Country Court Care Homes 2 Limited

Beech Lodge Nursing Home

Inspection report

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Date of inspection visit:
12 October 2017

Date of publication:
11 December 2017

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

The inspection took place on 12 September 2017 and was unannounced.

Beech Lodge Nursing Home provides residential and nursing care for up to 37 people, including older people and people living with dementia. There were 35 people living at the home on the day we inspected.

At the last inspection the service was rated as requires improvement.
At this inspection the service has improved and is rated good.

Our last inspection took place on 19 April 2016. We found that the provider was in breach of the regulations as they had failed to notify us of significant incidents relating to the service relating to safe care and treatment. At this inspection we found the provider had made the improvements needed to comply with this regulation. The registered manager had reviewed the legal requirements and had submitted appropriate notifications about all relevant events.

There was a registered manager for the home. 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 rights under the Mental Capacity Act 2005 were respected and where people had capacity they were supported to make decisions. Where people were unable to consent to living at the home and were under constant supervision appropriate referrals had been made to the Deprivation of Liberty Safeguards supervisory authority. People were able to make choices about their everyday lives and these were supported by staff.

There were enough staff to ensure that people's needs were met in a timely manner. In addition staff received training and support from managers which meant that the care provided was safe and effective. Recruitment processes ensured that staff were safe to work with people living at the home. Staff had received training in keeping people safe from abuse and knew how to raise concerns.

Staff were kind, caring and compassionate and supported people's dignity and independence.
There was a weekly programme of activities and people were able to choose what activities they wanted to undertake. The activities supported people's health and well-being and people were also supported to access the community.

People's ability to maintain a healthy weight was monitored along with their ability to eat safely. Where any concerns were identified action was taken to keep people safe. Where need advice was sought form other health care professionals to ensure that the care provided met people's needs. Medicines were safely managed and systems ensured that they were always available to people when needed,

The provider took account of the views of people living at the home and their family members to monitor the quality of care provided and to identify areas for improvement. The provider and registered manager also had a set of audits in place which monitored the quality of care and identified risks to people. When any areas of concern were identified the provider took action to rectify the issue.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had received training in keeping people safe from abuse and knew how to raise concerns.

Risks to people were identified and care was planned to keep people safe.

There were enough staff to meet people's individual needs in the way they preferred.

Medicines were safely managed.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and support which supported them to care for people safely.

People's rights under the Mental Capacity Act 2005 were respected.

People were supported to eat safely and to maintain a healthy weight.

Staff ensured people accessed healthcare advice and support when needed.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and built relationships with people living at the home.

People were able to make choices about their everyday lives and their independence was supported.

Staff respected people's privacy.

Is the service responsive?

Good

The service was responsive.

Care was planned to meet people's needs and people were included in planning their care.

Activities supported people's well-being.

Complaints were reviewed and action taken to resolve people's concerns.

Is the service well-led?

Good

The service was well led.

People's views of the service was taken into account and used to drive improvements in the quality of care provided.

Audits ensure the quality and safety of care was monitored and action was taken to resolve any concerns identified.

Beech 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 home, and to provide a rating for the home under the Care Act 2014.

This inspection took place on 12 October 2017 and was unannounced. The inspection team consisted of an inspector, a specialist advisor and an expert by experience. The specialist advisor was a registered nurse. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care home.

Before the inspection we reviewed the information we held about the home. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited the home. We also reviewed information sent to us by the local authority who commission care for some people living at the home. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

During the inspection we spoke with five people living at the home and four visiting families and spent time observing care. We spoke with the operations manager, the registered manager and the deputy manager along with a nurse and four members of staff.

We looked at nine care plans and other records which recorded the care people received. In addition, we examined records relating to how the home was run including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

People told us that they felt safe being in the home. One person said, "I've no worries. I feel very safe being here." Another person told us, "It's very nice and safe. I can find someone when I need help." A family member commented, "She's safe and well cared for, there couldn't be a better choice of home."

Staff had received training in how to keep people safe from abuse both when they started working for the provider and on a yearly basis. Staff knew how to raise concerns both with the home and with external agencies. The provider had identified a member of staff to be the safeguarding champion. This member of staff was able to raise concerns for other staff if they wished to remain anonymous.

Information was available to visitors to the home about how to keep people safe and when to raise concerns. There was a notice board in reception with the contact details for the local safeguarding authority and the Care Quality Commission.

People told us that staff supported them to move safely and appropriate equipment was available.
A relative told us, "On a good day, he might be able to stand with the help of two, or they'll hoist him so he can go to the dining room or lounge."

Risks to people's health were identified and managed appropriately. For example, where people were at risk of developing pressure ulcers they were given appropriate pressure relieving equipment and repositioned every two hours. Care plans recorded how it was important for people to have a good diet to minimise the risks of developing pressure ulcers. In addition, we saw that the risks posed by people's behaviours were also identified and care planned to keep people safe. For example, staff noted when people may be at risk of self-neglect. They would encourage them and ensure that the person's preferences were known to make the process less intimidating for the person.

When people living with dementia became distressed their monitoring was increased to ensure that they and others living at the home remained safe. For example, one person's care plan showed that they repeatedly tried to leave the home. Staff ensured they knew where the person was and that doors were secure as the person would have been unable to keep themselves safe if they left the home alone. There was a fire kit near the front door this contained the information the fire brigade would need to ensure that people were safe in a fire and the support they would need if an evacuation of the home was needed.

People told us that the staffing levels supported them to receive safe care. One person told us, "It's usually good and someone is around." A family member said, "I've never seen them understaffed. There is always someone on the floor or watching. It gives me peace of mind." People told us that staffing levels supported their care to be delivered in line with their care plans. One person told us, "I hear them come in now and then at night." A family member said, "If he's in bed poorly, he gets regular checks and a drink and pad change."

The registered manager had completed a staffing tool based around the needs of people living at the home.

Records showed that there were more staff on the rota than was needed to provide safe care for people. We saw this during our inspection and that staff had the time to spend with people instead of being focused on the task needed to care for people.

The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the home. For example, we saw people had completed application forms and the registered manager had completed structured interviews. Any gaps in people's employment history had been identified and investigated. The required checks had been completed to ensure that staff were safe to work with people who live at the home.

There were systems in place to ensure that medicines were reordered in a timely fashion. This meant that people's medicines were available for them when needed. Medicines were stored safely so that there was no unauthorised access to them. The temperature in the medicines room was slightly outside the maximum range at which medicines should be stored at. Records showed in the previous two weeks the temperature had exceeded the maximum range another four times. We saw that the medicines audit had identified the need for lower temperatures in the medicines room. Records showed that the registered manager had put in a request for air conditioning in the room.

People told us that their medication was always well supervised. One person told us, "The nurse waits by me." A family member told us, "It's all very well supervised, taking his tablets." Medicines were administered to people safely and accurate records about medicines were kept. Where people had their medicines in a patch there was a recording sheet in place. This identified when patches had been removed and where each patch was placed to ensure rotation of patch sites to avoid irritation of skin.

There were protocols in place to support people to have access to homely remedies such pain relief and cough mixture when needed. In addition, the process ensured that if people needed homely remedies on a regular basis they were referred to their doctor for advice and support.

Some medicines such as pain relieve and medicines to reduce agitation had been prescribed to be taken as required. There was clear guidance in place to support staff to administer these medicines on a consistent basis. Records showed when and why these medicines had been administered and we saw that they had supported people's well-being.

Where people required their medicines to be crushed or where medicines given covertly there was advice from the pharmacist when these methods of administration were appropriate. Covert medicine is medicine hidden in food. This is done when people lack the capacity to understand the need to take their medicines and who continually refuse their medicines.

Good

Is the service effective?

Our findings

People told us that staff were competent in their role. One family member said, "I find them very attentive and they have a good rapport with him." Another family member told us, "I admire their patience. I've never once seen anyone raise their voice."

Staff told us that they had received an induction which supported their needs and enabled them to provide safe care for people. They told us that they had been required to complete some classroom training as well as some distance learning and had also spent time shadowing an experienced member of staff. A new member of staff told us, "I feel able to go and ask questions. The nurses are approachable and don't make you feel silly." All new starters were required to complete the care certificate with observations of competencies being completed by an in-house trainer.

All staff received refresher training to ensure their skills stayed up to date. The provider had a system in place which monitored people's training and reminded them when it was time to update their skills. The nurses also receiving ongoing support to ensure their skills remained up to date. In addition, they were also supported to complete their revalidation with the Nursing and Midwifery Council.

Staff received regular supervisions. These were held in one to one sessions with their manager in group supervisions and some observed supervision were also completed.

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).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people may not have been able to make a decision about whether they wanted to live in the home or not, the registered manager had assessed their ability to make that decision. If needed an application for a DOLS had been submitted to ensure people's rights were protected. No one had any conditions placed on their DoLS.

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's abilities to make decisions for themselves had been assessed. Where they were unable to make a decision for themselves capacity assessments had been completed and decisions had been made in their best interest involving their family members and healthcare professionals. For example, capacity assessments were in place to see if people were able to understand the implications of refusing their medicines or if their medicines needed to be administered covertly.

Where people had made legal arrangements for people to make decisions for them the information was recorded in their care plan. This ensured staff knew who was able to make decisions.

Family members told us that staff always asked for people's consent before providing any care. One family member said, "They always check with him first if they can do something, they don't assume, just because he can't always reply well." Another family member told us, "They always ask him if they need to do any care for him."

Care plans also recorded people's ability to understand questions and when they may become confused. For example, one person's care plan recorded that they had impaired cognition but no formal diagnosis of dementia. Staff told us that they encourage people to make decisions by altering the information provided to them. For example, by simplifying their choice or by offering two alternatives, where needed they provided visual clues to prompt people.

People told us that the food was good and that special diets and likes/dislikes were catered for by staff. One person told us, "The food is nicely cooked and we get a choice. They keep my lunch warm for me if I've been out." A family member said, "He's diabetic and the food is well managed for him and he still gets a choice. He loves a fried egg sandwich for his breakfast which they do just for him. He's spoilt rotten." The chef spoke with people after their lunch to ensure they had enjoyed their food.

People told us that drinks were always available for them. One person said, "I get plenty to drink and there's always tea or coffee on the go." A family member told us, ""They're always bringing drinks around and helping her." We noticed that people in bedrooms all had a cold drink to hand in addition to regular other drinks offered. Jugs of squash were available in the lounges. The drinks trolley made a regular round, including a choice of fruit pieces and homemade cake.

People were offered a choice of food and the food supported people to be independent and their independence was encouraged. For example, we saw one person was eating their chips with their fingers. We saw that people were able to personalise the meal with condiments.

We saw that one person who spent a lot of time in their bedroom had chosen to get up. We saw that they ate their meal and enjoyed it. Staff commented how the person ate much better when they chose to get out of bed. Staff offered them a second portion. We saw that they ate most of the second meal as well. Staff had sat with the person while they ate to ensure that they were safe. We saw that this person's care plan indicated that they should have been on a soft diet. However, they had been given omelette, chips and salad. We raised this as a concern with the registered manager who explained that when the person was up they ate better and could manage a normal diet with supervision from the staff. The registered manager told us they would review the care plan to ensure it fully reflected the person's ability around eating.

People's weight was recorded and monitored to ensure they were maintaining a healthy weight. Where people were unable to maintain a healthy weight their meals were fortified to help them eat more calories. For example, by adding cream and butter to mashed potatoes. If needed they were referred to their doctor for further guidance and support.

People's dietary needs were reviewed along with their ability to eat safely. Where people were unable to eat safely this was recorded in their care plan along with any changes to their diet such as mashed or pureed food. Where needed guidance and support from a dietician were sought.

People told us that the staff supported them to access healthcare professionals if needed. One person said,

"They get the doctor out quite quickly for me now and then. I had the optician a while ago and see the chiropodist." A family member told us, "They've been very quick with the doctor, he's been in and out a lot. The staff always ring me too. He had some new glasses from the optician and gets his feet done here too."

People's daily notes showed that they had been supported to access the GP when they were unwell. In addition, the nurses were able to monitor their health and raise concerns with external health professionals as needed. For example, records showed that a nurse had completed a test to see if a person had a urinary tract infection when their behaviour changed.

Records showed that staff identified when people were not well and called the doctor for advice. For example, we saw that had contacted the doctor as one person had increased sleepiness and had stopped eating so well. The doctor diagnosed a chest infection and medicine to support the person. A relative told us, "The staff are quick to pick up signs of a urine infection as he needs different antibiotics then."

Good

Is the service caring?

Our findings

We observed staff treating people with respect and talking kindly but politely. We noticed that staff knocked on bedroom doors before entering and people had the option of having their bedroom door open or closed when in their room. Everyone we spoke with was complimentary about staff kindness. One person told us, "They're good people here and I find them very nice." A family member said, "I find them so welcoming, they call me by my first name too, so you're not just a room number to them. I almost feel like I live here."

People had been able to build friendships with the staff. One person told us, "We have a lot of fun with the staff. I feel relaxed." A family member said, "I've never seen him laugh so much since he's been here. He didn't laugh much at home." Another family member commented, "They are lovely to him and call him their BFG! They're very sweet with him and he'll smile for them but doesn't for me." In addition, the provider had a social media page which highlighted the activities that people had undertaken and supported them to engage with families and the local community.

To further increase people's well-being the provider had developed a hospitality role. This is a member of staff who spends the day in the lounges ensuring that people have everything they need. They do not provide personal care and so have the time to spend with people. We observed this member of staff hostess being caring in her role and kneeling beside people to ask about what drink they might like, or to encourage someone to drink.

People were supported to make choices about their everyday lives. One person told us, "I can go where I like here really. I like the garden and can go out on my own if I want. I'm very independent." A family member told us, "He gets to make choices about his food and drinks and if he wants to stay in bed longer." Care plans recorded people's ability to make decision. For example, one person's care plan recorded that they were able to choose which clothes they wanted to wear. In addition, care plans contained information on the type of staff people wanted to support them. For example, we saw one person's care plan noted that they only wanted support with personal care from female staff.

People's bedrooms had memory boxes outside their doors. People could put things in their memory box so that it would help them to identify their room and improve their independence. In addition, people told us how staff supported them to keep as many skills as possible. One person said, "They let me manage what I can when we are bed washing." A family member commented, "They let him do as much as he can manage."

Care plan included personal information to help people maintain their dignity. For example, we saw one care plan recorded that the lady liked to have her hair looking nice and neat but chose not to wear makeup on a daily basis. People also told us that staff supported their privacy. One person said, "They usually knock on my door. I close the curtains if I want some privacy." A family member told us, "They are very respectful of him. I see them knock on people's doors first. They shut his curtains if he's washing or dressing and I'll wait elsewhere." There was a dedicated hairdressing salon so that people would feel pampered when having their hair done, just as they would if they had gone to a hairdresser in town.

People's wishes were supported even if they were unable to voice them any longer. The registered manager had worked with the local authority to support a person to access an independent advocate when they identified concerns about the support provided by the family. This person lacked capacity to make some decisions about the care. The advocate ensured that the person had someone to speak on their behalf when decisions were being made about their care. People's end of life wishes had been discussed. Where appropriate people had do not resuscitate forms completed by a health care professional. The decision had been discussed with either the person or a member of their family.

Good

Is the service responsive?

Our findings

Families told us that they felt involved in their relative's care and could see the care plan and raise any questions. Review meetings were also held. One person told us, "My daughter handles everything for me and seems happy." A family member who had a lasting power of attorney told us, "They did the care plan with us when he arrived, it was about a three hour meeting. I've been very happy that his care plan is being used." The registered manager told us that they had an 'open door' policy for families to raise any concerns or ideas. They explained that a six month review took place for each person, involving family and also the person's named nurse and key worker.

People told us that they had regular access to a bath or shower and that the laundry service was good. We noticed that people appeared clean and tidy and the gentlemen had been shaved. One person said, "I like a nice shower. They look after my clothes well and it's a very clean place." Another person told us, "I get a daily bed bath and pad changes, I've got a catheter too. They're pretty good at washing and changing my nighties." A family member told us, "He has a bad skin condition so has to have just a warm shower, he has a shower every day and they apply his cream afterwards."

Care was provided to meet people's needs and staff assessed those needs each time they provided care for people. For example, a member of staff told us how one person sometimes needed two staff to provide care. However, they would be more relaxed if care was provided by a single member of staff so they assessed each time how their care was to be provided.

We saw examples of good person-centred care throughout the day, such as a person living with advanced dementia who frequently walks up and down the home. A carer would gently take him by the hand on occasion and chat to him while encouraging him to sit awhile in the lounge to rest. He would be given the television remote control and put in charge. In addition, care staff showed that they had a good understanding of the needs of people living with dementia. For example, at lunch time a member of staff changed the music playing to an upbeat lively set of songs. They explained to a colleague that this music would support people to eat better. A family member told us, "He was a farmer so a perfect setting. If he's in his chair, they will put him so he can see in the fields. The whole process here is about him, they are so lovely with him."

Care was in place to support people's health needs. For example, where people had developed wounds care plans were in place detailing the care and dressings needed to support the wound to heal. Where people had long term conditions such as diabetes, care plans supported staff to monitor the person's health and identify when they needed to raise concerns. Appropriate monitoring such as testing the level of sugar in the blood was undertaken and accurate records kept. Where people were unable to manage their continence we saw that they received the appropriate assessments from specialist nurses to ensure that care and equipment met their needs.

The provider and registered manager had provided plenty of areas of interest for people to engage with as they walked around the home. For example, in one corridor we saw that there was an old fashioned school

desk along with a school uniform. This was a good environment for people with dementia as it engaged their interest and helped them to reflect on their or their children's school days. This is in line with the latest guidance on creating a supportive environment for people living with dementia.

People told us they were happy with the activities offered to them. One person told us, "I like gardening and planting. We do good craft things too. I have the occasional trip but usually in a car, I've been to the seaside and [local garden centre]." A family member told us, "The activity girls really take care to get everyone to join in if they can. They use [Social Media] quite a lot which is good when I'm away on holidays and see his photo having fun." The provider had a Country Court in bloom competition and the staff and people living at the home were proud that with the help of the people planting and looking after the flowers they had won the best planter category.

The activities lead told us that they moved between 10 of the provider's homes and ensured that good quality activities were available to people. The provider used a wellness wheel for people living with dementia which looked at areas like people's emotional, social and physical wellbeing. The activities were planned to reflect these needs with each area being covered once a week. An activities program was placed in each person's bedroom as well as being on display in the communal areas of the home. The home had been decorated for Halloween and people had been encourage to make and participate in the decorations. The activities staff also provided individual activities for people, for example, we saw some ladies were enjoying having their nails painted.

We observed the three activity staff interacting well with people and encouraging one-to-one participation in Halloween craft making. People were given choices of what to make or do, or could just watch. They were told that some children in costume would be visiting to play trick or treat with people. We overheard one person say that they would like some shopping. An activity team member jovially suggested that they plan getting a bus to take a few others too on a shopping spree before Christmas. This was met with enthusiasm. Regular outings were arranged by the home, using a shared company minibus.

No-one we spoke with could recall having the need to raise a complaint. One person told us, "At times I've had some little niggles but don't worry as they get sorted often. I'd tell my son to complain if there was anything big." A family member said, "Nothing at all to complain about." Another family member said, "Absolutely no complaints ever needed." Staff told us that if a person raised a complaint with them they would encourage and support them to raise the concern with the registered manager, or raise it for them.

There was a notice board in reception which had information regarding how to make complaint. Records showed that the registered manager had investigated complaints raised in line with the provider's policy and had taken action to resolve any issues.

Good

Is the service well-led?

Our findings

At our last inspection we identified that the registered manager had not notified us about all the incidents they were required to tell us about by law. This was a breach of the regulations. The registered manager showed that they had learnt from the findings of the last inspection and were able to correctly tell us about all the incidents that they needed to notify us about. Records showed that they had submitted notifications about all the incidents they were required to tell us about. They provider was now meeting the regulation.

People's comments on the registered manager were all positive, One person said, "He seems a nice fellow and sits and talks with us." A family member told us, "He's an amiable chap and takes action if you mention the slightest thing." People's families told us they were happy with the care, one family member said, "It's absolutely lovely here. He's really happy. I'd have no hesitation at all about recommending it." Another family member commented, "The whole family is so impressed with the place."

Staff told us that they were supported by the provider and registered manager and had regular staff meetings to keep them up to date with issues in the home. They said that if they missed a meeting them they were informed of any important information by the registered manager. In addition, staff told us that they worked together as a team and supported each other. Several care staff commented on the positive support they received from the nurses who worked at the home. One member of staff told us, "The nurses are very good, you can state your view and they don't take it personally and they will listen."

The provider had gathered the views of people living at the home and their relatives. They had done this using surveys and residents' meetings. One person told us, "Sometimes they have a meeting, we have different things to say." A family member said, "I've been to one or two [meetings]. They take action straight away if anything is criticised." Another family member said, "Yes, I've had one or two surveys recently. "Records showed actions had been taken regarding any concerns identified in the meetings or survey results. For example, they arranged care reviews as some people had not seen their care plans.

There were a suite of audits in place to monitor the quality of care provided in the home. For example, we saw that there was a monthly rotation of audits in place to monitor areas such as infection control. In addition, the operations director completed a quarterly audit care and environment. We saw that for all the audits completed there were action plans in place to ensure action was taken to rectify concerns identified. Accidents and incidents were monitored for trends.
In addition, there were some external audits completed to ensure that the provider and registered manager were keeping up to date with the latest changes in best practice.

The provider and registered manager took action to keep up to date with best practice in care. The provider had signed up to the local authority harm free care initiative. This helped care home to monitor and support people's care needs around pressure ulcers, falls and other risks around receiving care. In addition, the registered manager, who was a nurse, was continuing with their own learning completing a nationally recognised qualification in leadership.