

Leafoak Ltd

Beechlawn Residential Home

Inspection report

Elton Park
Hadleigh Road
Ipswich
Suffolk
IP2 0DG

Tel: 01473 251283

Website: www.guytoncarehomes.net

Date of inspection visit: 18 May 2015

Date of publication: 06/07/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

Beechlawn Residential Home provides accommodation and personal care for up to 36 older people who require 24 hour support and care. Some people are living with dementia.

There were 30 people living in the service when we inspected on 18 May 2015. This was an unannounced inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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.

Our previous inspection of 11 September 2015 found that improvements were needed in how people's care was planned and delivered to ensure people's safety and welfare and how the service was assessed and monitored to provide a good quality service to people. The provider wrote to us and told us how they had implemented these

Summary of findings

improvements. During this inspection we found that improvements had been made. However, these needed to be embedded into practice to provide ongoing safe quality care to people who used the service.

Improvements were needed in how the service protects people in relation to medicines management relating to creams and lotions.

People, or their representatives, were involved in making decisions about their care and support. People's care plans identified how their individual needs were met and contained information about how they communicated. Improvements were needed in how people's ability to make decisions were assessed and recorded. The provider and the registered manager understood the recent changes to the law regarding the Deprivation of Liberty Safeguards (DoLS). However, they had only made one referral to the local authority, despite having identified that others may require DoLS referrals to make sure people's legal rights were protected. Improvements were needed to ensure that people were not unlawfully deprived of their liberty.

There were procedures in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

There were procedures and processes in place to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how the risks to people were minimised.

There were sufficient numbers of staff with the knowledge and skills to meet people's needs.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People's nutritional needs were being assessed and met. Where concerns were identified about a person's food intake appropriate referrals had been made for specialist advice and support.

A complaints procedure was in place. People's concerns and complaints were addressed and used to improve the service.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were in the process of being addressed. However further improvements were required to ensure the quality of the service continued to improve.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were sufficient staff numbers of staff to meet people's needs.

Systems in place for medicine management were not robust. People were not provided with their medicines, in the form of creams and lotions, when they needed them and in a safe manner.

Requires Improvement



Is the service effective?

The service was not consistently effective.

Staff were supported to meet the needs of the people who used the service.

The Deprivation of Liberty Safeguards (DoLS) were understood by staff.

Improvements were needed in how the service ensured people's legal rights were protected.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed. Improvements were needed in people's mealtime experience.

Requires Improvement



Is the service caring?

The service was caring.

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.

Good



Is the service responsive?

The service was responsive.

People's wellbeing and social inclusion was planned and delivered to ensure their social needs were being met.

People's care was planned and delivered in a way which was intended to ensure they received personalised care.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good



Summary of findings

Is the service well-led?

The service was not consistently well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

There had been improvements made in the quality assurance systems and shortfalls were in the process of being addressed. However, as these had not yet been fully embedded in practice to provide people with a good quality service.

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.

This inspection took place on 18 May 2015 and was unannounced. The inspection was undertaken by one inspector.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with eight people who used the service and one person's relatives. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who may not be able to verbally share their views of the service with us. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to three people's care. We spoke with the provider, the registered manager, a volunteer and 10 members of staff, including care, maintenance and activities staff. We looked at records relating to the management of the service, four staff recruitment records, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

Records showed that people were not provided with their medicines as prescribed for external application, including creams and lotions. Some of the creams application records did not include how often the medicines should be applied, only stating 'as directed.' There was no further information on these records which indicated what 'as directed' meant. Other records which did identify that medicines were to be applied between two or four times a day, had not been administered as directed. Therefore we could not be assured that people were being provided with their external medicines as prescribed.

We spoke with the registered manager and the provider about what we had found. The provider told us that they had identified this as an issue and had directed staff to ensure that the administration of creams were to be completed as prescribed and recorded. This was confirmed in the minutes of staff meetings that we saw. However, the systems in place had not been robust enough to ensure that this was done.

Medicines prescribed for external use, which were kept in people's rooms in areas where there were people living with dementia, were not all stored securely. Therefore we could not be satisfied that vulnerable people were protected against access to these medicines to prevent them from accidental harm.

This is a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other medicines, including tablets, were stored securely and systems were in place to ensure that these were kept at the correct temperatures. Records showed that these medicines had been administered as prescribed. We observed part of the morning and lunch time medicines administration and found that this was done safely and effectively. People told us that they were satisfied with the arrangements for how they received their medicines.

People told us that they were safe living in the service. One person told us, "I feel safe, I felt vulnerable at home, but here I feel very safe." Staff told us that they felt that people were safe and had their needs met in a safe manner.

Staff had received training in safeguarding adults from abuse. They understood the provider's policies and procedures relating to safeguarding and their

responsibilities to ensure that people were protected from abuse and how to report concerns. We saw records which showed that previous safeguarding issues were documented and actions taken which were intended to minimise the risks of similar incidents happening.

People's care records included risk assessments which identified how the risks in their daily living, including using mobility equipment, pressure ulcers, accidents and falls, were minimised. Where incidents had happened there were systems in place to reduce the risks of them happening again. For example, incidents had been analysed and potential trends and patterns had been identified.

Where people had pressure ulcers or the risks of them developing, they were assisted, such as repositioning, to reduce these risks.

Risks to people injuring themselves or others were limited because equipment, including hoists and equipment were checked so they were fit for purpose and safe to use. There were no obstacles which could cause a risk to people as they mobilised around the service. Regular fire safety checks and fire drills were undertaken to reduce the risks to people if there was fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire.

Staff were provided with communication devices where they could contact each other in case of an emergency.

People told us that there was enough staff available to meet their needs and that they were provided with assistance when they needed it. One person said, "They are always willing to help." We saw staff were attentive to people's needs and verbal and non-verbal, including call bells, requests for assistance were responded to in a timely manner. However, on our arrival to the service one person told us that they had been waiting to be supported to have a wash and get dressed for, "A long time," but they could not tell us how long they had waited. But we saw that they were assisted as requested following our discussion.

Staff told us that they felt that there were enough staff to meet people's needs safely. The staff rota and our observations confirmed the staffing levels which we had been told about. The service had a dependency levels assessment which they used to assess the numbers of staff needed to meet people's needs.

Is the service safe?

Records showed that checks were made on new staff before they were allowed to work 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.

Is the service effective?

Our findings

Staff had an understanding of Deprivation of Liberty Safeguards (DoLS) legislation and a referral had been made for one person to the local authority in accordance with new guidance was made to ensure that any restrictions on people, for their safety, were lawful. However, the registered manager told us that further people had been identified to have a referral made, but these had not yet been made. Therefore we not assured that all people were protected when restrictions were required to make sure that they were safe. Staff told us that they understood the Mental Capacity Act 2005 (MCA). Records confirmed that staff had either received or were due to receive this training.

Records identified people's capacity to make decisions. However, for those who did not have capacity to make decisions, there were no care plans in place to show how decisions were to be made in their best interests. The records did not show which decisions people needed assistance in making, which decisions they could make themselves and when their capacity to make decisions varied over time. Therefore we could not be assured that the systems in place were robust enough to support people who lacked capacity to make decisions regarding their care and treatment.

This is a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they understood the Mental Capacity Act 2005 (MCA). Records confirmed that staff had either received or were due to receive training in DoLS and MCA.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. One person said that the staff, "They let me know what they need to do and ask me what I need doing." We saw that staff sought people's consent before they provided any support or care, such as if they needed assistance with their meal, where they wanted to spend their time and with their personal care needs.

People told us that the staff had the skills to meet their needs. We saw that the staff training was effective because staff communicated well with people, such as maintaining eye contact with people. Staff supported people to mobilise using equipment to maintain their independence effectively and appropriately. We saw a staff member

assisting a person who was living with dementia, they reminded them to swallow when they were eating their meal. Staff were knowledgeable about people's individual needs and how these needs were met.

Staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. This was confirmed in records. There was a training plan in place to show how staff's training was updated to make sure that they were provided with the most up to date information about how to meet people's needs effectively. The provider had systems in place to ensure that staff received training and were supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Staff told us that they felt supported in their role and had supervision and staff meetings. Records confirmed what we had been told. These provided staff with a forum to discuss the ways that they worked and to receive feedback on their work practice to identify how to improve the service provided to people.

People told us that they were provided with choices of food and drink and that they were provided with a balanced diet. One person said that their meal was, "Very tasty." Another person commented, "There is always a choice and I get enough to eat." We saw that where people who required assistance to eat and drink, this was done at their own pace and in a calm and encouraging way.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People's records showed that people's dietary needs were being assessed and met. Guidance and support had been sought and acted upon where issues were identified in people's wellbeing, such as with weight loss. Where people required that their food and fluid intake be monitored, records showed that this was done to ensure that they enough to eat and drink.

People said that their health needs were met and where they required the support of healthcare professionals, this was provided. One person said, "If I need to see a doctor, they [staff] get one out."

Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. Records including daily records and staff handover notes showed that where there

Is the service effective?

were concerns with people's wellbeing prompt action was undertaken to seek support and guidance from healthcare professionals. This showed that people's healthcare needs were identified and actions taken to meet them.

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, "I feel good, the staff are kind." Another person described the staff as, "Lovely." Another commented that the staff were, "Very kind."

We saw that the staff treated people in a caring and respectful manner. For example staff made eye contact and listened to what people were saying, and responded accordingly. People responded in a positive manner to staff interaction, including smiling and chatting to them. People were clearly comfortable with the staff. Staff interactions with people were calm and encouraging.

Staff talked about people in an affectionate and compassionate manner. They understood people's individual needs and how they were met.

People told us that they felt staff listened to what they said and their views were taken into account when their care was planned and reviewed. This included where they chose to eat their meals. One person told us that they had moved to the service after being in hospital. They said that the registered manager had visited them in hospital and talked

about what they needed assistance with and how they liked to be cared for. They commented, "I made a good choice to come here and I am going to stay." People and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. This was confirmed in our observations. Staff knocked on bedroom doors before they entered and doors were closed when people were being supported with their personal care needs. When people required assistance with their personal care staff spoke with people in a hushed tone, so not to be overheard by anyone else which respected their privacy and dignity. However, we saw at times staff spoke between themselves about which person they were supporting, such as assisting people to get up in the morning. This was not in a manner which respected people's privacy. We talked with the provider and registered manager about what we had observed and they assured us that this would be addressed.

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs. One person told us about where they had chosen to sleep and the staff had supported them to now use the bed and they said, “I sleep straight through now.” This told us that whilst the staff had respected the person’s choices, they had supported them to improve their quality of life. One person’s relative told us that the person was, “Looked after here.”

Our previous inspection of 11 September 2014 found that improvements were needed in how care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare. We found that improvements had been made.

Care plans and risk assessments had been reviewed and updated and were on a new format. A staff member told us how these records had been rewritten in consultation with people and now provided staff with the guidance they needed to meet people’s needs. Records showed that staff were guided on how to make sure that people received personalised support that was responsive to their needs. Staff told us that the care plans provided them with the information that they needed to meet people’s individual needs. The records were being updated on a monthly basis to reflect people’s changing needs and preferences. We could not assess if these were updated as people’s needs had changed because they had only been implemented recently. We saw that one person’s records had been reviewed at the beginning of May 2015 and stated that the person’s skin was intact with no pressure ulcers. However, the following day a health professional had been called in following staff noting an issue with their skin. This was assessed as a pressure ulcer, but their care plans had not been updated to show this information. This meant that staff had not been provided with up to date information on the person and how their changing needs were met.

We talked with the provider and the registered manager about this and they told us that they would ensure people’s records were reviewed as needs changed and not wait for the monthly review date.

People told us that there was no restriction on when relatives and friends could visit. This told us that the risks to people being lonely or isolated were reduced. In addition there were people who worked in the service on a voluntary basis. We spoke with one volunteer who told us that they were registered as a dementia friend and had been trained in dementia awareness. They said that they spoke with people both individually and in groups. Our observations confirmed what we had been told, they chatted with several people and we saw that people responded in a positive manner, such as smiling and chatting about holidays.

People told us that there were social events that they could participate in. One person said, “There are always things going on if you want to involve yourself.”

We spoke with the activities coordinator who told us about the opportunities for people to participate in stimulating activities that interested them. They showed us records which confirmed what they had told us. They said that they spoke with people about their interests and arranged activities to meet with people’s requirements. Activities were provided both individually and in groups and including outings to see art exhibitions, shopping and to have a coffee. They told us about how they had listened to suggestions, for example relatives had suggested afternoon tea, which was provided with attendance of people using the service and their relatives and friends.

People told us that they knew who to speak with if they needed to make a complaint. One person said that when they had raised concerns they had been addressed promptly.

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. Complaints and concerns were documented, acted upon and were used to improve the service. For example there had been a concern raised about a person’s continence support and the service had introduced regular checks on the individual to ensure that they were comfortable and provided with the support they needed.

Is the service well-led?

Our findings

We saw that the registered manager spoke with people in the service and knew them by name. People responded to them in a positive manner by chatting and smiling. People told us that the registered manager regularly spoke with them and checked that they were happy with the service they were receiving. People said that the service was well-led and their comments and views were listened to and acted on.

Our previous inspection of 11 September 2014 found that improvements were needed in the service's quality assurance systems to ensure that people were provided with a good quality service. During this inspection we found that improvements had been made through the introduction of new and improved systems. However these need to be embedded and sustained over time to ensure people are provided with a consistently good service.

People and their relatives were asked for their views about the service in regular quality assurance questionnaires. They were kept updated with changes in the service and what actions had been taken as a result of their comments. For example the results of a recent food quality survey and an action plan which identified the improvements made as a result of people's comments were displayed on a notice board in the entrance hall to the service. We saw that actions made to improve the service included the purchase of a heated food trolley to make sure that food was served hot.

Staff were positive about the improvements made in the service. They were committed in providing a good quality

service to the people who used the service. They told us that they could approach the registered manager, provider or senior staff if they had concerns and felt that they would be listened to. Minutes of team meetings showed that staff were asked for their views and their comments were listened to. This provided an open culture. Staff understood the ethos of the service and their roles and responsibilities to provide good care.

The registered manager told us that they felt supported in their role and that they had regular meetings with the provider. They understood their role and responsibilities and were committed to making improvements in the service to provide good quality care to people.

The provider's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines, falls and the safety of the environment. Where shortfalls were identified actions were taken to address them. Records and discussions with the registered manager showed that incidents, such as falls, complaints and concerns were analysed and monitored. These were used to improve the service and reduce the risks of incidents re-occurring. This helped to make sure that people were safe and protected as far as possible from the risk of harm. A staff member explained the new systems for making sure that all concerns about people's wellbeing were followed up by senior staff on a daily basis. However, as these had not yet been fully embedded in practice to provide people with a good quality service we could not be assured of their effectiveness at this time. The registered manager and the provider were receptive to our feedback and assured us that the improvements were ongoing.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The service did not protect people against the risks by way of doing all that is practicable to mitigate any such risks associated with medicines management.
Regulation 12 (2) (b) (g).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Systems in place to ensure that restrictions on people for their safety were lawful and how people's capacity to make decisions were identified were not robust.
Regulation 11 (1) (2) (3).