

Beverley Park Nursing Home Limited

# Beverley Park 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:

Beverley Park Nursing Home provides nursing and residential care for up to 18 older adults. At the time of this inspection, 16 people were living at the home.

### People's experience of using this service:

Beverley Park Nursing Home is a small family run business and as such, everyone was considered 'family.' The home benefited from a stable, long serving workforce who were dedicated and committed.

Staff were experienced and motivated to ensure people received good quality care.

People were encouraged and supported to raise any issues or concerns. The home adopted an 'open door' policy and there was an open culture which was inclusive, open and transparent.

Care and support planning was personalised that not only took account of medical or support needs, but who the person was as an individual.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the home supported this practice.

The home had a varied programme of activities and events throughout the year. This included activities centred around health and wellbeing, as well as social and recreational activities.

People were positive about the way in which staff supported them and they told us staff were always kind and caring.

People were involved in reviews and evaluations of their care. People told us they attended meetings to discuss their ongoing needs, wishes and choices and that these were recorded in their care plan.

There was a robust system of regular audit, quality assurance and questioning of practice, to ensure standards were maintained.

### Rating at last inspection:

At the last inspection the service was rated 'Good.' (published 30 November 2016).

### Why we inspected:

This was a planned 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

# Beverley Park 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 completed by an inspector from the Care Quality Commission (CQC).

Service and service type:

Beverley Park Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 CQC. 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 first day was unannounced which meant the service did not know we were coming. The second day was announced.

What we did:

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We sought feedback from the local authority and other external agencies who work with the service. No serious concerns had been shared with us.

During the inspection:

We spoke with seven people who lived at the home, and four visiting relatives, to understand their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, a registered nurse, care assistants and ancillary staff.

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.

We reviewed a range of records. This included four people's care plans and associated documentation. We looked at three staff files in relation to recruitment and three to review staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during the inspection.

After the inspection:

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and risk assessments. We also spoke with a professional from the local authority who had visited the home after our inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

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

- All the staff we spoke with understood their responsibilities to keep people safe and to protect them from harm. Policies and procedures for safeguarding and whistleblowing were up-to-date and operated effectively. When safeguarding concerns were identified, the registered manager informed the relevant agencies.
- There was an open and transparent culture that encouraged people to raise any safeguarding concerns. People told us they felt safe. Comments included, "I visit [relative] most days and have no concerns. If I did, i'd be more than happy to speak with staff."; "I feel very safe here. I've lived here for a while now and the staff look after me.", and, "I certainly feel safe. I feel safe at night and the staff are always around."

Assessing risk, safety monitoring and management; learning lessons when things go wrong:

- Accidents, incidents and untoward events were monitored and regular checks undertaken to capture re-occurring themes.
- Staff completed an incident form when an incident occurred which was reviewed by the registered manager. Risk assessments within people's care plans were reviewed on a regular basis, and/or in response to a particular event.
- Lessons learnt and outcomes of investigations were shared with the wider staff team to promote shared learning.
- The service had systems in place to ensure the premises and equipment were safe and fit for purpose. Maintenance and testing of equipment had been kept up-to-date including those to ensure the safety of gas appliances, electrics, fire safety systems and passenger lift. Personal emergency evacuation plans (PEEP) were kept for each person for use in an emergency to support safe evacuation.
- Environmental risk assessments were in place for the buildings and premises, including control measures which sought to reduce any potential risk. During this inspection, we spoke with the registered manager and deputy manager about enhancing the environmental risk assessments to include all outside spaces that were accessible to people.

#### Staffing and recruitment:

- The home benefited from many long-serving members of staff who knew people well.
- People's level of dependency was reviewed on monthly basis and staffing levels adapted as and when required. People we spoke with told us there was enough staff. Comments included, "If I press my buzzer staff come pretty quickly. Sometimes I need to wait but not very long at all.", and, "I'm here every day visiting [relative]. I've no worries about staffing levels."
- Safe recruitment practices had been followed. This included pre-employment checks and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- We checked to ensure registered nurses who worked in the home maintained their registration. The service kept a record of nurses' Nursing and Midwifery Council (NMC) PIN numbers and when their revalidation was due. Records showed all the registered nurses who worked at Beverley Park were registered and had a valid PIN.

#### Using medicines safely:

- Systems for the safe management of medicines were operated effectively. This included protocols for the receipt, storage, administration and disposal of medicines.
- Staff were trained to handle medicines safely and had completed competency assessments to ensure their knowledge remained up to date.
- Medicines were organised, and people were receiving their medicines when they should.

#### Preventing and controlling infection

- The service was visibly clean throughout. Staff understood their individual and collective responsibilities towards infection prevention and control. This was underpinned by policies, procedures and completion of regular audits.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before a person was accepted to move into the home, a pre-admission assessment was completed. This helped to ensure people were suitably placed and their needs could be met. and that staff knew about people's needs, wishes and goals.

Staff support: induction, training, skills and experience:

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively.
- Staff completed training in a range of different areas to ensure they had the right skills, knowledge and experience to deliver effective care. Staff told us they were happy with the training they completed. Comments included, "We're only a small home but the training is good.", and, "We do face to face training, e-learning and share learning during team meetings. I like this approach."
- There was a structure in place to support delivery of supervision. Supervision meetings provided staff with the opportunity to discuss with senior staff any worries or concerns they may have and any training and development they may wish to undertake. Staff also participated in an annual performance appraisal.

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

- People were supported to maintain a balanced and varied diet that met their nutritional requirements. All meals were home cooked and of good quality.
- The mealtime experience was unhurried, relaxed and people received the right amount of support in a timely way.
- People could choose from a menu and alternative choices were provided if people did not like what was on offer that day.
- The home benefited from mealtime assistants who helped to prepare and serve meals. This enabled care staff to dedicate their time to helping people who needed extra support at mealtimes.
- People's dietary needs were detailed in their care plan and the staff we spoke with demonstrated a good working knowledge of people's individual dietary needs. For example, people who were diabetic or those on soft diets.

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

- Staff were effective at identifying health concerns early and where appropriate, made timely referrals to a range of external health professionals. For example, dieticians, speech and language therapy, dentist, optician and chiropodist.
- People had ongoing routine access to primary medical care through their own GP.

- Staff worked well together and communication was good. This helped to ensure people received consistent and timely care.

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

- At the time of this inspection, the provider was drawing up plans to extend and refurbish Beverley Park. The plans were shown to us and it was clear, once completed, the extension and refurbishment would have many benefits to people living at the home. This would include a new dedicated dining room, modernisation throughout, and improvements to bedrooms.
- Whilst we acknowledged the plans were still being finalised, we discussed with the registered manager and deputy manager the importance of involving people already living at the home, their relatives or advocates, and other relevant stakeholders. We were assured the refurbishment would be completed sympathetically to the needs of people living at the home, and sufficient time would be dedicated to meaningful consultation.

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

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). 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 registered manager had made appropriate applications for DoLS authorisations. They had oversight of which people were subject to authorisations and when they were due to expire. The registered manager also made sure the service complied with any conditions attached to authorisations. They had a good understanding of MCA procedures and the DoLS framework.
- People's care records contained assessments of people's capacity to make various important decisions. Where people were assessed to lack capacity, best interest decisions were made and recorded in their care plan. Capacity assessments were decision specific, in accordance with the principles of the MCA.
- Staff received training in the MCA and DoLS. During the inspection we observed staff asking people for consent before support was provided. Staff we spoke with had a good understanding of the MCA and described to us the importance of assuming people had capacity to make their own decisions.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- We looked at how staff recognised and responded to people's personal preferences and how additional needs were taken into account. For example, how the needs of lesbian, gay, bisexual or transgender people would be met; how people of non-white heritage were supported; and how the needs of those who practiced faith, and those of none, were met.
- By looking at care records and talking to people, we were satisfied the home sought to deliver care and support in a way that was non-discriminatory and promoted, recognised and respected people's individual backgrounds and personal preferences.
- People were positive about the way in which staff supported them and they told us staff were always kind and caring. Comments included, "My [relative] has lived here for quite a while a while now and the carer assistants are very caring and always made me feel welcome.", and, "I love living here. All the staff are ever so caring and have great patience."

Respecting and promoting people's privacy, dignity and independence:

- During the inspection we observed care and support that was provided in communal areas of the areas of the home. Staff ensured people's privacy and dignity was respected at all times, and where appropriate, interactions were discreet and respectful.
- We saw the outside of people's bedroom doors had a tasteful notice displayed, reminding staff about respecting people's personal space before entering.
- People were encouraged and supported to remain as independent as possible. Comments included, "In the morning I'm helped to get up but I like to wash my own hands and face.", and, "I can't walk very well these days, but the staff always encourage me to walk as best I can with my frame."

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

- People were involved in reviews and evaluations of their care. People told us they attended meetings to discuss their ongoing needs, wishes and choices and that these were recorded in their care plan. Comments included, "I feel very involved and always consulted about decisions.", and, "I do get asked my views, but I'm not really bothered about reading any of my records. I trust the staff."
- In the main entrance an information board displayed the photograph of each member of staff and their role. This helped to contribute towards positive communication. A welcome handbook setting out the ethos of the service along with important policies and procedures, and a leaflet around moving into a care home were also provided.

- Information was available to explain how people could access independent advocacy services. Advocates help people to resolve issues or concerns around health, wellbeing or social care services.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences:

- People received care and support in line with their needs and preferences. Staff recognised the need to support people as individuals and took a person-centred approach. Person-centred means the person was at the centre of any care or support plan and their individual wishes, needs and choices were considered.
- Care and support planning was personalised and not only took account of medical or support needs, but who the person was as an individual. This included comprehensive information about life histories, likes, dislikes, personal preferences and who was important in a person's life.
- People's care records were routinely reviewed and in responsive to an event. For example, changes associated with longer term conditions or newly emerging concerns.

Meeting people's communication needs:

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Through our review of people's care records and other associated documentation, we were satisfied should people require information in an accessible format, this would be quickly identified by the service and acted upon.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them:

- Relatives and friends could visit the home at any time. Some people told us they visited their relative every day and were always made to feel welcome.
- The home had a varied programme of activities and events throughout the year. This included activities centred around health and wellbeing, as well as social and recreational activities.
- The majority of people told us they enjoyed these activities, however, several people told us they would like more activities to take place outside of the home in the wider community. For example, more day trips or visits to specific places of interest. We spoke with the registered manager about this and they agreed to consult with people and look at this again.

Improving care quality in response to complaints or concerns:

- The registered manager had an 'open door' policy and people were encouraged and supported to raise any issues or concerns. Comments from people included, "I've only had cause to complaint once and this was resolved very quickly.", and, "Everyone is very approachable and if I did have a concern, I wouldn't hesitate to raise it."
- The home had a complaints policy and procedure in place. This gave clear guidance on how to complain and explained how complaints would be handled.
- The registered manager maintained a complaints log which detailed the nature of the complaint, outcomes and action taken.

End of life care and support:

- Considerations around end of life care was part of the overall care planning process. People's wishes were discussed and recorded in line with their wishes. When a person was nearing the end of life, staff within the home worked with relevant health care professionals to ensure care and support was provided in a dignified and compassionate way.
- Staff received end of life care training in line with nationally recognised quality standards. This meant people could be assured end of life care would be delivered by staff who were skilled and competent to do so.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people:

- Beverley Park Nursing Home is a small family run business and as such, everyone was considered 'family.' The home benefited from a stable, long serving workforce who were dedicated and committed. This was well reflected in the good quality care people received.
- Staff spoke positively about the registered manager and deputy manager and told us they felt valued and motivated to come to work each day. Comments included, "The managers are great, very approachable and down to earth. Its really homely here and I think the fact it's a family run business really helps.", and, "The boss runs a tight ship but she's great nurse and staff are treated with respect."
- People living at the home and their visiting relatives were equally complimentary about how well-led the home was. Comments included, "[registered manager] is very kind and caring. They come around and speak to everyone several times a day." "Managers are really very good. Absolutely no issues. It's a well-run home.", and, "Very happy with how the place is run. All staff, nurses and managers are good."

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

- The management team, nurses and carers were knowledgeable, experienced and motivated to ensure people received good quality care. This was supported by a robust system of regular audit, quality assurance and questioning of practice, to ensure standards were maintained. Where the need for improvements was identified, action was taken.
- Champion roles had been introduced which meant staff were empowered to take lead responsibility for their area. Champion roles covered areas of practice including equality and diversity, safeguarding, nutrition, dignity, falls and oral care.
- The registered manager had submitted all relevant statutory notifications to us promptly. This ensured we could effectively monitor the home between our inspections. When needed, information was provided to CQC without delay to help with any further enquiries we had made.
- It is a legal requirement that providers display the rating they received at their last inspection, within the home and on their website if they have one. The rating from our last inspection was clearly displayed in the foyer. The home did not have a website.

Engaging and involving people using the service, the public and staff; working in partnership with others:

- The home had a regular programme of resident and relatives' meetings that were held throughout the year. Minutes of meetings demonstrated people were able to contribute and provide feedback about the running of the home.
- Staff meetings were held on a regular basis. Staff told us they were always supported to contribute to meetings and to suggest ways in which improvements could be made.
- Surveys and questionnaires were used as another means of gathering people's views. Feedback was reviewed by members of the management team who were proactive in responding to feedback.
- The home sought to actively engage with the local community whenever possible. Links had been forged with local primary schools who visited several times during the year.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong:

- There was an open, transparent, 'no blame' culture within the home where constructive criticism was encouraged. Managers and staff were enthusiastic and committed to further improving the service delivered for the benefits of people using it.