

Ash Paddock Homes Limited

Beech House Nursing Home

Inspection report

Wollerton
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was unannounced and took place on 1 and 2 September 2016.

Beech House Nursing Home provides accommodation and personal care for up to 54 people who require nursing and personal care. On the day of our inspection 37 people were living there.

The home had a registered manager who was present for 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.

People's care and support needs were not always met in a timely manner because there was not enough staff on duty. However, people could be assured they would be protected from the risk of harm as staff knew how to protect them from potential abuse. They were protected from the risk of accidents because the provider had systems in place to monitor this and to prevent them from happening again. People were supported by staff to take their prescribed medicines to promote their health.

People were supported by staff who may not have received training about how to care for them. People were able to make their own choices and staff supported them to do so. Some of the staff were unaware of what the Deprivation of Liberty Safeguards (DoLS) meant or the impact this may have on people. People were supported to eat enough and had access to drinks at all times. People were supported to attend medical appointments and had access to relevant healthcare services when needed.

People were not always involved in planning their care but they were happy with the care they received. The provider had taken action to ensure people were treated with dignity and that their right to privacy was respected. The majority of staff treated people with kindness.

Staff did not always involve people in their assessment and there was a lack of 'person centred' approach. People were not supported to pursue their hobbies and interest but staff assisted them to maintain contact with people important to them. People could be confident that their concerns would be listened to and acted on.

People told us that the registered manager was nice and staff said they were approachable. The provider carried out routine checks to monitor the quality of the service provided to people but these were not entirely robust to make sure people received an effective service.

You can see what action we told the provider to take at the back of the full version of the report.

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.

People did not receive care and support in a timely manner because there was not enough staff on duty. People felt safe living in the home and staff knew how to safeguard them from the risk of potential abuse. Accidents were monitored and action was taken to reduce the risk of a reoccurrence. People were supported by staff to take their medicine as prescribed.

Requires Improvement ●

Is the service effective?

The service was effective.

People were supported by staff who had access to training. People were able to make their own choices and staff were aware of the principles of the Mental Capacity Act 2005 to promote people's human rights. People were supported to eat and drink enough to ensure their health and they had access to relevant healthcare services when needed.

Good ●

Is the service caring?

The service was caring.

People were happy with the care they received. The provider had taken action to ensure people were treated with dignity and that their privacy was respected. Most staff were kind and sensitive to people's needs.

Good ●

Is the service responsive?

The service was not consistently responsive.

People were not always involved in their assessment to ensure the care they received was 'person centred.' People were not supported to pursue their hobbies and interests but they could be confident their concerns would be listened to and acted on.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Requires Improvement ●

There was a registered manager in post who supported people to have a say in the running of the home. The provider's quality assurance monitoring system was not entirely robust to identify the shortfalls we found during this inspection.

Beech House 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 inspection took place on 1 and 2 September 2016 and was unannounced. The inspection team comprised of two inspectors 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.

As part of our inspection we spoke with the local authority to share information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

During the inspection we spoke with 14 people who used the service, two visitors, five staff members, a health care professional and the registered manager. We looked at two care plans and risk assessments, medication administration records, accident reports and quality audits. We observed care practices and how staff interacted with people.

Is the service safe?

Our findings

People's support needs were not always met in a timely manner because there were not enough staff on duty. One person said, "I have waited an hour for staff to respond to my alarm bell." They told us this resulted in them being incontinent because they had to wait so long. A staff member confirmed that people had been incontinent because they had to wait a long time for support. They said, "People have been very upset when this has happened." They continued to say, "We are not able to provide a quality service all the time because we don't have enough staff but we try our best." A visitor told us their relative had to wait one hour and forty minutes for staff to attend to their personal care needs. Staff told us that not having enough staff meant that some people were not supported to get out of bed until 2pm. This also meant that at times they received their meals late. One staff member said some people liked to get up early in the morning but we don't have enough staff to help them to get up when they want to." Another staff member said, "We don't have time to chat with people or to do social activities with them." Staff told us that people get frustrated waiting for assistance. One staff member said, "It's not like they have to wait five minutes, it is 30 minutes or longer." They said, "It's difficult to give people the care they need and deserve because we don't have enough staff." We saw that staff were busy throughout the day as they assisted people with their personal care needs. Staff were not always available in communal areas to support people to do the things they like.

The registered manager said that staffing levels had recently been increased and this was confirmed by the staff we spoke with. However, staff told us that due to some people's complex care needs there was still not enough staff on duty to meet their needs in a timely manner. The registered manager acknowledged this. The registered manager said agency staff were used during the night shift and they were in the process of reviewing people's dependency levels. This would enable them to find out how many staff were needed to ensure people received the appropriate support and care.

This is a breach of regulation 18, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

People could be assured that staff were suitable to work in the home because the provider's recruitment procedure included safety checks. All the staff we spoke with confirmed a request was made for references before they started to work in the home. Staff also told us that a Disclosure Barring Service (DBS) check was carried out. The DBS is a national agency that keeps records of criminal convictions. These checks helped the provider to select the right people to work in the home.

People could be assured that they would be safeguarded from the risk of potential abuse because staff knew how to protect them. People told us they felt safe living in the home. One person said, "I feel safe here and the staff are good to me." Another person told us, "Staff have a way of making me feel safe." Staff were aware of various forms of abuse and how to reduce the risk of this happening. They told us they would share any concerns with the nurse in charge or the registered manager to protect people from further harm. Staff were aware of external agencies they could share their concerns with to protect people. Two staff members told us they had shared concerns with the registered manager about practices that placed people

at risk of harm. They confirmed that the registered manager took immediate action to safeguard the individuals. Staff told us that some people would be unable to tell them if they felt unsafe. However, people's body language and facial expression would indicate if they were unhappy and this would be explored further and action would be taken to resolve this. The registered manager was aware of when to share information of abuse with the local authority to protect people from the risk of harm.

People were protected from the risk of reoccurring accidents because the provider had systems in place to reduce the risk of them happening again. One person told us they had a fall, they said, "The staff checked me over and called the GP." The registered manager said the GP reviewed the person's medicines to find out whether this had contributed to them falling. The registered manager informed us that the person's care plan and risk assessment had been reviewed and up dated.

The registered manager said accidents were monitored to identify trends. This monitoring system helped them to identify that one person had sustained a number of falls from their bed. They said action was taken to lower the person's bed and a crash mattress was put in place to reduce the risk of injury. One staff member told us about the importance of ensuring the environment was clear from clutter to reduce the risk of trips and falls. Another staff member said they always did visual checks on lifting equipment to make sure they were safe to use. One staff member had been appointed to support people to pursue their hobbies and interests. They told us that social activities within the community were risk assessed prior to them taking place. They said this allowed them to find out if buildings were wheelchair accessible and to highlight any potential risks. For example, uneven flooring that could pose a risk for people who had restricted mobility.

People were supported to take their prescribed medicine by staff. One person told us that staff managed their medicines and they received them when needed. The registered manager said that all but one person's medicines were managed by staff. They told us that when people moved into the home they are asked if they would like to continue to manage their medicines. Where people wanted to manage their medicines, systems were in place to check they took them as directed by the prescriber. People were also provided with a safe place to store their medicines. The registered manager said medicines were only managed by qualified nurses who routinely had a competency assessment to ensure they had the skills to manage medicines safely. A nurse we spoke with confirmed they received competency assessments. We saw that medicines were stored appropriately and that a record was maintained to show when people received their medicines.

Is the service effective?

Our findings

People were cared for by staff who received one to one [supervision] sessions. The registered manager also confirmed that group supervisions were also carried out. Some staff confirmed they received one to one sessions but others told us they did not feel supported in their role. One staff member said, "I feel I lack support and I don't know if I am doing my job right." The registered manager said one to one sessions would be reviewed and action taken to improve the support given to staff. Staff told us they were provided with an induction when they started to work at the home. One staff member said their induction entailed learning about people's care and support needs. During their induction they were also able to read the provider's policies and procedures and they worked alongside an experienced staff member until they were confident to work alone. They said the induction period gave them the skills and confidence to carry out their role in meeting people's needs.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People told us that staff always asked for their consent before they provided them with support. One person told us they were able to make their own decisions. They said, "We do what we like, wear what we like and go to bed when we want to." The registered manager and staff told us that people were encouraged and supported to make their own decisions. A staff member said "When I assist people to get dressed I offer them a choice of clothing and they point to what they want to wear." The registered manager was aware of when a best interest decision should be made on behalf of people. Discussions with deputy manager confirmed that a best interest decision was in place to make sure a person received their prescribed medicines. They said that the person's GP and relative were involved in the best interest decision. However, the person this decision related to was not present during these discussions. The registered manager said for future meetings they would consider people's involvement or their presence.

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. 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 the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of when to apply for a DoL authorisation to protect people's human rights. The registered manager said they did not have any authorised DoL in place but they had submitted applications to deprive people of their liberty. They said these had been applied for to prevent people leaving the home without assistance because this would place them at risk of harm. The registered manager said the least restrictive measures would be taken when depriving a person of their liberty. They said if a person wanted to go out they would be supported by a staff member.

People were supported by staff to eat and drink sufficient amounts. People told us that the meals provided were good and they had a choice. One person said, "The meals are excellent and I can have double helpings if I want." Another person told us, "The quality and quantity of meals are very good." A relative told us, "The

meals always look lovely and my [relative] always enjoys them." The deputy manager said that approximately 16 out of 37 people required support from staff with their meals. We saw that people were supported with their meals in a caring manner. For example, we saw a staff sit with a person whilst they assisted them with their meal. They talked with the person and encouraged them to eat their meal. All the staff we spoke with had a good understanding of suitable meals for the individual with regards to their health condition, likes and dislikes. Staff said any concerns about a person not eating or drinking enough, they would be supported to access a dietician or a speech and language therapist who would provide them with advice about suitable meals. People told us they had access to drinks at all times. A staff member said that jugs of water and juice were accessible to people in their bedroom or on side tables in the communal areas and we saw this.

People were supported to access relevant healthcare services to maintain their physical and mental health needs. One person told us that the GP visited the home every Tuesday. They said, "If you are ill the staff will always call the GP for you." We spoke with a GP who told us they visited the home twice a week. They said staff would call them for a home visit or advise when necessary. People told us they had access to an optician and dentist and staff would support them to attend their appointments. Where people were unable to visit the surgeries a domiciliary visit would be arranged for them.

Is the service caring?

Our findings

People told us they were happy with the care they received. The registered manager acknowledged that action needed to be taken to promote people's involvement in their care planning. This would ensure that people received care and treatment the way they like. Two people told us they were unaware of their care plan but said, "Recently a staff member sat with us and asked if we were happy with the service we received." One person said, "They ask us about the care we received and what support we needed." One visitor told us, "I was not involved in planning [relative's] care but they get the care they need." The staff we spoke with were aware of people's care and support needs. One staff member told us that during the shift handover, the nurse in charge provided them with information about how to care for the individual. One person told us that staff knew how to care for them. They said, "I was unwell and the staff looked after me so well."

Three people told us about the way some staff spoke to them. One person told us that staff had spoken to them in a derogatory manner. They shared their concerns with the registered manager who addressed their concerns immediately. However, two people raised concerns about staff's approach but had not informed the registered manager about this. We shared these concerns with the registered manager who said they would investigate this. The registered manager contacted us after the inspection to tell us what action they had taken to address the concerns identified during the inspection. We saw some good practices that promoted people's dignity. For example, a staff member protected a person's clothing whilst they supported them with their meal. They wiped the person's mouth discreetly to preserve their dignity. We also saw another staff rearrange a person's clothing to maintain their dignity.

People could be assured their right to privacy would be respected. One person told us, "Even though I don't have a lock on my door, staff always knock and ask if they can come in." Another person told us that when staff supported them with their personal care needs they always covered them with a towel to preserve their dignity. Staff were aware of the importance of respecting people's privacy. One staff said, "I always make sure the door and curtains are closed when I support people with their personal care needs."

Although some people raised concerns about staff's approach and conduct other people were complimentary about the staff team. For example, one person said, "We are treated very well." Another person told us, "The staff are caring and helpful." One person told us, "If I didn't receive good care I wouldn't be here." A staff member said they were committed to provide people with good care although this was sometimes difficult because they were not enough staff on duty to provide quality care. They said, "I care for people like they were my own." A visitor said, "My [relative] has lived here for years and I would be happy for any of my relatives to live at the home." One person told us, "The staff are lovely to me." Another person said, "I wouldn't hear a word said against the staff." "They help me all the time." One person told us they like to have a cup of coffee at 7am and staff always did this for them. They said, "You can't ask for better." People told us that staff supported them to maintain their personal care needs. They said staff encouraged them to do as much as possible to promote their independence. One person said, "I wash my hands and face and staff help with other areas." Two people told us they were pleased that staff gave them the opportunity to be independent. One person told us, "The staff help me to get dressed and help me with

things I can't do." Two people told us about their religious needs and the staff we spoke with were aware of this. These two people told us they were supported to visit their chosen place of worship and this was important to them.

Is the service responsive?

Our findings

Discussions with people who used the service confirmed that not everyone was involved in their assessment. However, they told us they were happy with the service they received. The registered manager and staff confirmed that more work was needed to provide a 'person centred' approach in the way people were supported. The registered manager said action would be taken to ensure people were also more involved in their assessment. The registered manager acknowledged that the service provided to people was more 'task orientated' and not specific to the individual's needs.

People's hobbies and interests were not explored and they received limited support to do the things they like. Staff told us they were focused on meeting people's personal care needs and did not have the time to support people in doing the things they enjoyed. One staff said, "There isn't enough staff on duty to do social activities with people." The registered manager said they acknowledged that information relating to people's interests had not been recognised by staff. We observed a person sitting with a newspaper in front of them. There were no staff available to sit and read to them. One person told us they were not supported to pursue their interests. They said, "I would love for someone to read to me or to talk with." We spoke with another person who told us they were often bored. A visitor told us, "[relative] does nothing all day but they seem contented." Two people told us they did not do a lot of activities. They said sometimes entertainers came into the home and they would have a 'sing along.' They enjoyed pet therapy where pets were brought into the home and they were able to stroke them. Staff said people had limited access to leisure services within their local community because they were not enough staff on duty to support them to get to these services. Discussions with the registered manager and staff confirmed that more emphasis needed to be focused on finding out what the individual's interests are and to enable people to pursue them. One staff member said, "We don't have time to explore people's interests and to do things with them." Another staff member said, "Providing stimulation and activities is a second thought." The provider had appointed a staff member to support people to do the things they enjoyed. However, this staff member said they often had to assist people with their personal care needs because there were not enough staff on duty. Hence, they were not always able to support people to pursue their interests.

People were supported to maintain contact with people important to them. One person told us they were able to have visitors at any time. The registered manager said people had access to a mobile phone and a laptop to enable them to maintain contact with their family and friends.

People's concerns were listened to and acted on. One person said, "If I have any problems I would speak to the nurse but I have never had any concerns." The registered manager said that all complaints were recorded and responded to in writing and we saw evidence of this. When we informed the registered manager about the concerns people shared with us during the inspection they acted on them immediately. Staff told us that some people would be unable to express their concerns but they knew when they were unhappy. They told us that the change in a person's behaviour or loss of appetite could indicate there was something wrong and this would be looked into.

Is the service well-led?

Our findings

The provider had policies in place that identified essential training for staff to ensure they have the skills to provide an efficient service. However, the registered manager acknowledged they had not adhered to this. For example, the provider had identified dementia care training as mandatory. The registered manager confirmed that they had not taken the necessary action to ensure that all staff received this training. One staff member said dementia care training would be beneficial in their roles to support and assist people living with this condition. They said access to this training would give them a better understanding about certain behaviours and how to communicate with the individual. The registered manager acknowledged that dementia awareness training would equip staff with a better understanding of how to care for people living with this condition. They assured us that action would be taken so all the staff receive this training but in the meanwhile staff had access to reading materials about dementia care.

The registered manager said their line manager carried out routine monitoring visits to check the quality of service provided to people. The registered manager told us that quality assurance audits were carried out. These included audits regarding the management of people's prescribed medicines, infection control and to ensure the environment was safe for people to live in.

The registered manager had appointed a 'resident representative.' This person lived at the home and told us their role involved helping new people to get familiar with the home and the service available to them. They also played an active part in meetings and spoke on people's behalf who were unable to attend the meeting because of their reduced mobility. During these meetings people talked about how to spend funds that had been raised for the home. People asked for a laptop and a water feature in the garden and these items were purchased. The registered manager told us that the resident's representative also played a valuable role when recruiting staff. They were included in the interviewing panel and were able to express what skills the potential care staff should have. Questionnaires were given to people and their relatives to ask them about the service provided. The registered manager said these surveys had identified people's concerns about the lack of consistency of having the same nurses during the night time. They said that the lack of consistent nurses meant they did not know people's needs. Action had been taken to ensure they used the same group of agency nurses to provide consistency with the service provided to people.

The registered manager said that meetings were carried out with the staff and the staff we spoke with confirmed this. One staff member said the registered manager did listen to them. For example, they had requested new slings for the hoist and pressure cushions to ensure people's safety and comfort and these were put in place.

The registered manager said they were supported in their role by the senior management team and received regular one to one support. They told us they had access to routine training to ensure they had the skills to undertake their role. They had obtained the National Vocational Qualification level 5 in management. They told us that this training enhanced their management skills. People told us that the registered manager was approachable. Staff described the registered manager as friendly and approachable.

The registered manager was aware of when to send us a statutory notification about important events that had occurred in the home which they are obliged to do so by law.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not enough staff on duty to ensure people's care and support needs were met in a timely manner.