

Ash Paddock Homes Limited

# Beech House Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Beech House Nursing Home is a residential care home registered to accommodate up to 54 people. At the time of this inspection the service was providing personal and nursing care to 28 older people.

People's experience of using this service:

- ☐ People were positive about the care and support they received. One person said, "The staff are very good and I feel safe and well looked after here." Another person told us, "The staff never make me do anything. They tell me to tell them what to do." Another person said, "All the staff are really nice and very kind. [Name of a nurse] is on today; I really like them as we have a laugh and that's really important to me."
- ☐ The provider had made improvements to the service since our last inspection.
- ☐ Governance of the service had improved. Effective checks and audits were carried out to determine the quality of the care. The provider had acted promptly to address areas identified for improvement.
- ☐ Risks to people were monitored and procedures were in place to help keep people safe.
- ☐ People received their medicines when they needed them.
- ☐ People were supported by adequate numbers of staff who were safe and competent to work with them.
- ☐ People were protected from the risks associated with the control and spread of infection.
- ☐ Staff understood the importance of ensuring people's rights were understood and protected.
- ☐ People's health care and nutritional needs were monitored and understood by staff.
- ☐ People told us staff understood their needs and were kind, caring and compassionate.
- ☐ People had opportunities for social stimulation and were able to maintain links with the local community.

Rating at last inspection: The service was rated Requires Improvement at the last inspection in November and December 2017.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to

visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

More information is in Detailed Findings below.

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Beech House Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one adult social care inspector.

#### Service and service type:

Beech House Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection site visit was unannounced. It started and ended on 12 February 2019.

#### What we did:

The provider was not asked to complete a provider information return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service such as previous inspection reports and statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an

independent consumer champion, which promotes the views and experiences of people who use health and social care services. No concerns were raised by the professionals we contacted.

During the inspection we spoke with nine people who lived at the home and a relative to ask about their experiences about the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. The registered manager was available throughout our inspection and we also met with the provider's operation manager. We spoke with four members of staff which included nurses, care staff and catering staff. We looked at four people's care and medication records, staff training records and records relating to the management of the home.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

### Staffing and recruitment

- At our last inspection, people told us they sometimes had to wait for assistance and we observed staff did not have time to spend quality time with people.
- At this inspection people told us staff supported them in a timely manner. One person said, "I am happy. If I use my call bell the staff come right away."
- The atmosphere in the home was relaxed and we observed staff responded quickly to any requests for assistance.
- People were assisted in an unhurried manner and we observed staff spending quality time with people.
- Staff told us there were enough staff on duty to meet people's needs and help keep them safe.
- The provider followed safe staff recruitment procedures and made sure staff were suitable to work with people before they started working at the home.

### Using medicines safely

- At our previous inspection we found the management and administration of people's medicines was not always safe. One person was being administered a cream which had not been prescribed and a record of administration had not been maintained.
- Improvements were found at this inspection. People received their prescribed creams and records were completed when the cream was administered.
- A person who lived at the home told us, "The nurses are very good and bring me my tablets at the right time."
- People's medicines were managed and administered by staff who were trained and competent to carry out the task.

### Preventing and controlling infection

- The damaged side tables found at our last inspection had been replaced.
- The home and furnishings were clean and fresh smelling.
- A person who lived at the home said, "A cleaner comes in and does my room every day. They are very thorough and it's always lovely and clean."
- The provider's infection control procedures were understood and followed by staff. We observed staff following good hand hygiene and using single use personal protective equipment (PPE) appropriately when assisting people.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and with the staff who supported them. One person said, "The staff are very good and I feel safe and well looked after here." Another person told us, "It's reassuring knowing that staff are here night and day."

- Staff had been trained to recognise and report any signs of abuse. A member of staff said, "I've never seen any bad practice here but if I did, I would report it straight away."
- Where concerns had been brought to the attention of the registered manager they had informed the local authority safeguarding team and worked closely with them to investigate concerns to ensure people were safe.

#### Assessing risk, safety monitoring and management

- Risks to people were assessed and a plan of care was in place to manage and mitigate risks. These included, risks associated with pressure damage to the skin, mobility and eating and drinking. Risk assessments had been regularly reviewed to ensure they remained appropriate.
- Regular checks were carried out on the environment and equipment used by people to ensure they remained safe to use.
- Maintenance staff were employed and any repairs were dealt with in a timely manner.
- External contractors ensured equipment, such as moving and handling equipment and the shaft lift were regularly serviced and maintained.
- Staff were trained in fire safety and each person had an emergency fire evacuation plan (PEEP) which detailed how to support them to evacuate the building safely in the event of an emergency.

#### Learning lessons when things go wrong

- The registered manager maintained a record of any accidents or incidents. This helped to identify any traits. We saw measures were put in place to reduce the risk of the incident happening again and to reduce the risk of injury. For example, after one person fell out of bed, their profiling bed was lowered and a crash mat was placed on the floor.
- When an accident or incident occurred, the registered manager informed the person's relative detailing the action they had taken.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- People told us that staff always asked for their consent before assisting them. One person said, "The staff never make me do anything. They tell me to tell them what to do." Another person told us, "I have never been made to do anything I don't want to do."
- At our last inspection we found the provider had not always followed the principles of the Mental Capacity Act 2005 (MCA) regarding Deprivation of Liberty Safeguards (DoLS). At that inspection we found one person's mobility had been restricted to help keep them safe however, an application for a DoLS authorisation had not been completed.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider had made appropriate applications and had systems in place to renew and meet any recommendations of authorised applications.
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before they moved to the home to ensure their needs and preferences could be met.
- A person who lived at the home said, "[Name of registered manager] came to visit me in hospital. They asked me lots of questions about what help I needed and the things I liked to do."
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us they saw doctors and other professionals when they needed. One person said, "I saw the doctor recently because I was a bit chesty. I had some anti-biotics and it all cleared up."
- People's health and well-being was monitored and understood by staff. Care records showed that advice was sought from health care professionals as soon as concerns about a person's health were identified.
- People saw a range of health care professionals to meet their specific needs. These included dentists, opticians, speech and language therapists and mental health professionals.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they received enough to eat and drink and that their preferences were understood and respected. One person said, "The food is very good. I had a cooked breakfast today. The chef is good and will fix you up with whatever you want." Another person told us, "There is always plenty to eat and drink. There are always choices and I'm sure I have put on weight since I've been here."
- We observed people were offered a selection of drinks and snacks throughout the day.
- People's needs were assessed and understood by staff. Catering staff told us about people who required fortified meals, thickened fluids and those people who required their meals to be prepared at different consistencies. We observed people were provided with food and drink which met their assessed needs.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and competent to support them. A person who lived at the home said, "I have no worries about the staff. They care for me very well and know what they are doing."
- Before staff began working with people, they completed an induction programme which gave them the basic skills and training they needed.
- The registered manager monitored staff skills and training to ensure they remained competent and that they received refresher training when needed.
- A member of staff said, "The training is really good. All my training is up to date and I have been enrolled on further vocational training. If you ever need more training; you just have to ask."

Adapting service, design, decoration to meet people's needs

- People lived in a comfortable and well-maintained environment. Since our last inspection there had been major refurbishment and redecoration of the communal areas.
- Décor and furnishings helped to promote a homely feel and there were a number of communal areas where people could choose to spend their time.
- Grab rails and ramps helped people to maintain a level of independence when mobilising around the home.
- Sensor lighting ensured areas were well lit as people moved around the home.
- People had access to large well-maintained gardens and patio areas.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- At our last inspection staff did not always treat people with respect. Sometimes staff entered a room and chatted with other staff without interacting with people. At this inspection improvements were noted.
- People told us staff were kind and caring and that they respected their wishes. One person said, "All the staff are really nice and very kind. [Name of a nurse] is on today; I really like them as we have a laugh and that's really important to me."
- We observed staff interacting with people in a warm and caring manner. They took time to listen to what people wanted and responded to their requests.
- The atmosphere was happy and relaxed and people looked comfortable in their surroundings and with their peers and staff.
- People were supported to practice their faith and to maintain contact with the people who were important to them.

Supporting people to express their views and be involved in making decisions about their care

- A person who lived at the home said, "I can choose what I want to do. Sometimes I go to the lounge but mostly I prefer to stay in my bedroom."
- Care plans detailed people's preferred daily routines and people told us their preferences were respected by staff. One person told us, "I like to be in bed around 8 o'clock. The staff know that so they come and help me."
- Care plans contained information for staff about how to support people with a sensory impairment. For example, a care plan for a person with a hearing impairment instructed staff to use single words and objects when supporting them to make decisions.
- A member of staff told us, "Everybody must be given the opportunity to make their own decisions. That's their right and this is instilled in the staff team."

Respecting and promoting people's privacy, dignity and independence

- A person who lived at the home told us, "My independence is really important to me and I like to do as much as I can. The staff respect that and instead of coming in to me in the morning and washing and dressing me; they leave me to do the things I can and then come and help me."
- We heard staff offering people assistance with their personal care needs in a discreet and dignified manner.
- People living at the home had their own bedrooms which they could spend time in whenever they chose.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and those close to them were involved in planning and reviewing the care they received. A person who lived at the home said, "I get the care I need the way I want it. The staff always check I am happy."
- People had signed their care plans where they were able. Where appropriate, people's relatives had been involved in reviewing a person's plan of care.
- Staff knew people well. They could tell us about the people they supported and what was important to them such as family members and past hobbies.
- People and/or their relatives had completed information about their life, social history, interests and preferences when they moved to the home. This information helped staff to provide personalised care to the people they supported.
- People told us they could take part in activities and trips out. One person said, "We had a trip out to the lake yesterday; it was lovely." Another person told us, "I really enjoy the exercises and dancing." Another person told us how much they had enjoyed celebrating Burns night. They said, "I have always celebrated this since I was a child. They made such an effort. We had haggis, neaps and tats and the staff even made us tartan badges. It was such fun."

Improving care quality in response to complaints or concerns

- People felt confident in raising concerns. One person said, "I haven't had to complain yet but if I wasn't happy, I would tell [name of registered manager]. They are very good." A relative told us, "I don't have any complaints but I wouldn't hesitate in complaining if I had to."
- Any concerns brought to the attention of the registered manager were taken seriously. They were investigated and responded to in accordance with the provider's procedures.
- People were provided with a copy of the provider's complaints procedure when they moved to the home. The complaints procedure was also displayed in the home.
- The complaints procedure could be produced in accessible formats where required.

End of life care and support

- People's care records contained information about people's religious preferences and their preferences during their final days and following death.
- The service had established links with the local hospice to ensure people remained comfortable and pain free during their final days.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- At our last inspection we found the provider in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider's systems for monitoring risks and the quality of service people received had not been effective in identifying areas which required improvement. Following that inspection the provider sent us a plan detailing the action they would take to address the shortfalls.
- Improvements were found at this inspection.
- Regular audits and checks were carried out by the registered manager. Findings were reviewed and monitored by one of the provider's operation managers. The operation manager made regular visits to the home to complete audits and to seek the views of the people who lived at the home and staff.
- Action plans were developed where areas for improvement were found. A recent action plan showed that shortfalls had been addressed within required timescales.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post who had been employed following our last inspection.
- Staff told us the registered manager was, "very hands-on" and "very approachable."
- There was a supportive culture of openness and transparency. Staff felt valued and motivated to do their work. Staff considered that the team work in the home was excellent.
- There was a clear staffing structure in place and the staff we spoke with were clear about their role and responsibilities.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the registered manager had informed us about significant events which occurred in the home within required timescales. These included deaths, injury and Deprivation of Liberty Authorisations.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager knew people well and they were very visible in the home. They led by example and regularly worked along side the staff team to monitor the quality of the service people received.
- The registered manager had informed professionals such as the local authority safeguarding team when concerns had been raised. They had also informed people's relatives where there had been concerns about people's care or well-being. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and

transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People felt valued and their views were encouraged and respected. For example, there was a 'You said; We did' board in a communal area which detailed what the service had done in response to people's suggestions. An example included purchasing large planters for the garden so that people could grow flowers and vegetables.
- There were regular meetings where people were informed of any changes, forthcoming events and their views were sought regarding the menu and activities. Annual surveys were sent to people to seek their views on the quality of the service provided.
- There were good links with the local community which benefitted the people who lived at the home. These included local churches and schools. There were regular events at the home which were attended by the local community, people from the provider's sister homes and people's friends and relatives.

Working in partnership with others

- The service worked in partnership with health and social care professionals to achieve good outcomes for the people who lived at the home. These included the local authority safeguarding team, GP's, district nurses and local hospice nurses.