Beech Lawn Care Limited

Beech Lawn Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 14 and 15 October 2015. Breaches of legal requirements were found and enforcement action was taken. This was because people's freedom was not always supported or respected and the provider's systems in place to monitor the quality of service people received were not effective.

After the comprehensive inspection the provider wrote to us to say what they would do to meet the legal requirements in relation to our enforcement action. We undertook this focused inspection on 12 January 2016 to check they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Beech Lawn Nursing and Residential Home on our website at www.cqc.org.uk

Beech Lawn Nursing and Residential Home provides nursing and residential care for up to 44 older people who require support in their later life or are living with dementia.

There were 35 people living at the service at the time of this inspection. The service is on two floors, with access to the upper floors via stairs, chair lift, or wheel chair lift. Some bedrooms have en-suite facilities which have a toilet and wash basin. There are shared bathrooms, shower facilities and toilets, two lounges, and three dining rooms. There is an outside patio area with seating.

The registered manager for the service had recently resigned and was leaving on 14 January 2016. A new manager had been employed to replace the existing registered manager, and informed us an application for registration with the Care Quality Commission would be submitted shortly. 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 mental capacity was being assessed in respect of some areas of their care, such as the use of bed rails and consent to care and treatment. This helped to ensure decisions were being made in line with people's wishes. However, people's care plans did not always provide guidance and direction for staff about how to support people when they did not have the capacity to make decisions for themselves. This meant decisions may not always be made in people's best interests. However, training was being arranged to ensure the registered manager and staff had a better understanding of how the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) protected people to ensure their freedom was supported and respected. A computerised care planning system was being implemented, and would help to prompt staff to complete mental capacity assessments when necessary. People who may be deprived of their liberty had been assessed.

Monitoring systems had and were continuing to be devised, implemented and improved to help ensure the quality of the service people received was effective and meet their needs. The provider visited the service on a weekly basis and had introduced a management report which would help highlight areas of concern, in respect of staffing, the environment and documentation. The new manager had a good understanding of the importance of monitoring the service. People, their family and loved ones were being encouraged to be part of care planning reviews, and informed about how to provide feedback about the service they were receiving.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 effective?

Requires Improvement

People's mental capacity was being assessed in respect of some areas of their care. However, people's care plans did not always provide guidance and direction for staff about how to support people when they did not have the capacity to make decisions for themselves. This meant decisions may not always be made in people's best interests.

The provider had undertaken training in the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Training was being arranged to ensure the registered manager and staff had a better understanding.

People who may be deprived of their liberty had been assessed to ensure people's freedom was supported and respected.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for effective at the next comprehensive inspection.

Is the service well-led?

Requires Improvement

Monitoring systems had and were continuing to be devised, implemented and improved to help ensure the quality of the service people received was effective and met their needs.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well led at the next comprehensive inspection.

Beech Lawn Nursing and 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.

We undertook an unannounced focused inspection of Beech Lawn Nursing and Residential Home on 12 January 2016. This inspection was done to check that improvements to meet legal requirements after our comprehensive inspection on 14 and 15 October 2015 had been made. We inspected the service against two of the five questions we ask about services: is the service effective? and is the service well led? This was because the enforcement action was in relation to these two questions. The inspection team consisted of two inspectors.

During our inspection, we spoke with four members of care staff, the administrator, two nurses, the new manager, and the registered manager.

We looked at 11 records that related to the care and support of people, accident and incident records, staffing dependency tools, training records, and quality assurance and monitoring paperwork.

Before our inspection we reviewed the information we held about the home. We reviewed notifications of incidents that the provider had sent us since our last inspection and the previous inspection report. A notification is information about important events, which the service is required to send us by law. After the inspection we spoke with the provider and the local authority service improvement team.

Requires Improvement

Is the service effective?

Our findings

At our last inspection on 14 and 15 October 2015 the legislative framework of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) were not being followed. At this inspection, we found action had been taken to address these shortfalls and further improvements were being made.

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 mental capacity had been assessed in respect of the use of bed rails and consent to care. Documentation showed these decisions had been made in people's best interests, with the involvement of their family or other professionals. However, this assessment had not always been appropriately carried out. For example, one person had expressed to staff they did not want to stay in bed at all times, with bed rails. There were no details in this person's care plan about how the decision for this person to remain in bed, with bed rails had been reached. Following our inspection action was taken to speak with the person's family, their GP and contact the local authority to ensure the person was being cared for in the correct way and was meeting their individual needs.

Some people were living with dementia. The impact of a person's dementia had been detailed in care plans. Care plans described people's emotions or behaviour which could be displayed. For example, it described in one person's care plan how they became confused and resistant to staff support. However, the care plan did not contain guidance and direction for staff about how to support the person when they responded in this way. There was no information about the person's mental capacity and the impact this may have with regards to how staff should support them when they declined assistance. The provider recognised further work was required and to help make improvements, they had attended training with regards to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Training and clinical supervision was planned for staff, to help improve their understanding and competence.

The legislative framework of the Mental Capacity Act 2005 (MCA) was not always being followed. People's care plans did not always contain guidance and directions for staff about how to support people when they did not have the capacity to make decisions for themselves. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who may be deprived of their liberty had been assessed. The registered manager had made contact with the local authority to seek additional advice and to make sure all the necessary documentation was in place for people. Deprivation of Liberty applications were waiting approval by the local authority and copies were held within people's care plans. 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 Mental Capacity Act 2005 (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty

Safeguards (DoLS).
A new computerised care planning system was in the process of being installed. The system would prompt staff to complete mental capacity assessments when necessary, and would be used as a monitoring tool for the provider.

Following our inspection the registered manager and provider wrote to us and explained how they would make additional improvements with regards to the implementation of the legislative frameworks of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). We will check that action has been taken at our next inspection.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 14 and 15 October 2015 the systems in place to monitor the quality of service people received were not effective. The provider did not have systems and processes in place to monitor and improve the quality of care for people in respect of the planning of people's care, meeting people's individual needs, staffing, and the implementation of the legislative framework of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS).

At this inspection, we found action had been taken to address these shortfalls and further work was being undertaken to make continue improvements and strengthen the systems which had been put into place.

The implementation of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) was being monitored by management. The provider had undertaken training and further training and clinical supervision was being arranged to improve staffing competence of both frameworks.

Auditing systems had and were continuing to be devised, implemented and improved to help ensure the quality of the service people received was effective and meet their needs. These had been introduced to help highlight areas which required action and drive continuous improvement across the service. Some of which included, the review of falls and accidents, people's daily care, care records and emergency evacuation plans. The provider was in the process of introducing a new electronic care planning system. The new system had a monitoring programme which would prompt staff when records had not been updated or when action had not been taken.
The provider explained they were introducing a new monthly management report. This report would be used to help the provider to have a better overview of the service and for the manager to highlight any areas which required improvement. As part of this process, the manager was to audit areas, such as infection control, people's care and staffing. This report would commence from February 2016.

The provider was visiting the service on a weekly basis and meeting with the new manager to discuss the quality of the service. The new manager for the service spoke confidently about the responsibility to effectively monitor the service and to ensure people received a high standard of care and service, but appreciated there was further work to do. People, their family and loved ones were in the process of being written to by the new manager, and being encouraged to be part of care planning reviews, and informed about how to provide feedback about the service they were receiving.

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 did not take formal enforcement action at this stage. 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 11 HSCA RA Regulations 2014 Need for consent The legislative framework of the Mental Capacity Act 2005 (MCA) was not always being followed. People's care plans did not always contain guidance and directions for staff about how to support people when they did not have the capacity to make decisions for themselves.