

Contemplation Homes Limited

Two Beeches Nursing Home

Inspection report

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19 April 2016

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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

The inspection took place on the 18 and 19 April 2016 and was unannounced.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were safe and well cared for at the home. People knew how they could raise a concern about their safety or the quality of the service they received.

The service had carried out risk assessments to ensure that they protected people from harm.

There were enough staff deployed to provide the support people needed. People received care from staff that they knew and who knew how they wanted to be supported.

Medicines were ordered, stored, administered and disposed of safely.

Staff had developed caring relationships with people who used the service. People were included in decisions about their care.

Staff knew how to identify abuse and protect people from it.

People were provided with meals and drinks that they enjoyed. People who required support to eat or drink received this in a patient and kind way.

The registered manager was knowledgeable about The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The Mental Capacity Act Code of Practice was followed when people were not able to make important decisions themselves. The manager understood their responsibility to ensure people's rights were protected.

People and relatives were asked for their views on the service and their comments were acted on. There was no restriction on when people could visit the home. People were able to see their friends and families when they wanted.

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. People were protected against abuse because staff understood their responsibility to safeguard people and the action to take if they were concerned about a person's safety.

Thorough checks were carried out on new staff to ensure they were suitable to work in the home.

Medicines were handled safely and people received their medicines as they had been prescribed by their doctor.

Is the service effective?

Good ●

The service was effective. Staff were trained and supervised to ensure that they had the skills and knowledge to provide the support individuals needed.

The registered manager was knowledgeable about the Deprivation of Liberty Safeguards and how to protect people's rights.

People received appropriate nutritional support. Where people needed support to eat or to drink this was provided.

Is the service caring?

Good ●

The service was caring. People received the support they needed from staff that they knew and who treated them with kindness and respect.

The staff spent time with people and understood that this was an essential part of caring for people.

People were included in decisions about their care and their lives. The staff supported people to maintain their independence and protected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive. Care plans were based on

comprehensive assessments. The service had gathered information about people's background and their personal histories.

There were no restrictions on when people could receive their visitors. People could see their families and friends when they wanted to and could maintain relationships that were important to them.

The registered provider had a procedure to receive and respond to complaints. People knew how they could complain about the service if they needed to.

Is the service well-led?

Good ●

The service was well led. The atmosphere in the home was open and inclusive. People were asked for their views of the home and their comments were acted on.

The registered manager spent time with people who used the service and with the staff to ensure that the service provided was of a satisfactory standard.

There was a quality assurance system in place. The manager and registered provider were open to feedback about the service and took prompt action to address areas which required improvement.

Two Beeches 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 checked 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 the 18 and 19 April 2016 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we contacted four visiting health and social care professionals and a visiting pharmacist in relation to the care provided at Two Beeches Nursing Home. During our inspection we spoke with eight staff including the registered manager, four people living at the home, three relatives and one visiting healthcare professional. Following our inspection we spoke with four relatives by telephone.

Some people were not able to verbally communicate their views with us or answer our direct questions. 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 looked at the provider's records. These included six people's care records, six staff files, a sample of audits, satisfaction surveys, staff attendance rosters, policies and procedures.

The provider completed a 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.

Is the service safe?

Our findings

People told us they felt safe, one person told us, "I feel well cared for and never have any worries about my safety. I used to fall at home but now the staff keep an eye on me". Another person said, "The staff are marvellous. I could speak to every single one of them if I had any worries or concerns. I have full confidence in the home and the manager". A relative told us, "They do a marvellous job. I'm so happy my [relative] is there. I know they are in good hands". A health and social care professional told us, "People are well looked after in a safe warm and friendly home. I have no concerns at all".

Staff were fully aware of how to recognise and protect people from abuse. The home responded to safeguarding concerns and worked with the local authority. They obtained advice from them when appropriate and the registered manager reported safeguarding issues accordingly. Staff told us and records confirmed they had received safeguarding training. One staff member said, "If I saw anyone being abused I would not hesitate to report it". Staff were aware of the procedures in place to keep people safe and the levels of concern they needed to report.

Risk assessments were in place for all people living at the home. Staff told us that, where particular risks were identified, measures were put in place to ensure the risk was safely managed. For example, we saw that people who were cared for in bed had easy and direct access to an alarm call bell. The level and frequency of observations of these people by staff were increased accordingly. We saw from the staff observation records that these welfare checks had been made frequently and were recorded accurately and in a timely manner.

There were various health and safety checks and risk assessments carried out to make sure the building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the environment, fire safety, gas and electric systems. On the first day of our visit however we found window restrictors were not fitted to all the windows on the first floor and where fitted were not fit for purpose. This meant that people were at risk of serious injury from falls from heights. We brought this to the attention of the registered manager who immediately contacted the providers maintenance team who during our visit, fitted window restrictors to all first floor windows. This ensured that the risk to people from falling from a window at height was reduced and people were safe.

We looked at accident records and found that these were managed correctly. We noted that any accidents or incidents with individuals in the home were analysed and suitable risk management plans put in place.

There were enough skilled staff deployed to support people and meet their needs. Staff were not rushed when providing personal care. People's care needs and their planned daily activities were attended to in a timely manner. One person said, "There is always plenty of staff about all of the time. Staff are everywhere even Matron and the Chef". Another person said, "When I have needed help and pressed my buzzer staff are there "in a flash". One relative said, "I've never experienced an issue with staff. There always is enough staff about which is very reassuring". Another relative said, "There always seems to be enough staff around during the day. Staffing seems to be at a good level".

The provider followed safe recruitment practices. The recruitment process included applicants completing a written application form with a full employment history. Checks had been completed before staff worked at the home and these were recorded. The checks included taking up written references, an identification check, and a DBS (Disclosure and Barring Service) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults, to help employers make safer recruitment decisions. Face to face interviews had been held. The recruitment process aimed to make sure people were appropriately skilled and suitable to work with people. Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

There was a clear medication policy and procedure in place to support staff to manage people's medicines safely. Staff designated to administer medicines had completed a safe handling of medicines course. This had included a practical assessment to ensure they were competent at this task. Medicine administration records (MAR's) included an up to date photograph of the person, together with a list of identified allergies. MAR's had been completed to indicate when medicines had been given or had been refused. Medicines that were required to be kept cool were stored in an appropriate locked refrigerator and temperatures were monitored and recorded daily.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD's). The CD's in the service were stored securely and records were accurately maintained.

Regular checks and audits had been carried out by the registered manager to make sure that medicines were given and recorded correctly. A local pharmacist visited the service annually to carry out an audit. They told us, "Overall performance and handling of medication is good. The home maintains high standards with regard to medication administration, storage and disposal". We checked a sample of the drugs held against what had been administered and found the quantities to be correct. People told us their medicines were always given on time and when they needed them. For example, where people were prescribed 'as required medication' for pain relief records indicated that these were given in accordance with prescribing instructions.

The registered provider had plans in place to deal with foreseeable emergencies in the home. Emergency plans were in place for staff to follow including in the event of a fire or of the lift breaking down while a person was using it. The staff we spoke with told us that they had regular training in the actions they needed to take if there was a fire. This meant the staff knew how to protect people if there was an emergency in the home.

During our inspection we found that the home was clean and free from odours. This helped to ensure people's dignity. We found that the home had effective systems in place to ensure that the home maintained good hygienic levels and that the risk of infection was minimised.

Is the service effective?

Our findings

People, relatives and health and social care professionals told us staff were experienced and were meeting people's needs. One person said, "Yes they're all good and I know they are always doing training". One relative told us, "There has been a great improvement in my [relatives] general health since they have been here. They regained their appetite and are smiling again its wonderful". Another relative told us, "We were involved in all the care planning. They ring us if there is anything amiss or if anything is wrong, they keep us informed". A visiting health care professional told us, "The staff here do a very good job. They carry out our instructions to the letter".

Staff were supported in their role and had been through the provider's own corporate induction programme. This involved attending training sessions and shadowing more experienced staff. The induction programme which embraced the 15 standards that are set out in the Care Certificate had recently been implemented. The Care Certificate replaced the Common Induction Standards and National Minimum Training Standards in April 2015. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff received training in various aspects of health and social care including moving and handling, medication and the management of diabetes. A number of staff had vocational qualifications in health and social care. On-going training in Mental Health Awareness Course including Dementia Awareness had been completed by nine staff members. The registered manager told us further dates were planned and all staff will have received this training by June 2016.

Nursing staff were supported to keep up their professional qualifications and skills through advanced training in catheter care, pain management and skin pressure care.

There was a consistent approach to supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff received regular one to one supervision, annual appraisal and on-going support from the registered manager. This provided staff with the opportunity to discuss their responsibilities and the care of people living at the home. Records of supervisions detailed discussions and there were plans in place to schedule appointments for the supervision meetings. Staff had annual appraisals of their work performance and a formal opportunity to review their training and development needs.

People had been assessed as to what capacity they had to make certain decisions. When necessary the staff, in conjunction with relatives and health and social care professionals, used this information to ensure that decisions were made in people's best interests. The service worked closely with professionals from the local authority to ensure that people's rights were upheld. 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). At the time of our inspection nobody living at the home was subject to a DoLS. The home had submitted a number of applications to the local authority which had yet to be authorised. The registered manager knew

when an application should be made and how to submit one. They were aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. 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. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

People told us and their care plans showed they were involved in decisions about their care and treatment. Their consent had been discussed and agreed in a range of areas including receiving medicines and support. Staff were knowledgeable about the importance of obtaining people's consent regarding their care and treatment in other areas of their lives. One person told us, "The staff here let me do what I want to do so long as it is safe. They let me make my own decisions". Another person said, "I always get given a choice about what I want to do. Sometimes I can't make up my mind about what to wear and the girls [staff] help me".

We observed the lunchtime meal and saw that people received individual support in a discreet and patient manner. Specialised equipment was available to enable people to eat as independently as possible. People who required support to eat received this in a kind and patient way. People commented on the high quality of the meals and we saw that fresh vegetables, salad and fruit were readily available. We saw from the written records that when necessary the service regularly involved other health and social care professionals in people's care. This included GPs and other associated healthcare professionals. This supported people to maintain good health.

People were supported with their healthcare needs, including receiving attention from GPs and routine healthcare checks. One person told us, "The GP visits every week to make sure we are all fit and well but if I feel unwell at any time I can request a visit and he comes to see me". People's healthcare needs were considered within the care planning process. Assessments had been completed on people's physical health, medical histories and psychological wellbeing. Arrangements were in place for people's healthcare needs to be monitored through a regular review process. Care records demonstrated people had received visits from health care professionals, such as doctors, chiropodists and opticians.

Is the service caring?

Our findings

People and relatives told us staff were caring and looked after them well. One person said, "Its lovely here, I get asked about stuff, it's so nice I wouldn't say so otherwise". Another said, "The staff are so nice to me, it's lovely here" and "I really love living here, it's my home". We spoke with one person resting in their room who said "The girls are very nice to me". A relative told us, "I have no concerns at all about the care my [relative] receives. The staff are very caring and attentive. I would have no hesitation in recommending this home to anyone".

The service had received many compliments from people and relatives. For example, X [person] would like to express her sincere thanks for the exceptional care given to [relative]". "Thank you for making our dads final days more bearable. We couldn't have asked for him to be anywhere better" and "You are all very special people. Thank you for all your love and care for [person] during the last year".

Staff cared for people in a relaxed, warm and friendly manner. We saw that non care staff who worked in the home such as kitchen staff and the handyman took time to sit with people and chat. Staff sat talking with people and engaged in lively conversations about their families, social events and sharing memories. There was a lot of laughter and we noted that staff took every opportunity to engage with as many people as possible. For example, by bending down to ask if a person would like more tea, by touching a person's hand to ask if they were ok, and by frequently popping in and out of bedrooms to check on people.

People were supported to express their views when they received care and staff gave people information and explanations they needed to make choices. One person told us, "It's all very good, I have freedom of choice". Another person said, "The staff always have time for a chat. They are very accommodating and will listen to me. I'm treated very much as a person". Staff provided care to people in a kind, attentive and compassionate way. For example, staff talked people through the care and support they were to offer them before and during the process, offering good explanations and reassurances to people.

Staff understood that some people may have difficulty expressing their wishes verbally and knew how they would make their wishes apparent. One person said, "Staff talk to you about what they are going to do and always ask if it's ok first". Staff spoke to people in a calm and respectful manner. When staff supported people with moving from the lounge to the dining area they explained to people what was happening and asked them where they wanted to sit for lunch. Staff respected people's choices.

People's privacy was promoted and respected. A number of people told us they liked to spend time in their rooms but could choose to sit in the communal areas if they wished. People's bedroom doors were pulled shut unless the person expressed a preference to have the door open. Staff knocked bedroom doors and waited for permission before entering. People told us staff always did this and that they respected their privacy one person saying, "Staff never come in without knocking the door first".

Relatives were able to visit the home without restrictions. People were encouraged to form caring relationships by sitting together and talking in small groups. One person told us their family member was

always welcome at the home. A relative told us they felt unrestricted and could visit at any time.

Is the service responsive?

Our findings

People and relatives told us the service was responsive to their needs. "One person told us, "I've been really pleased with my decision to move here. The home is really good at managing my condition, which can change from one day to the next". Another told us, "Nothing is too much trouble. I only have to ask and they [staff] oblige". A relative told us, "The home responds well to my [relatives] needs. I did worry at first when they came to live here about how it would all work out but the home have been very good, I can't fault them".

People told us they knew they had a care plan and some said they had been involved in setting it up. A few people said they had left this for their families to do. One person said that they often went into town shopping with staff support. A visiting healthcare professional we spoke with told us, "There are no problems in this home. They are really good at only getting in touch when they need to; we have a really good working relationship. There's never any issue with the staff following our advice or instructions".

People's individual assessments and care plans were reviewed with their participation or their representatives' involvement. Care plans had been updated to reflect any changes to ensure continuity of their care and support. Updates had been made when people's medicines or health needs had changed. One relative told us, "The home reviews the care plans regularly and we are always invited and updated on how [person] is doing". Another relative told us how their family member's general wellbeing had improved since they had moved to Two Beeches because staff had worked with them to ensure the care and support they received was tailored to meet their individual needs". One person said, "The staff know what I like and what I don't like. They know that sometimes I can walk without my frame and others times I struggle. They always ask me if I need my frame".

We looked at how information was handed over from shift to shift within the service. We saw that 'handovers' were thorough and contained relevant information to ensure that people were cared for consistently throughout the day and night. Handover provided staff with the opportunity to share information about risk, appointments, medical concerns or changes in activities.

People told us that they received the care they needed at the time they needed it. People told us they were given the choice on how to spend their time within the home. They said staff knew their preferences about how they wanted to be supported. One person told us, "I have to rest in bed for part of each day; I like to watch my television and do my puzzles. The staff make sure I have the TV remote and that my books are where I can reach them. They are always popping in for a chat to keep me company".

People were able to maintain the relationships that were important to them. Everyone we spoke with said they could see their families and friends at any time they wanted to. Visitors we spoke with told us that there were no restrictions on when they could visit their relatives in the home. One person told us, "We can come when we like, more or less. They often offer us drinks and cakes. We are very pleased with everything".

People took part in various activities which were arranged daily. On the day of our inspection people were

enjoying a 'singalong' in the lounge. The activities co-ordinator told us they planned activities in advance however as people's needs changed there was a need for flexibility and activities changed accordingly. Activities included crafts, flower arranging, board games and bingo. There were also monthly church services and visiting entertainers. One person told us, "There is a list on the wall of what we are doing but if we fancy something different we change it". Another person said, "Sometimes I just like to sit in the conservatory and watch the wildlife. If the weather is warm though the staff take me out in the garden or to the shops".

People told us they knew how they could make a complaint but said they had never needed to do so. One person told us, "I don't have any complaints about the staff or the home". Another person said, "The Matron [registered manager] is always about. I know I can have a word with her whenever I want". People told us that if they had any concerns they would speak to the manager or the nurse on duty.

Is the service well-led?

Our findings

People and relatives told us the registered manager was 'hands on' and spent time with people. One person said, "I see a lot of the manager, she is really good". A relative told us, "We can approach the manager at any time. She always has time to speak with us and tell us how [relative] is doing".

People told us that they were included in agreeing to the support they received and in all decisions about their care and their lives in the home. Some people told us that they attended meetings where the service was discussed and where they were asked for their views about the home and any changes they would like to see to the service. Records of the meetings which showed that action had been taken in response to people's comments. Other people said they preferred not to attend the meetings but spoke directly to a member of staff if they wanted any changes to the support they received. They said the staff in the home asked for their views and took action in response to their comments.

The atmosphere in the home was friendly and inclusive. Staff spoke to people in a kind and friendly way. We saw many positive interactions between the staff and people who lived in the home. All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager and provider and said that they enjoyed working in the home. The service carried out regular customer satisfaction surveys which included questions about the standard of care.

We looked at how the provider and the registered manager monitored the quality of the service provided at the home. The registered manager carried out regular audits and checks. These included training audits, cleanliness and hygiene checks, health and safety checks and audits of written records of care. This helped ensure that people were provided with a high quality service.

Staff told us there was good communication within the team and they worked well together. Staff, people and relatives told us the registered manager was an extremely visible leader who created a warm, supportive and non-judgemental environment in which people had clearly thrived. The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. Staff told us the morale was excellent and that they were kept informed about matters that affected the service. The registered manager was supported by the organisation that carried out an extensive programme of quality assurance audits. Records showed that the provider's representative visited the service regularly to carry out quality assurance audits, including checking that care and personnel files were up to date and had been reviewed regularly.

Staff told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought and confirmed that staff consistently reflected on their practices and how these could be improved.

Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised.

