

Minehome Limited

# Beech Lodge Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Beech Lodge Nursing Home is a nursing and residential care home providing accommodation, nursing and personal care to older people, people living with dementia and people with physical disabilities. The service can support up to 40 people. At the time of the inspection 35 people were living at Beech Lodge Nursing Home. Beech Lodge Nursing Home is an adapted building with all accommodation on the ground floor.

### People's experience of using this service and what we found

People received safe support with their medicines from staff members who had been trained and assessed as competent. Staff members followed effective infection prevention and control procedures when supporting people.

People were supported by enough staff who were available to assist them in a timely way.

People were protected from the risks of ill-treatment and abuse as staff had been trained to recognise potential signs of abuse and understood what to do if they suspected harm or abuse.

The provider had assessed the risks associated with people's care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm.

People were supported to have maximum choice and control of their lives and the provider supported them in the least restrictive way possible and in their best interests; the application of the policies and systems supported good practice.

The provider, and management team, had good links with the local communities within which people lived. The provider had effective systems in place to identify improvements and drive good care.

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

### Rating at last inspection

The last rating for this service was good (published 28 September 2019).

### Why we inspected

This inspection was prompted by concerns raised with us in relation to the management of medicines and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence people were at risk from these concerns.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good, based on the findings of this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beech Lodge Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Beech Lodge 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Beech Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beech Lodge Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. 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 that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

### During the inspection

We spoke with 8 people who used the service and 2 relatives about their experience of the care provided. Additionally, we spoke with 9 staff members including 2 senior carers, a carer, the maintenance person, a domestic support, the registered manager, the deputy manager and 2 nurses. We also spoke with 3 visiting healthcare professionals.

We reviewed a range of records. This included 5 people's care plans and multiple records of medicines administration. We looked at a variety of documents relating to the management of the service, including quality monitoring checks. We confirmed the safe recruitment of two staff members.

# Is the service safe?

## Our findings

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

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

### Using medicines safely

- People received their medicines as prescribed and when directed. One relative said, "They are on it with regards to medication. They recognise if there is a change of condition and seek out medication to stop it worsening."
- Staff members were trained and assessed as competent before supporting people with their medicines.
- The provider had systems in place to respond should a medicine error occur. This included contact with healthcare professionals, investigation into any perceived error and, if needed, retraining of staff members.
- Guidelines were in place for staff to safely support people with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these guidelines.
- People who had time sensitive medicines received them as directed.

### Staffing and recruitment

- People were supported by staff who were available to respond to them when needed. One person said, "Weekends are sometimes short, but there's always enough." Another person told us, "There's enough staff. They are always on time, both on a night and on a morning."
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks and provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.
- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

### Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support. One person told us they were assisted with the use of a hoist. They said they felt safe and believed the staff were competent. The provider assessed risks to people and supported them to lead the lives they wanted whilst keeping the risk of harm to a minimum.
- We saw assessments of risks associated with people's care had been completed. These included risks related to people's mobility, diet and nutrition.
- Staff members knew the risks associated with people's care and support and knew how to keep people safe from avoidable harm.

- The provider was making improvements to the physical environment where people lived. This involved the refurbishment of some areas of the home. This was safely managed, and people were kept informed about the work and any potential disruptions were kept to a minimum.

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

- People were safe from the risks of abuse and ill treatment. One person told us, "I like it here. It's pleasant and clean and there's plenty of people to talk to. What's not to like? I don't worry about anything, I feel safe."
- People were protected from the risk of abuse and ill treatment as staff members had received training on how to recognise and respond to concerns.
- Information was available to people, staff and relatives on how to report any concerns.
- The provider had systems in place to share information about any concerns with the appropriate agency. For example, the local authority, in order to keep people safe.

#### 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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in accordance with the principles of the Mental Capacity Act 2005.
- Staff, and the management team, followed best practice when assessing people's capacity to make decisions and knew what to do to ensure any decisions made were in the best interests of the person concerned.

#### Preventing and controlling infection

- Staff members had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses. This included updated training in response to the COVID-19 pandemic. Regular checks and cleaning of high frequency touch points and communal areas were completed to minimise the risk of infection. One relative said, "It's always clean here and there's no smell."
- Staff understood how to recognise and respond to signs and symptoms of infection.
- Staff members had access to personal protection equipment which they used appropriately when supporting people.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or



managed.

- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was supporting visits in line with the Governments guidance.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, during the inspection the fire alarms were activated by those completing building work at the home. The registered manager identified some improvements were needed in the way staff responded to the alarm including the lack of identification of the nominated fire marshal. They purchased a high visibility tabard to clearly identify the fire marshal and was in the process of identifying other points of learning which would be passed to staff to improve their response.

# 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 our last inspection we rated this key question good. At this inspection the rating 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.

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

- The provider had effective quality monitoring systems in place. These included checks of people's care plans and medicines. The provider completed regular quality checks of the physical environment and made changes or improvements where needed.
- The provider had employed the services of an external consultant. They supported the management team in identifying improvements and best practice. The management team developed a continuous improvement plan to ensure people's experience of care met their needs. For example, the provider had developed an easy read complaints process. The registered manager told us this was so everyone had information which was important in an accessible format. Any complaints were responded to and feedback was provided in a timely way to people.
- The registered manager, and provider, had appropriately submitted notifications to the CQC. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. The last rated inspection was displayed on the provider's website and at Beech Lodge Nursing Home in accordance with the law.

Continuous learning and improving care

- The registered manager kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular updates from local authorities, the CQC and Government agencies. Additionally, the management team received updates from a provider representation group and external consultancy. The provider supported staff members through attendance on training courses to support existing skills and to update their knowledge.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives had positive relationships with the management team who they found to be supportive. One person told us, "I would recommend this place because I'm looked after. I've improved lots whilst being here."
- The provider asked for people's feedback on their experiences of care. A resident's survey was underway at the time of this inspection. The provider had recently completed a relative's survey and a staff survey. One relative said, "A questionnaire came around a few weeks ago. All my answers were good." The results of the surveys were still being analysed at the time of this inspection, but the registered manager told us the results

will be accessible to everyone once they had them.

- Some areas of the home were undergoing refurbishment at the time of the inspection. People were kept informed about the changes and asked for their opinions. The registered manager told us they use a base colour for the decoration and people can then personalise their rooms as they wished. We saw one person's room had been decorated in the colour they chose, and other rooms had been personalised as they wished.
- People had assessments of care which fully considered their protected characteristics including disability, gender and religion. Staff knew those they supported well.
- Staff members told us they found the registered manager supportive, and their opinions were welcomed and valued.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

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

- The registered manager was aware of their responsibilities under the duty of candour. The duty of candour is a regulation which 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.

Working in partnership with others

- The management team had established and maintained good links with the local community. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and dispensing pharmacists.