

Making Space

Beyer Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Beyer Lodge Nursing Home is registered to provide accommodation with nursing care for a maximum of 16 older people aged 65 years and above assessed as requiring nursing care for mental health needs.

At our last inspection in October 2014, the service was rated Good. At this inspection we found the service remained Good.

Due to the nature of the service provided at Beyer Lodge, we were unable to speak with the majority of people who used the service to ascertain their views about the care and support provided. However, we spoke with relatives and visiting professionals and completed a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

People told us they felt safe living at Beyer Lodge. Staff received safeguarding training and knew how to keep people safe and raise concerns if they suspected someone was at risk of harm or abuse.

People who used the service had risk assessments which were reviewed and updated timely to meet people's changing needs. This ensured staff had access to the relevant information and guidance to mitigate risks.

Staff we spoke with and visiting relatives told us there were sufficient numbers of staff on duty to meet people's needs.

The management of medicines was safe. There were appropriate arrangements in place to ensure that medicines had been ordered, stored, received and administered appropriately.

People were supported in line with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were encouraged to make decisions and choices about their care and had their choices respected.

People's consent to care and treatment was sought prior to care being delivered.

People were encouraged to maintain a nutritionally balanced diet and had access to sufficient amounts to eat and drink, at times that suited them.

People's health care needs were monitored and maintained; people had access to health care services as and when needed.

People continued to receive care and support from staff that were kind, caring and compassionate.

People were treated with dignity and respect and had their independence promoted by staff that openly expressed their fondness for the people they cared for and supported.

The provider had a complaints procedure in place and people felt confident in raising concerns or complaints to staff and the registered manager.

People, relatives and staff spoke favourably of the management and felt the home was well-led.

The registered manager carried out regular audits of the home. We saw areas of improvement were identified and disseminated throughout the staff team to demonstrate action had been taken in a timely manner. Feedback of the home was sought and used to drive continued improvements.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Beyer Lodge Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 was carried out by two adult social care inspectors from the Care Quality Commission (CQC) and took place on 26 June 2016. This meant the registered provider and staff did not know we would be visiting.

At the time of our inspection there were 14 residents in total at the home but two people were in hospital at the time of our visit.

Before the inspection we asked the local authority, infection control and Salford Healthwatch for their views about the service. We also looked at the information we had about the registered provider, including people's feedback and notifications of significant events affecting the service.

We looked at the Provider Information Return (PIR). This is a form we ask the registered provider to give key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with; two people who used the service, three relatives, six staff; including the registered manager, registered nurses, support workers, domestic and catering staff. We looked in detail at four care files which included people's risk assessments and care plans, three Medicine Administration Records (MAR), four staff personnel files, training matrix, audits, maintenance certificates and other records related to the management of the home. This helped inform our inspection judgements.

Is the service safe?

Our findings

People we spoke with as part of the inspection told us there were no concerns regarding people's safety living at Beyer Lodge. A visiting relative told us; "[relative] couldn't be in a better place." "I've no concerns at all. I really think [relative] is kept safe here." One person who used the service told us; "I've recently moved here and I feel safe. I like it here better than where I used to live." Another person told us: "The staff keep me safe. I like the staff."

Safeguarding training was current and up-to-date and staff we spoke with during the inspection demonstrated a good knowledge of different types of abuse. Staff could describe the signs and behaviours they would look out for that would alert them to the possible consequence of abuse. Staff described local safeguarding procedures and knew how to raise a concern. Records confirmed that safeguarding concerns had been reported timely to the Local Authority.

Staff continued to be recruited safely with all required checks undertaken before staff commenced working at the home.

We looked again at risk management and found there was a continued positive approach to risk management. People had comprehensive risk assessments in place which were updated timely when required. Staff had guidance to manage risks which detailed the steps to take to mitigate the risks.

We found medicines continued to be managed safely and recorded appropriately. Appropriate protocols were in place for covert medicines and for the administration of 'when required' (PRN) medicines. We observed medicines were administered timely and records had been accurately maintained.

Incidents continued to be recorded on incident forms, which were regularly reviewed by staff and the registered manager. Accidents and incidents were investigated and preventative measures put in place to keep people safe. Accidents and incidents were recorded and reviewed by the registered manager, to identify any trends and ensure appropriate action had been taken. Records showed where applicable health care professionals were informed and information had been shared to minimise the risk of repeat incidents and accidents.

We looked again at staffing levels and found there were sufficient numbers of staff to meet people's needs. Beyer Lodge benefits from a stable, well established long serving workforce who responded as a team to cover short-notice absenteeism. However, some staff we spoke with told us that covering absent colleagues can be more challenging during weekend periods. We looked at a sample of rota's and found no overarching concerns regarding staffing levels. Comments from people and staff we spoke with included; "When I visit [relative] there always appears to be enough staff on duty. If [relative] needs any help or support I can always find a member of staff." "I think we have enough staff on duty most of the time. If a resident needs to go out for an appointment, an extra person is brought in."

We saw people had their own PEEP (Personal Emergency Evacuation Plan) in place which provided staff and

emergency services with all the appropriate details about how to evacuate people from the building safely in the event of an emergency.

We saw regular maintenance checks were undertaken to ensure the building and premises were safe. This included; electrical testing, gas safety, fire safety systems, lifting equipment and legionella.

We found the home remained clean and appropriate infection control measures were followed by staff. The home was last inspected by Manchester City Council infection control team March 2017 and was rated 94% which was a positive score.

Is the service effective?

Our findings

The relatives we spoke with during the inspection told us they felt the staff were well trained and met people's needs.

From the period that Making Space had taken over responsibility for Beyer Lodge from another provider, staff we spoke with told us they had completed an induction to the organisation and completed a combination of both face-to-face and E-learning training sessions. Staff demonstrated a good level of underpinning knowledge across a wide range of subject areas such as mental capacity, safeguarding, dignity & respect, break-away and health & safety.

We looked again at supervision and annual appraisal records and found these were completed in line with service requirements. A qualified nurse provided supervision to support workers and this provided staff an opportunity to discuss areas of improvement, training needs and to share information regarding individual people who used the service.

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. We checked whether the provider was working within the principles of the MCA. We looked at records the service held in relation to MCA and found these were in place and had been regularly reviewed. Staff demonstrated a good underpinning knowledge of their roles and responsibilities in line with MCA. Staff comments included; "We act in people's best interest if they lack capacity."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS protect the rights of people who may require their liberty restricted lawfully in order to protect them from harm. The registered manager continued to submit DoLS authorisations to the local authority in a timely manner, to ensure people were not deprived of their liberty unlawfully. Staff were aware of the importance of working in line with the DoLS legal framework and demonstrated a good working knowledge of the implications of supporting people with a DoLS in place.

We observed staff seeking people's consent before giving medicine's and engaging people in care tasks.

We looked at how people's dietary requirements were being met and we found clear records were kept in the kitchen about the dietary needs of each person. This included information about diabetic, pureed diets and special diets. Information about people's individual likes and dislikes was also held. Additionally, both catering and care staff knew each person well and had a good understanding of people's individual needs. On the day of our inspection, we observed people being offered a choice of two menu options with hot or cold drinks provided. An appropriate level of support was provided to those people who needed help with

eating and drinking and accurate records were maintained to determine people's consumption and support provided.

People's relatives told us their relatives had gained weight or remained at a stable weight and we saw this continued to be monitored as required.

People had access to healthcare professionals when required and records of these visits were maintained.

Is the service caring?

Our findings

The relatives we spoke with were positive about the care provided and told us people received good care. A relative said; "I think the care is very good. The staff are very caring and [relative] is always well presented when I visit."

During the inspection we observed staff interacting with people in a compassionate and respectful manner. Observations showed staff had a caring attitude towards people, were patient and took their time to listen to what people had to say. On several occasions, we saw that people who used the service were sat with the registered manager in their office enjoying an informal chat. We spoke with staff to understand their individual approach to care and comments included; "I do my best for people every day and try to help people living here lead independent lives." "I love working here and if I can make just one person smile every day I can go home knowing I've done a good job."

Beyer Lodge had benefited from a recent refurbishment programme with people's private rooms being modernised and redecorated. People were still able to personalise their rooms with items of their choice. During the inspection we observed people moving throughout the home freely and people were encouraged to spend time in communal areas but people's personal time in their rooms was equally respected.

We saw evidence that people who used the service, their families and friends when appropriate, were fully involved in the care delivery from the start. A full assessment was undertaken prior to the start of the service and care delivery was reviewed on a regular basis, with clear contributions from the person who used the service, to ensure it remained appropriate.

Staff continued to promote people's independence and had successfully supported a person's transition from Beyer Lodge back to their family home.

People were encouraged to maintain relationships with people that mattered to them and relatives told us they were actively encouraged to visit their relative at any time of day or evening.

People had access to advocacy services which was advertised around the home and people had been supported to access this when required.

We looked at the home's approach to equality & diversity and how people from different backgrounds might be supported. For example, people who identified as lesbian, gay, bisexual or transgender and people who are non-white. We saw that through the care planning process the home sought to capture key information about people's lives. However, capturing information regarding people's individual identity, culture and what was important to them required strengthening. We spoke with the registered manager about this and we were told work was on-going with regards to the home looking at an equality & diversity tool kit. We saw that initial discussions had taken place during team meetings about how best to implement best practice for equality & diversity issues. More widely, the registered manager was able to provide examples of how

historically the service had supported people from different backgrounds but they recognised this was still an area for development.

We saw there were appropriate policies referring to areas such as confidentiality, privacy and dignity. Records were kept secure to help ensure confidentiality was maintained. A service user guide was also available. This included the service's statement of purpose, explanation of care delivery, financial information and complaints procedure.

Is the service responsive?

Our findings

Before people were accepted to move into Beyer Lodge, we saw that comprehensive initial assessments were completed to ensure all the relevant information was captured. This enabled the registered manager to make a judgement as to whether the home could meet the person's individual needs.

We saw people's relatives had been involved in the assessments and developing the care plan. Relatives confirmed they had been asked about their relatives, likes and dislikes and that care had been developed and reviewed in consultation with them.

We looked at four people's care files and saw care plans were devised based on people's individual needs. Care plans contained sufficient information to guide staff to mitigate risks and were reviewed timely to meet people's changing needs.

Staff we spoke with were knowledgeable regarding people's individual needs and monitored people's behaviour to proactively manage risk and intervene when triggers were evident, providing distraction and de-escalation to minimise the risk of a negative event occurring.

The registered manager was creative in promoting a service that was responsive to people's individual needs. We saw mechanisms were put in place to maintain people's safety but staff recognised people required the freedom to fulfil certain outlets without recourse for their action as it was a behaviour that was attributed to their illness. The registered manager advocated a service that adapted and responded to the needs of the person and not a service that the people had to adapt to. This was managed well with little impact to other people living at the service and also reduced the risk of the placement failing. This meant people were kept safe and their placement was not jeopardised.

We looked again at how people's social needs were acknowledged and promoted. The home employed a part-time activities co-ordinator but we saw their role was not fully embedded into enhancing people's social needs. Activities provided were not always person-centred and tended to be group led. Additionally, we saw that people's individual social needs were not captured effectively as part of the overall care planning process. This meant there was a disjoint between care planning, identifying people's social needs and development of a social programme to meet these needs. We spoke with the registered manager about this and they acknowledged this was an area for continued development. We saw the registered manager had already identified this as an issue and we saw plans had been developed to refocus this aspect of work with an emphasis on meeting people's individual social support needs.

Relatives we spoke with confirmed that their family member's would be unlikely to engage in group activities and would benefit from one to one activities that were tailored to their individual needs.

The home continued to have systems in place to record and take action following on from written and verbal complaints. At the time of this inspection a low level of complaints were recorded. We also saw the home had received a number of compliments from people's relatives and health care professionals

commending the care and support people had received.

Is the service well-led?

Our findings

Without exception, people, relatives and staff we spoke with considered Beyer Lodge to be well-led. Comments included; "The manager is a good leader and passionate about the people living here." "I wouldn't want to work anywhere else." "The manager is visible around the home and always very approachable with an open door." "The home is well managed. If there is ever an issue with [relative] the staff always contact me without fail."

We saw the registered manager was continuing to work towards a leadership and management qualification which meant they were continuing to develop their leadership skills for the benefit of the home.

The ethos of the registered manager was to place people who used the service at the heart of everything they do. The registered manager had a clear vision about continued improvements they wanted to make and was well respected by the wider team to support them to achieve this.

Staff were appropriately supported through supervision, appraisal and training. This ensured they had opportunities to discuss issues or development needs.

Staff told us they felt valued. Making Space celebrated 35 years in service and marked this by honouring staff achievements at the 35th employee awards ceremony.

Meetings were conducted regularly with people and staff. Records showed the service reviewed feedback from people and their relatives and where required appropriate action was taken to respond to concerns and improve the quality of care provided.

Surveys were sent and in the process of being analysed to continue to drive improvements. This system enabled the home to monitor people's experiences and make changes based on the responses received..

Audit and quality assurance continued to be completed with a system in place to monitor the service provided. Audits or checks were completed by the registered manager on records, including medicines, accidents, risk assessments and care plans.

Providers of health and social care services are required by law to inform the Care Quality Commission of significant events which affect the service or people who use it. The registered manager had sent us the required notifications promptly. This meant we could check that appropriate action had been taken.

The service was also displaying their previous rating so that it was visible to people and visitors to the home.