

Chengun Care Homes Ltd

Beeston Lodge Nursing Home

Inspection report

15-17 Meadow Road
Beeston
Nottingham
Notts
NG9 1JP

Tel: 01159259014

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07 June 2018

25 July 2018

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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

This inspection took place on 5 and 7 June and 25 July 2018 and was unannounced. Beeston Lodge is Care 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. Accommodation for up to 28 people is provided in the service. The service is designed to meet the needs of older people living with or without dementia. There were 28 people using the service at the time of our inspection. The service was last inspected on February 2017 and was rated as requires improvement.

A registered manager was in post and was available throughout 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.

Risks were managed so that people were protected from avoidable harm. People were safely assisted to move and infection control practices were in place and were effective.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Sufficient staff were on duty to meet people's needs and staff were recruited through safe recruitment practices. Medicines were safely managed.

External professionals were involved in people's care as appropriate. Staff received induction, training and supervision.

People's rights were not always protected under the Mental Capacity Act 2005. People received sufficient to eat and drink, though the mealtime experience could be improved. People's needs were met by the adaptation, design and decoration of the service.

Staff respected people's privacy and dignity. Interactions between staff and people who used the service were kind caring and staff created a relaxed atmosphere.

People and their relatives were involved in decisions about their care and advocacy information was available to people. Visitors could visit without unnecessary restriction and people's independence was promoted.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs. A complaints process was in place and staff knew how to respond to complaints. People had the opportunity to take part in activities of their choice.

There were effective systems were in place to monitor and improve the quality of the service provided. People and their relatives were involved or had opportunities to be involved in the development of the service.

Staff told us they would be confident in raising any concerns with the management team and that appropriate action would be taken. A registered manager was in post and statutory notifications had been sent to the CQC when required.

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.

People were kept safe from avoidable harm. Medication was administered as prescribed and was recorded and stored appropriately. Accidents and incidents were recorded and where possible lessons were learned to ensure people's safety. Risks to people were completed and reviewed on a regular basis. There were processes in place to ensure staff were recruited appropriately.

Is the service effective?

Good ●

The service was effective.

People were cared for by sufficient numbers of trained staff. People's health was promoted and their nutritional needs were recognised and met. People's rights under the MCA were supported.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were caring and who supported their dignity and independence. People's views were sought. Staff were seen to be kind and caring.

Is the service responsive?

Good ●

The service was responsive.

People's health and social needs were recognised and met. There was a complaints process in place and people knew how to complain. The service received many compliments.

Is the service well-led?

Good ●

The service was well led.

There were systems in place to ensure the service was reviewed and managed. Staff felt supported. People and staff were included in how the service was run and managed.

Beeston 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 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 was a comprehensive, unannounced inspection, which took place over three days on the 5 and 7 June and on the 25 July 2018. The inspection team consisted of one inspector and one specialist advisor in nursing on all days of the inspections visits.

We also looked at all the key information we held about the service. This included written notifications about changes, events or incidents that providers must tell us about.

We spoke with five people who lived at the service, three relatives and a visiting social care professional, and we observed staff interaction with people. We spoke with the provider, the registered manager, one nurse and three care staff and one domestic staff. We looked at five people's care records and other records relating to how the service was managed. This included medicines records, meeting minutes and checks of the quality and safety of people's care. We did this to gain people's views about their care and to check that standards of care were being met.

Is the service safe?

Our findings

At the inspection visits carried out in February 2017 we found a breach of Regulation 12 (Safe care and treatment) and Regulation 13 (Safeguarding service users from abuse and improper treatment) of HSCA RA Regulations 2014. This included staff putting people at risk while assisting them to move and areas of the service were not clean and fresh putting people at risk of cross infection. Following that inspection we asked the provider to submit an action plan to show us how they were going to address the issues raised.

At this inspection, we found our concerns had been addressed and people were kept safe from avoidable harm. Staff were trained to care for people in a safe manner and all aspects of the service were clean and fresh. One person said "I'm safe as houses here, there is always someone around." Another person, "I could not be safer."

Staff were aware of their duty of care to keep people safe and were aware of what to do should they be aware of the signs of abuse. They told us they were encouraged to report any area of care they were unhappy with. Staff knew how to escalate their concerns. They also told us they would follow up on any concerns they had to ensure people were safe and protected.

We saw people were assisted to move in a safe manner. Staff took time to explain to people that they were offering to take them to the dining room or the sitting room. Staff knew how to use the hoist safely and chatted to people while they were being assisted to move and transferred from their chairs. Staff told us there was sufficient staff to meet people's identified needs and to keep them safe. We were told the provider (a qualified nurse) is 'always around to give a hand.' Staff confirmed this. However, it was difficult for us to understand the staffing levels as the provider did not have designated hours or designated duties. We discussed this and the provider who agreed to ensure staff were aware of their duties and hours worked and these would be included in the staffing rota. Staff and people we spoke with confirmed there was enough staff to care for people in a timely manner.

There were risk assessments on all areas of care and individual care risk assessments on people. We saw these were current and represented the risk to people. For example, we saw risk assessments on how to assist people to move safely and how to eat safely. The service was aware of the risk of falls to people. Falls were reviewed and where possible, measures were put in place to mitigate risk. People who were at risk of falls were referred to a community falls clinics and had their mobility aids and if necessary, their medicines reviewed.

The service was clean and fresh and there were systems in place to prohibit the spread of infection. People were satisfied with the standard of cleanliness in the service. We saw staff wore gloves and aprons where this was needed. There were sufficient facilities to ensure staff had the opportunity to wash their hands before delivering personal care. There was a cleaning schedule in place. This included ensuring all areas of the service were cleaned regularly. The schedule included identifying areas of the service for a daily, weekly and monthly cleaning. There was a refurbishment schedule in place and we saw this had started and people told us they were happy with the new decorations.

The registered manager ensured lessons were learned and reflected on where improvements were needed. Accidents and incidents were reviewed with a view to prevent, where possible, them happening again. The incidents were also reviewed by the area manager to identify trends and to act in the best interest of people. We saw risk reduction actions were in place such as alert mats.

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the registered manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service as part of the recruitment process.

People received their medicines as prescribed by staff who were trained to do so. We saw staff gave people their medicines in a manner that allowed them to take them at their own pace. Staff were encouraging and told people what their medicines were for. Three months medicine records were reviewed and were in order and had no gaps in signatures, which showed the medicines had been given at the appropriate time. We cross referenced the records with the medicines on site and we found they balanced.

Some people had been prescribed medicines to be taken 'as required' to help to manage pain or acute health conditions. We saw there was clear guidance in place for staff to understand when this should be given and how people may show they were in pain, if they were unable to tell the staff. All medicines were kept securely in a locked cupboard in a locked office to ensure that they were not accessible to unauthorised people. This meant medicines were managed safely and in line with national best practice guidance.

Is the service effective?

Our findings

People were cared for by sufficient numbers of trained staff who knew their needs. People we spoke with confirmed this and said they felt staff knew them very well and were trained to meet their needs and wishes. One person said, "[Staff's name] knows me well." A relative told us "[Person's name] is well looked after. The staff know [relative] well and what they want and need."

Care plans contained a comprehensive needs assessment, this included a pre- admission assessment to ensure the service could meet people's needs and wishes. We saw evidence people were included in drawing up care plans. This ensured the plans represented people's needs and their wishes were known to staff. We saw care plans were regularly reviewed and evaluated and people's involvement in this process was clearly recorded. Individual plans also incorporated advice, guidance and recommendations from other health and social care professionals involved in people's care and treatment.

People who had a pressure area, had a care plan that gave staff clear direction on how to care for this. This meant people received consistent, coordinated care and support. Care plans contained good information for staff to enable them to care for people. This included a sleeping care plan. We saw this showed details of the person's sleeping plan. For example, one care plan said, 'I like to get up about 7am' and our conversations with the person showed their wishes were met. Those people who needed skin protection such as pressure relieving cushions and mattresses, had been assessed for these and the appropriate ones were in use.

Staff told us they felt valued and supported by the provider and the registered manager and confirmed they received effective training and regular supervision. They said supervision, confidential one to one meetings with their line manager, gave them the opportunity to discuss any concerns or issues they had. In particular in relation to people's care and welfare and to identify any specific training they needed.

One member of staff told us, "Yes we get supervision and the manager and the provider are always on hand for back up and support." We saw the registered manager kept training updated to ensure best practice was followed. Our review of records and our observations supported this. This demonstrated the care and support needs of people were met by competent staff, with the skills, knowledge and experience to meet such needs effectively.

People spoke positively about the quality and choice of the food provided and said portions were generous and there was always an alternative option available. People were offered a choice of nutritious food. Staff offered people a menu choice around 10 am on the day. They used photographs to assist people to make a choice. Most people were happy with their choice at lunch time, those who were not were offered choice until something suitable was found, One person told us, "You know it's not too bad. Not as good as I would make though." Another person said, "They [staff] ask what you want and there's always plenty of it."

We observed lunch being served and saw people were served as soon as they were ready to eat. Where people needed support, staff provided this in a discreet manner that was not rushed. However, lunch was

not a social occasion for people as sittings were random and some people at the same table were finished or well into their lunch before others were served. We discussed this with the provider and they told us they would review the lunchtime experience with a view to making it a more social occasion.

People's physical and mental health was promoted. There were effective links with health and social care services and people had access to appropriate health professionals, as necessary. Relatives we spoke with told of how the staff were proactive in ensuring the GP was called in a timely manner. One relative said, "I have no worries about [relative] health as I know they (staff) will tell me as soon as anything happens."

In addition to GPs and district nurses, an optician, chiropodist and hairdresser visited the home. This ensured people had optimum physical and mental health.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's rights under the MCA were protected as the Act had been applied to ensure decisions were made in people's best interests. People's care files contained information about whether they had the capacity to make their own decisions. Staff had training in the MCA and consequently, had up to date knowledge of the MCA and how DoLS was used to ensure people rights were protected. No one was being deprived of their liberty without the necessary application to the local authority having been made. This demonstrated the service was working within the principles of the MCA and DoLS.

Is the service caring?

Our findings

People were cared for by staff who were caring and supported their dignity and independence. One person told us, "The staff are so lovely. Lovely girls and some boys all of them."

Throughout the day we observed staff speaking with people in a polite, caring and respectful manner, using people's names and including humour with some people. Staff did not appear rushed in any of the interactions.

We saw individual care plans contained details regarding people's communication needs, their personal history, interests, likes and dislikes. This helped ensure staff were aware of people's individual needs and personal preferences and meant they supported people in a structured and consistent manner, in the way they liked to be cared for.

People told us that staff respected their privacy and dignity. A person told us, "They [staff] always knock before they come in and they give me time to cover up if I need to." Staff confirmed this and we saw they always knocked on bedroom and bathroom doors to check if they could enter. This was also confirmed by relatives we spoke with. This demonstrated people were treated with respect and the care and support they received promoted their privacy and dignity.

Throughout the day we saw staff demonstrated respectful, compassionate care. The weather was sunny on the day of our last visit and the garden area has been landscaped since our recent visit on the 7 June 2018 and was in full use. We saw care had been taken to ensure all people could use the garden as the layout incorporated easy walkways, a water feature, plenty of seating and planting that people could smell and touch. The planting included vines which allowed people to watch the grapes grow while providing protection from the sun. People told us they liked this and they all said they really liked spending time in the garden.

Care staff clearly know residents well and we saw there was a positive relationship between them this allowed jovial exchanges, laughter and joking. This lifted the atmosphere and made a very relaxed atmosphere.

People and their relatives spoke positively about the caring environment and the kind and compassionate nature of all staff. One person told us staff were, "The salt of the earth." Another person said, "They know how to jolly me along when I'm a bit down."

People were supported to use a range of accessible and personalised ways to express views and wishes in relation to their care. Throughout the day we observed many examples of friendly, caring and good-natured and affectionate interaction between staff and the people they supported. Staff were seen to care for people with kindness and care.

Is the service responsive?

Our findings

The service was responsive to people's needs and wishes. The registered manager was in the process of reviewing all care plans. We looked at the ones reviewed and we found they contained detailed information about people's individual needs and good direction for staff to follow in order to deliver personalised care.

As well as people's care needs, the care plan included how they wanted to spend their time at the service, such as gardening and others liked crafts.. Some people had full personal histories and the service was working with familiars and representatives, to get as much personal information on people so staff could care for people in a person centred manner.

People and staff told us they were able to meet people's needs in a timely manner. On the last day of our visit we were told about the 'resident of the day'. This was set up to ensure the staff were aware of all the needs and wishes of people. On the day in question, the person had all aspects of their care reviewed. We looked at how this was done for the resident of the day on the previous day. This process usually took place monthly. We saw how they were cared for was fully reviewed. This included reviewing their care plan and the risk assessments. Families and representatives were updated. The person was visited by the chef to ensure they were happy with the food. Their room was deep cleaned and staff ensured their clothes were laundered to the person's satisfaction. Medication was also checked and a full balance was done of medicines administered against medicines in situ.

Staff were responsive to people's daily changing needs. For example, we saw one person who would not eat anything at lunch. The person very clearly told staff to leave them alone. Staff told us this happened from time to time. We saw staff respected the person's wishes, but observed them from a distance. The staff told us they would ensure the person was offered a meal later. A staff member said, "This can happen at times and best thing is to leave [person's name] and try again later."

There were two staff dedicated to providing activities for people. This included indoor activities and taking people out to the garden. The last day of our inspection visit was a sunny day and we saw people were offered the opportunity to sit outside in the shade and enjoy the fine weather

There was a complaints process in place. This was clearly displayed and easy to understand. People we spoke with said there was no need for a complaints process because their concerns were dealt with straightway. We reviewed the complaints log and saw there were no outstanding complaints. The service received many complements from families whose relatives used the service.

The provider complied with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced to make sure people with a disability or sensory loss are given information in a way they can understand. We saw people were encouraged to communicate in ways which suited them. Staff made sure people has access to their hearing aids and reading glasses.

Is the service well-led?

Our findings

At our inspection in February 2017 we found that the provider did not have an effective quality monitoring system in place. At this inspection the provider had a system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager and other staff, including a representative of the provider. Audits were carried out in a range of areas including infection control, medicines, health and safety, kitchen, laundry, domestic and care records. This meant that people's health, safety and welfare were promoted.

The service had a registered manager who also worked two nursing shifts during the week. This the registered manager told us allowed them to keep up to date and familiar with people's needs and wishes.

We saw meetings for people and visitors took place where comments and suggestions on the quality of the service were made. The service was managed in the best interests of people who used the service. Staff were aware of their roles and responsibilities, they felt the leadership was effective and spoke positively about the provider and the registered manager, who they described as approachable and very supportive.

The registered manager understood when notifications were required to be submitted to the CQC. Records showed they had submitted notifications in areas such as, when a person had sustained a serious injury. Notifications are changes, events or incidents that providers must tell us about.

People and their relatives spoke positively about the registered manager and felt the service was well-led. A person said, "[Registered manager] is great, she knows all about people's needs and is so easy to talk to."

Staff were included in how information was captured to ensure good, relevant and effective care was offered to people. This was done through staff meetings, including clinical governance meetings. Staff meetings were held regularly and the registered manager ensured staff were aware of their performance through a supervision process. Staff were reminded of the service's policies and procedures through an initiative where a different policy was discussed each month. The most recent policies to be reviewed were 'medicines' in June 2018 and 'infection control' in July 2018.

Staff also described the open and inclusive culture within the service, and said they would have no hesitation in reporting any concerns they might have to the registered manager. They felt confident that any such issues would be listened to and acted upon appropriately. One member of staff said communication was very good they told us, "The manager makes sure we know all we need to know about people's needs."

We found that the service worked in partnership with other agencies to enable people to receive 'joined-up' care. They ensured that they shared information with other agencies to support people's joined up care when people moved between services.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be

informed of our judgments. We found the provider had conspicuously displayed this in the service.