager, two nurses and six care workers.

We looked at six people's care records, which included assessments, care plans and risk assessments relating to pressure ulcer and wound management and weight management. We viewed records relating to staff including training, staff rotas and the service's arrangements to cover absences.

After the inspection, we spoke with staff from the local authority who commissioned the service and two healthcare professionals.

Is the service safe?

Our findings

During this inspection of 29 June 2016, we found people were receiving safe care and treatment. The service had experienced staff shortages due to staff leaving the service. There were concerns that staff woke people too early in the day to support them with personal care. There were concerns this might have a negative impact on the care and support provided to people. The provider had taken action to address the shortages to improve the safety of people at the service. The service had recruited care and nursing staff and filled all vacancies to ensure there were sufficient staff to meet people's needs safely. We observed sufficient staffing levels on our inspection and saw a full staff complement at the service as indicated on the rota. Staff told us the manager ensured there was cover for both planned and unplanned absences. Records confirmed the manager provided cover for absences by permanent staff or regular agency staff.

Staff met people's needs safely. The manager took into account people's needs, guidance from healthcare professionals involved in each person's care and the skills mix required to provide the appropriate support and care to people. Staff told us they discussed with the manager if people's needs changed and this information was used to determine the staffing levels required to support them safely. We looked at the rotas and saw that staff on duty had the appropriate skills mix required to enable them to meet people's specific needs. Nurses and care staff told us they had received training in nutrition, pressure ulcer, wound care management, and supported each other to ensure people received appropriate support. We saw the service regularly reviewed people's dependency levels and provided extra staff when necessary to meet people's needs.

People received the care they needed although sometimes they had received their support earlier than stated in their care plans. During our inspection we saw six people between half past six and eight o'clock in the morning who had received personal care and sat comfortably either in their rooms or in the lounge. We spoke with them about being up early. They explained to us that it was their wish to be woken up early and that in summer the early daybreak woke them up and they received their personal care earlier than indicated times of between six and eight o'clock in the morning in their care plans. We asked staff how they determined when people received personal care in relation to the concern we had that sometimes people received support in the early hours of the day. They told us they followed guidance in people's support plans, checked with people each time they offered support and responded to requests people made. We asked staff what they would do if they became aware of people receiving support with personal care such as bathing during early hour of the morning. They told us they would report such concerns to the manager or senior on duty. Care records showed people's preferred times of going to bed and waking up. People's daily records did not give indications of what time people went to bed and when they woke up to receive support with their personal care. This made it difficult for us to determine the impact on people if they were woken up too early to receive personal care.

Staff protected people against the risk of receiving inappropriate or unsafe care. The manager carried out risk assessments to ensure staff protected people's health and wellbeing. For example, we saw risk assessments on concerns such as people becoming malnourished, developing a pressure ulcer, having a fall and choking. A Malnutrition Universal Screen Tool (MUST) assessment was in place for all people at the

service. We looked at the MUST scores of people who showed they were at high risk of becoming malnourished. Records showed staff had calculated accurately the nutritional screening assessment of the five people who were at risk of becoming malnourished. The provider's guidance showed staff were to weigh people with a MUST score of two or higher every week as this was considered a high risk of becoming malnourished. We saw staff had used the provider's and MUST guidance appropriately as to when to weigh people and had consistently made appropriate referrals to healthcare professionals when needed. Staff maintained and monitored people's records on weight management as advised by a healthcare professional who had visited the people after their referral. People's nutritional needs were met and they had access to a range of professionals in the community for advice, treatment and support.

People received the support they required to keep safe. Staff followed the guidance recommended by healthcare professionals. The service ensured people had the appropriate equipment to manage pressure ulcers, including the use of air mattresses and pressure relieving cushions. Staff we spoke with knew how to support people to minimise the risk of a person developing a pressure ulcer through turning or repositioning. There was guidance in place for staff on how to prevent pressure sores at the service. Staff had consistently completed people's records when they supported people through turning and repositioning them in bed as stated in their care plans. Staff regularly reviewed people's risk assessments and had followed guidance to monitor and record the support people had received. Records showed staff consistently monitored and maintained accurate records on people's wound care management and involved appropriate healthcare professionals.

People received appropriate care and treatment. Staff monitored people's wounds to check on their healing. Wound care charts showed consistent recording which ensured healthcare professionals could monitor wound healing and assess the dressing required. Staff referred people with pressure sores to a tissue viability nurse (TVN) for assessment when necessary. We saw staff implemented guidance received from TVNs in relation to managing of dressings and care of people's wounds. The service received guidance from the TVN team which ensured people received appropriate treatment and care. We saw the manager monitored people's health to ensure staff followed guidance on wound care plans as recommended by healthcare professionals.