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Beverley Lodge 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

This inspection took place on 24 January 2017 and was unannounced. At our previous comprehensive inspection on 1 February 2016 the service was rated 'requires improvement' overall and in the three key questions, 'is the service safe?', 'is the service responsive?' and 'is the service well-led?' The service was rated good for the other two questions, 'is the service effective?' and 'is the service caring?' We identified breaches of three regulations relating to good governance, safe care and treatment and notifications of incidents. We undertook focused inspections on 16 June 2016 and 23 September 2016 to follow up on the action taken to address the breaches. By our inspection on 23 September 2016 the provider had taken sufficient action to meet the regulations that were previously breached, however the ratings given at the February 2016 comprehensive inspection remained to enable the changes to be embedded into service delivery.

Beverley Lodge Nursing Home provides accommodation and nursing care to up to 16 older people, most of whom are living with dementia. At the time of our inspection 16 people were using the service. This included two people who were receiving respite care.

The service had received a change in manager since our focused inspection in September 2016. The new manager was aware of their responsibility to register with the Care Quality Commission and had started the application process. 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.

The provider had sustained the improvements made since our previous inspection to ensure safe medicines management. People received their medicines as prescribed and robust processes were in place to check stocks of medicines. Staff continued to safeguard people from abuse and the management team liaised with the local authority safeguarding team about any concerns raised. Risks to people's safety were regularly reviewed and management plans were followed to minimise the risk from occurring. There were sufficient staff to meet people's needs and staff responded promptly to people's requests for assistance.

Staff continued to stay up to date with their mandatory training to ensure they had the knowledge and skills to undertake their roles. They were supported to undertake qualifications relevant to their role and received regular supervisions and appraisal. Staff adhered to the Mental Capacity Act 2005 code of practice and adhered to the conditions of people's deprivation of liberty safeguards authorisations. People received the support they required with their health and nutritional needs. Staff liaised with relevant healthcare professionals if they had concerns a person's health was deteriorating.

Care and support was provided in line with people's wishes and preferences. Staff were aware of how people communicated and involved them in day to day decisions. People's care records detailed people's decisions in regards to end of life care and this was shared with other healthcare professionals involved in their care. Staff respected people's privacy and maintained their dignity.

The provider had sustained improvements made since our previous inspection to ensure detailed, complete and accurate care records were maintained. People's care records provided clear instruction to staff about how to support people and the level of support they required. Staff used the 'red bag' initiative from the London Borough of Sutton's Vanguard project to enable consistent and coordinated transitions when people move between services. A complaints process remained in place to investigate and learn from concerns raised.

Robust processes had been maintained to monitor and improve the quality of service delivery, including a programme of audits and review of key performance data. Staff, people and their relatives were encouraged to feedback about the service through regular meetings and completion of satisfaction surveys. The provider liaised with the local authority and Clinical Commissioning group (CCG) to learn about new models of care and implement good practice initiatives. The provider adhered to the requirements of their Care Quality Commission (CQC) registration and submitted statutory notifications as required by law.

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. The provider had sustained safe medicines management and people received their medicines as prescribed.

Staff safeguarded people from harm and were aware of the risks to people's safety. Management plans were in place to minimise the risks to people's welfare and these were regularly reviewed.

There continued to be sufficient staff to meet people's needs and provide prompt support to people.

Is the service effective?

Good ●

The service was effective. Staff continued to support people with their health and nutritional needs, referring to specialist healthcare professionals as and when required. Staff adhered to the Mental Capacity Act 2005 code of practice and continued to support people in line with their deprivation of liberty safeguard authorisations.

Staff remained up to date with their mandatory training and were supported through regular supervisions and appraisals.

Is the service caring?

Good ●

The service was caring. Staff continued to provide care and support that met people's wishes and preferences. Staff communicated with people in a way they understood and involved them in day to day decisions. Staff respected people's privacy and dignity.

Staff liaised with people, and their relatives, to obtain information about how they would like to be cared for in the future and their end of life care preferences.

Is the service responsive?

Good ●

The service was responsive? The provider had sustained improvements to ensure accurate care records were maintained outlining people's support needs and the level of support they

required. The provider had introduced the 'red bag' initiative developed through the London Borough of Sutton's vanguard project to enable consistent and coordinated care when moving between health and care services.

Care staff spent time engaging people in conversations and undertaking activities with them.

There continued to be a complaints process in place to ensure any concerns raised were investigated and acted upon.

Is the service well-led?

Good ●

The service was well-led? The provider has sustained improvements to monitor and improve the quality of care delivery. A programme of audits and checks were undertaken to ensure people received safe and high quality care.

Staff, people and their relatives were encouraged to feedback about the service through regular meetings and the completion of surveys.

The provider was aware of their CQC registration requirements and submitted statutory notifications as required by law.

Beverley 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 service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 January 2017 by one inspector and was unannounced.

Before the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the provider information return (PIR). 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.

During the inspection we spoke briefly with six people and used the short observation framework for inspection (SOFI) during lunchtime in the communal lounge. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke to eight staff including the provider and the manager. We reviewed elements of six people's care records. We reviewed the staff team's training and supervision records and records relating to the management of the service. We also looked at medicines management processes.

Is the service safe?

Our findings

At our comprehensive inspection of the service on 1 February 2016 when answering the key question 'is the service safe?' we gave the service a rating of 'requires improvement'. This was because we found that safe medicines management processes were not followed. Accurate records were not maintained of medicines administered and there were some stock discrepancies. By our focused inspection on 16 June 2016 the provider had taken the necessary action to address the concerns.

At this inspection we saw that safe medicines management processes had been sustained. Processes had been improved to ensure that accurate records were maintained of the medicines administered. Systems had also been improved to monitor stocks of medicines at the service. The stocks of medicines we checked showed that all medicines were accounted for. Medicines were stored securely and at the correct temperature. We saw that safe procedures were followed in regards to controlled medicines. Protocols were in place to instruct staff when to give people their 'when required' medicines and we saw accurate records were maintained of the application of topical creams.

Staff continued to review the risks to people's health and safety monthly and as people's needs changed. Staff were able to describe to us the preventative measures they took to minimise the risk to people's safety. This included people having the equipment and support they needed in regards to preventing the development of pressure ulcers, reducing the risks of falls and ensuring a person's safety when moving and handling.

A reporting process was in place in regards to accidents and incidents that occurred. Care staff told us they reported any incidents to nursing staff so people's safety could be assessed and if necessary additional medical attention could be sought. We viewed the incident records which captured the details of the incident and the action taken by staff to support the person.

The provider arranged for checks to be undertaken on the health and safety of the environment to ensure people were protected from unnecessary risks. This included regular review of window restrictors, water temperatures, call bells, gas safety, electrical testing and fire safety equipment.

Staff continued to safeguard people from harm and had completed refresher safeguarding adults training. Staff were knowledgeable in recognising signs of possible abuse and reported all concerns to the nursing and management team. The manager liaised with the local authority about any safeguarding concerns identified. On the whole body maps were completed for any bruising or skin tears identified. However, we identified that one person had some small bruising to their arm which had not been documented. The manager was aware of the bruising and said they would ensure that accurate records were maintained to enable them to sufficiently monitor the safety of this person.

There were sufficient staff deployed to meet people's needs. We observed staff promptly attending to people's care needs and also having the time to engage people in conversation and participate in activities. People we spoke with confirmed that staff were available if they needed support. The manager informed us

they had some staff members on long term sickness which was putting additional pressure on the staff team. However, the manager had arranged for bank staff to cover and we saw from the staff rotas that each shift was staffed appropriately to ensure people's needs were met.

There was a low turnover of staff and there had not been any new care staff employed since our last inspection. Therefore we did not review recruitment processes in detail during this inspection. Since our previous comprehensive inspection the provider had undertaken new criminal records checks to ensure staff continued to be suitable to work with people.

Is the service effective?

Our findings

People continued to receive care from staff who had the knowledge and skills to undertake their roles. For the majority of staff they stayed up to date with their mandatory training. From the provider's training matrix we identified that some nurses required refresher medicines administration training. The manager informed us the previous manager had arranged for training to be provided by the local pharmacist but there were no records of this training or who attended. The manager said they would organise for additional training to be provided by the pharmacist to ensure staff undertook safe service delivery in line with current good practice.

Staff told us they received the support they required to undertake their roles. One staff member said, "[The manager] helps us a lot. If you don't know how to do something, she helps." Senior staff were supporting staff to complete the Care Certificate and national vocational qualifications in health and social care. The Care Certificate is a nationally recognised tool to provide staff with the basic knowledge and skills to undertake their roles within a care setting. The provider was also supporting the registered nurses with their nursing and midwifery council's registration revalidation. Staff received regular supervision and annual appraisals.

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. The application procedures for this in care homes and hospitals are 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 were being met. Staff continued to adhere to the MCA. For people that did not have the capacity to consent staff liaised with people's nominated consultees, including those with lasting power of attorney. Staff arranged for advocates to support people who did not have a nominated consultee and to ensure the person's wishes were appropriately considered during best interest meetings. Care records we viewed confirmed input from advocacy services. The manager applied for authorisation to deprive people of their liberty and continued to adhere to the requirements of those authorisations.

Staff continued to ensure people received sufficient amounts to eat and drink. People's nutritional care plans outlined their likes and dislikes. Staff told us this information was used when menu planning and we observed staff offering people food they knew they enjoyed to ensure they ate sufficient amounts. Staff said they were concerned about two people's weight as they continued to lose weight. We observed staff encouraging these individuals to eat throughout the day and provided them with high calorie meals. Staff

had liaised with the GP about these people's needs who had prescribed nutritional supplements to further minimise the risk of further weight loss.

Staff supported people with their healthcare needs. Staff were knowledgeable about how to support people with their health needs and to identify early signs that their health was declining. Staff told us and records confirmed that when staff had concerns about a person's health they monitored them closely and liaised with relevant healthcare professionals. Staff said they had close working relationships with the GP allocated to the service. The GP visited the service weekly and in-between if people required it. The GP referred people to specialist healthcare professionals when needed, including dietitians, physiotherapists and occupational therapists. Staff followed the advice given and included it in people's care records so it was accessible to all staff.

Is the service caring?

Our findings

People told us they were happy living at Beverley Lodge Nursing Home and one person told us, "I get on well [with all the staff]." Another person told us the staff treated them well. A third person said, "It's a good day...I feel on top of the world." A staff member said, "It's all about [the residents]. It's their home."

We observed that people had the things that were important to them nearby, for example one person liked to have their knitting with them, and we observed that people were sitting in their preferred chairs. People's care records included a 'this is me' document which outlined key information about them including family history, previous occupations and their likes and dislikes. As well as information about what upsets them, how to reassure them and what their most treasured possession was.

We observed staff communicating to people in a manner they understood and changing their communication style depending on who they were speaking with. Staff gave clear instructions to support people to undertake tasks independently, for example in relation to their mobility and moving around the service.

People's care records included information on how to communicate with people so they understood what was being said. For example, using short sentences and giving people time to process what was being said. Information was also included about how people communicated and how they expressed themselves. This included information about how people showed if they were in pain or discomfort if they were unable to verbally express themselves.

Staff supported people to make day to day decisions. Staff told us most people were unable to make complex decisions about their care but they were able to make choices about what they wanted to do and in regards to their daily routine. One person we spoke with confirmed they got up and had their breakfast at a time that suited them. We observed staff offering people choice and informing people of what they planned to do before undertaking any support tasks.

Staff continued to support people's privacy and dignity. We observed staff supporting people to change their clothes if they had spilt food or drink down themselves. There was information in people's care records about ensuring the person was supported to look the way they wanted to. For example, one person was known to take care in their appearance and enjoyed wearing jewellery. We saw that people were dressed in line with the preferences outlined in their care records. People's hair had been brushed, the men were freshly shaven, people had clean finger nails and we observed those who wore glasses had them cleaned. People were supported with personal care in the privacy of their own rooms or in the communal bathrooms.

Processes were in place to support people to express their views and preferences regarding end of life care, in consultation with people's relatives. People's care records contained 'coordinate my care' documents and advance care plans. 'Coordinate my care' is a tool to enable all health and social care professionals involved in a person's care to be aware of a person's wishes for how they would like to be cared for. This

included people's preferences in regards to where and what they would like to be treated for and their preferred place to receive end of life care. We also saw that 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were completed for people who did not want to be resuscitated should they stop breathing. These decisions were regularly reviewed by the GP to ensure staff had up to date information about people's wishes.

Is the service responsive?

Our findings

At our comprehensive inspection of the service on 1 February 2016 when answering the key question 'is the service responsive?' we gave the service a rating of 'requires improvement'. This was because we found people's care plans lacked detail and did not provide an accurate account of people's needs and the support required. We also observed that accurate records were not maintained about the care delivered to people on a daily basis. By our focused inspection on 23 September 2016 the provider had taken the necessary action to address the concerns.

At this inspection we found the improvements had been sustained. The manager had reviewed people's care plans and we saw they contained detailed information about people's needs and the level of support they required. The care plans had been reviewed regularly and the manager informed us this was done with input from people's relatives and advocates where possible. Care plans were tailored to the individual and included information about their likes, dislikes and preferences about how staff supported them. We also saw that for the majority accurate records were maintained in regards to the daily support provided. This included in regards to their personal care, food and fluid intake, continence care and repositioning. We identified that one person's repositioning records were not accurately completed. We spoke with the manager and provider about this who informed us they would address this with all staff and the provider was preparing to undertake refresher record keeping training with staff to reiterate the importance of maintaining accurate and complete records.

Staff encouraged people to be as independent as possible. For example, in relation to their mobility. Staff supported and assisted people as much as required but ensured, where able, people undertook tasks for themselves. This included activities of daily living and in regards to their personal care.

The staff were using the 'red bag' initiative developed as part of the Vanguard in the London Borough of Sutton to aid people's transitions between the care home and hospital. As part of this initiative staff used the standardised paperwork which detailed people's needs. This paperwork was given, together with people's belongings and medicines, to ambulance and hospital staff when people were admitted to hospital. This helped enable consistent and coordinated transitions when people moved between services.

The provider's activities coordinator had been off on long term sick leave. The manager informed us they had arranged for some cover to be provided to ensure activities were provided but this was not available seven days a week. On the day of our inspection we observed a limited amount of activities taking place in the morning, however, the care staff spent time in the afternoon engaging people in activities. This included painting and playing games with people in the communal lounge as well as engaging people who preferred to spend time in their rooms in conversations. One staff member told us in regards to activities, "We [the staff] all pitch in." Staff told us they had some time on each shift to engage people in individual and group activities so people remained stimulated. They said the provider organised for performers to come to the service for people to enjoy. People told us there were limited opportunities to access the community. We discussed this with the provider and manager who informed us more activities in the community were scheduled for when the weather improved.

The provider had not received any complaints since the last inspection so we did not look at this area in detail as part of this inspection. The provider's complaints process remained in place and the manager informed us they would investigate any complaints raised. A complaints book was available in the hallway for people to record any concerns or complaints they had. No comments had been left in this book since our previous comprehensive inspection.

Is the service well-led?

Our findings

At our comprehensive inspection of the service on 1 February 2016 when answering the key question 'is the service well-led?' we gave the service a rating of 'requires improvement'. This was because there were not sufficient processes in place to review and monitor the quality of service delivery and ensure continuous improvement, particularly in regards to care records. By our focused inspection on 23 September 2016 the provider had taken the necessary action to address the concerns.

At this inspection we found the improvements had been sustained. The manager regularly reviewed the quality of service provision. Staff commented the manager observed and monitored their practice to ensure they provided people with the support they required. One staff member told us the manager focused on quality and said, "She wants to make sure it [care] gets done... [to] make sure what I'm doing is right." The manager undertook a range of weekly and monthly audits including reviewing the quality of care records and medicines management. In addition, the manager reviewed key service data including infection rates, hospital admissions, falls and wounds to identify any trends and ensure staff were providing people with the correct level of support to minimise the risk of these occurring. The manager had plans to meet with the provider's regional manager to discuss and implement additional audits, including in relation to infection control and health and safety. They told us whilst they were waiting for this meeting they were undertaking their own informal audits to ensure all areas of service delivery were being monitored, however, these checks were not documented.

Staff felt well supported by the new manager and appreciated the time they spent supporting them and providing care to people. They told us they felt able to express their opinions and to have open and honest conversations with the manager about their roles and service delivery. One staff member told us, "We get to voice our opinions and have our say." There were regular staff meetings. The minutes from these meetings showed that staff were asked for their views and contributed to discussions. In addition, staff were asked to complete an annual satisfaction survey. The findings from the most recent survey showed staff felt well supported.

There were opportunities for people and their relatives to feedback about the service. This included through regular meetings. The minutes from these meetings showed relatives were asked for their opinions about the service and any suggestions they made were followed up by the management team. The comments made during these meetings fed into the staff meeting so all staff were made aware of any concerns raised. In addition, there was a resident and relative representative who was able to raise any concerns to staff on a person's behalf if they felt unable to do so.

The manager and nominated staff liaised with the local authority and Clinical Commissioning Group (CCG) to learn about good practice and new models of care, including participating in the pilot of the London Borough of Sutton's vanguard initiative to aid transitions between the care home and acute services. However, care staff had limited knowledge of this initiative. We discussed this with the provider and manager who said they would ensure learning was disseminated to the staff team.

The manager was aware of the provider's Care Quality Commission's (CQC) registration requirement. The manager was aware of the importance of becoming registered with the CQC and had started the application process. The manager also ensured that statutory notifications were sent about key events that occurred at the service as legally required.