

Tudor Care Limited

# Beechfields Nursing Home Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 4 October 2016 and was unannounced. At our last inspection on 26 November 2015, the service was rated as Requires Improvement overall. We asked the provider to make improvements to the way they supported people who needed help with decision making; to ensure there were sufficient, suitably recruited, trained and supported staff to meet people's needs at all times and their quality assurance systems were consistently effective in bringing about improvements at the service. We received an action plan which stated the required improvements would be made by June 2016. At this inspection, we found some improvements had been made but further action was still needed. We also found improvements were needed with the records relating to medicines and the assessment of people's nutritional needs.

Beechfields Nursing Home is registered to provide care for up to 35 people. There were 30 people living in the home at the time of our inspection, all of whom required nursing care.

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.

At the last inspection the provider was not acting in accordance with the legal requirements in place to protect people who did not have the capacity to make their own decisions. At this inspection, some improvements had been made but we found there was inconsistency in assessing people's capacity to make some decisions. Further action was needed to ensure the principles of the Mental Capacity Act were appropriately applied and where people were deprived of their liberty, this was in their best interest and legal approval sought.

The provider had made some improvements but further action was needed to ensure people were consistently protected from risks posed by the home environment. Quality audits and checks were carried out by the manager but these needed to be improved to ensure they identified any shortfalls to drive improvement.

Improvements had been made to ensure there were sufficient, suitably recruited staff to meet people's needs at all times and new staff received an induction to prepare them for their role. However, further action was needed to ensure staff received ongoing training and support to provide effective care.

People received their medicines when needed but improvements were needed to ensure staff followed safe medicines management practice. Risks to people's health and wellbeing were assessed and staff followed risk management plans to ensure people were protected from avoidable harm. Staff understood their responsibilities and knew how to identify and report any safeguarding concerns to help keep people safe

from abuse.

Improvements were needed to ensure people were assured of receiving the appropriate nutritional support. However, overall we saw that people were offered a choice of food that met their needs and preferences. At mealtimes people received the support they needed to maintain a nutritionally balanced diet. People accessed the support of other health professionals when required.

Staff were kind, caring and compassionate and had positive relationships with people. Relatives and visitors were made welcome at the home. Staff treated people with dignity and respect and understood their individual needs. People and their relatives were happy with the care and support provided and told us it met people's individual needs. People made decisions about their daily routine and were offered opportunities to take part in activities that met their needs and preferences. Staff encouraged people to follow their hobbies and interests and maintain links with the local community.

People and their relatives felt able to raise any concerns or complaints and these were responded to in a timely way. Feedback from people was used to make improvements in the service where possible.

## 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 made improvements to ensure there were sufficient, suitably recruited staff to meet people's needs at all times. Risks to people's health and wellbeing were assessed and managed and staff understood their responsibilities to report any safeguarding concerns. People received their prescribed medicines when they needed them.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Some improvements had been made but the principles of the Mental Capacity Act had not been consistently applied to ensure decisions were made in people's best interests and any restrictions on their freedom and liberty were lawful. Improvements had been made to ensure new staff were prepared for their role but further action was needed to ensure staff received ongoing training and support to enable them to provide effective care. Overall, people's dietary needs and preferences were met and people were supported to access other health professionals when needed.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and had positive relationships with people and their relatives. People were treated with dignity and respect and their independence was promoted. People were supported to maintain relationships with family and friends and visitors were made welcome at the home. People made decisions about their daily routine and how they were supported.

### Is the service responsive?

Good ●

The service was responsive.

People liked living at the home and were happy with the support they received. Relatives told us people received care that met

their individual needs. People were offered opportunities to join in activities that met their needs and preferences and staff supported people to follow their hobbies and interests and maintain links with the local community. People and their relatives felt able to raise any concerns or complaints and were confident they would be acted on.

**Is the service well-led?**

The service was not consistently well led.

The quality assurance and monitoring systems in place were not always effective in identifying shortfalls and driving improvement. The manager was approachable and there was good communication within the staff team. People and their visitors were asked for their views about the service and they were acted on.

**Requires Improvement** 

# Beechfields Nursing Home Limited

## **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 visit took place on 4 October 2016 and was unannounced. The inspection was undertaken by one inspector and an 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.

We reviewed the information we held about the service which include statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We asked the provider to complete 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.

We spoke with eight people, six relatives, one nurse, four care staff, the cook and the registered manager. We spent time observing care in the communal areas to see how the staff interacted with the people who used the service. Some people were unable to speak with us about the care and support they received. We used our short observational framework tool (SOFI) to help us understand, by specific observation, their experience of care.

We reviewed the care records of four people and looked at other records relating to the management of the service, including staff recruitment files and quality checks.

# Is the service safe?

## Our findings

At our last inspection, the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed to ensure the provider followed safe recruitment procedures and carried out pre-employment checks before allowing new staff to work with people. At this inspection staff told us and records confirmed staff's suitability for the role was checked by obtaining references and carrying out a Disclosure and Barring check before the member of staff started working at the service. The Disclosure and Barring Service is a national agency which provides background information relating to past criminal convictions. This showed the provider was following safe recruitment procedures.

At our last inspection we asked the provider to make improvements to ensure there were sufficient staff available to support people during busy times. At this inspection, we saw that staff were available at the times people needed them. There were enough staff available to provide assistance and people and their relatives were positive about the number of staff available. One person told us, "If I use my buzzer in my room, staff always answer, they are very good". A relative told us, "I never see anybody in trouble without anyone coming to help, there's always someone available". We saw call bells were answered promptly and staff spent time chatting with people in the communal lounges. At lunchtime, we saw that meals were served in a planned way to ensure people had assistance from staff when they needed it. Staff told us the staffing levels had been increased. One member of staff told us, "We have enough staff now, we were struggling but the manager has employed more staff because people's needs have increased". The manager told us staffing levels were based on people's dependency levels and confirmed staffing numbers were kept under review and increased to ensure people's needs could be met at all times.

We observed a medicines administration round and saw that people received their medicines as prescribed and in their preferred way. We saw that the nurse explained what the medicine was for and checked to ensure the person had taken it. Staff received medicines training and had their competence to administer medicines checked by the manager. We saw that medicines, including controlled drugs, were stored securely and disposed of in accordance with legislation.

Risks to people's health and wellbeing were identified and managed. For example, where people needed support to mobilise safely, plans were in place to guide staff on the way they should be assisted, including the equipment they should use and how many staff were needed. Staff knew about people's individual risks and we saw staff reassured people and ensured they were comfortable before moving them safely in line with their documented needs. We saw that people were using pressure relieving equipment where a risk to their skin had been identified. For example people sat on pressure cushions and had pressure relieving mattresses. Systems were in place to monitor the safe use of pressure relieving equipment to ensure people received the correct therapeutic support to maintain healthy skin.

People we spoke with told us they felt safe and were happy with how the staff supported them. Comments included, "I feel safe very safe here, I sleep really well" and "It's a wonderful place". Relatives felt their family

members were safe and well cared for. One relative told us, "I'm happy with things, [Name of person] is safe and that's the most important thing". Staff we spoke with told us that they received training in safeguarding and understood their responsibilities to protect people from harm. Staff recognised the different types of abuse and knew how to report abuse if they suspected it. A member of staff told us, "If we see something or someone discloses something, we are obligated to tell the nurse or manager". All the staff we spoke with were confident that any concerns they raised would be acted on but told us they had the information they needed to escalate their concerns to the local safeguarding team if necessary. A member of staff told us, "We have telephone numbers in the nurse's office to contact safeguarding and if I was still concerned I'd go to CQC". Discussions with the manager demonstrated that they understood their responsibility to report any concerns to the local safeguarding team to keep people safe from harm.



## Is the service effective?

### Our findings

At the last inspection, the provider was in breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations. Improvements were needed to ensure that the provider was upholding people's rights where they lacked the capacity to make certain decisions for themselves. The 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At this inspection we found that some improvements had been made. Where people lacked the capacity to make certain decisions, assessments had been completed and the records showed how decisions were made in the person's best interest. However, there was inconsistency in making these capacity assessments which meant the principles of the MCA were not being fully applied. For example, one person's capacity to make decisions about the need for bedrails had not been assessed. There was a risk assessment in place which stated that the family and staff had been involved in the decision. However, there was no evidence that MCA had been followed to ensure the person could not make the decision themselves, or that it was made in their best interest. The manager told us that the person's family held a Lasting Power of Attorney authorisation which enabled them to make decisions about their relation's health and welfare. However, they had not checked this to ensure the family member was legally authorised to make decisions on the person's behalf. The manager assured us they would request copies of any authorisations and would review and update their records to ensure they clearly showed that any decisions made on behalf of people had been made in their best interest, in accordance with the MCA.

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 saw that the manager had made some applications for approval where people were being restricted in their best interests. However, discussions showed the manager did not fully understand their responsibilities under DoLS. The manager had recognised that other people may be being restricted of their liberty, for example, one person was being restricted to the lounge area to keep them safe but had not made the applications because they incorrectly believed that the mental capacity assessment had to be made by a GP or social worker. They told us they had not undertaken training in MCA and DoLS when their staff had received it. Feedback from the staff had not been positive about the training and a more in depth course was being arranged, which they planned to attend. The manager told us they would carry out the capacity assessments and ensure the applications were made as soon as possible.

Staff had received training and demonstrated a basic knowledge of the MCA and DoLS and understood their responsibilities to support people to make their own decisions as much as possible. Throughout our inspection visit, we saw staff gained people's consent before supporting them. One member of staff told us, "It's about helping people to make decisions, we offer people choice every time. If people refuse things, for

example personal care, we leave them for a bit and then go back and ask them again". This showed staff understood the importance of gaining consent.

At the last inspection, the provider was in breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We asked them to ensure staff were provided with an induction and ongoing training and support to meet the needs of the people they cared for. At this inspection, we found that some improvements had been made but further action was needed.

People and their relatives told us the staff had the right skills to meet their needs. A relative said, "Staff are helpful, know what they are doing and have the right equipment to support [Name of person]". Staff told us they received training in a range of skills and were encouraged to develop their skills further by studying for a nationally recognised qualification in health and social care. Records confirmed that staff received training in areas that were relevant to the care of people although we saw they had not had training in some areas deemed mandatory by the provider, for example infection control. The manager was monitoring this and training was being arranged with an external provider. They told us, "We had to cancel one round of training because the trainer was ill and I'm waiting for new dates". Staff told us they had not had supervision (one to one meetings with their manager) for some time. However, they told us they felt able to speak to the manager at any time if they had any concerns. The manager told us they were about to start a regular programme of supervision and showed us a new supervision template they would be using.

We saw that the manager had introduced an induction programme for newly recruited staff. One member of staff told us they shadowed an experienced member of staff to become familiar with the layout of the home and learn about people's needs. We saw they had received in-house training from one of the provider's accredited safe moving and handling trainers and had been observed to check they moved people safely. The manager told us new staff would complete the care certificate if they had no experience of working in a caring environment. This is a nationally recognised set of standards which support staff to achieve the skills needed to work in health and social care. This showed the provider had suitable arrangements in place to ensure new staff had the skills and knowledge to meet people's needs.

We found that the tool used to assess people's nutritional needs was not fully completed or had been calculated incorrectly which meant people may be at risk of not receiving the correct support to meet their nutritional needs. However, we saw that people's weight and diet were monitored and discussions with the staff and manager demonstrated that any concerns were referred to the GP and dietician. The manager told us they would review the records to ensure the assessments were correctly completed so that any risks could be identified and actions put in place to minimise these risks.

People told us they had enough to eat and drink throughout the day. At lunchtime, we saw that people were offered a choice and alternatives were available if required. One person said, "They offer three choices and will then do something else if people don't like them and when the drinks trolley comes round we are always offered a choice of two drinks". Another person said, "What you get is nice and choices are given". Relatives we spoke with were positive about the food. One said, "The food is good [Name of person] eats ever so well, and people are always encouraged to drink plenty". We saw people were offered drinks throughout the day.

People's specialist dietary needs were met. The chef had information on people's nutritional needs and explained how they fortified food and drinks to provide additional calories to maintain people's health and wellbeing. They told us they had recently undertaken training about diabetes and had made changes to the menu to provide more variety for people, for example offering fresh vegetable soups. We saw that where people required assistance with eating, staff were patient and supported them at their own pace.

People told us they could see their GP when they needed to. Some people told us they had recently had their eyes tested and relatives told us people saw the chiropodist when needed. One relative told us they were kept informed about their relation's day to day health, "They have had to call the GP three times recently, but they always inform me". We saw that people's care plans recorded visits from the GP and other health professionals and staff followed their advice, which showed that people were supported to maintain their day to day health needs.

# Is the service caring?

## Our findings

People told us they liked the staff and they looked after them well. One person said, "Staff are thoughtful, they are all pretty good". Another said, "Carers are helpful, patient and friendly, they are very very good". Relatives told us staff were kind and caring and showed concern for them. One said, "The way staff treat us both is very good, sometimes I get upset and they are very kind, they give us both a cuddle". Throughout our visit we saw staff treated people with kindness. Staff responded when people were anxious and offered reassurance, ensuring the person had calmed down before leaving them. We saw staff were patient with people and explained things to them in a way they could understand. For example, we heard one member of staff talking with a person who couldn't remember how long they had been at the home and why they were there. They told us, "I have the same conversation on a regular basis because the person doesn't retain the information, but that's no problem".

We saw people were relaxed in the company of staff and heard light hearted banter between them. A relative told us, "Staff are fun, we have a laugh". Another said, "Staff see the funny side of things, they have a nice attitude". We saw staff knew people well and talked with them about their interests and what they were doing that day. For example, one member of staff settled a person in an armchair by the window and said, "You can see the birds now and there's a squirrel about". This showed staff cared about people's wellbeing.

People told us they made decisions about their daily routine and how staff supported them. One person said, "Sometimes I stay in my bedroom or I use the day room". Another told us, "I go to my room after tea to read and I choose to go to bed early". At lunchtime, we saw that people came and went as they pleased. People left the table when they wished and one person said they were going to watch the news. People's independence was promoted. One person told us, "The staff encourage me to do what I can but are always careful I don't overdo it". Another said, "I don't like to be idle, I do some tidying in my room".

We saw that staff treated people with respect and promoted their dignity. Staff spoke quietly with people and were discrete when asking them if they needed support with personal care. Staff ensured people maintained their appearance, for example checking people's clothes were in place after they had been supported to move. Staff respected people's privacy and knocked on bedroom doors and waited to be asked in.

People were encouraged to maintain their important relationships. Relatives told us they could visit whenever they wished and were always made welcome. One relative told us, "Staff make me feel very welcome and involved". Another said, "Staff are all welcoming and speak to you, it's nice". One relative told us they stayed to have their meals and helped their relation to eat. They said, "I feel I'm helping free up the staff to help others as well as spending time with [Name of person]".

# Is the service responsive?

## Our findings

People told us they liked living at the home and were happy with the support they received. One person said, "You don't actually realise it's a home. I'm always happy here and there's people to talk to". Relatives we spoke with told us they were happy with the care people received and that it met their individual needs and preferences. One person was living with dementia. Their relative told us, "[Name of person] has a lot of clothes and being well dressed was important to them. Every time I visit they are wearing something different. That means a lot". They told us the staff had asked about their relation's history and this had been recorded in their care plan. Staff we spoke with were able to tell us about this person, for example what they had done for a career. Our observations showed they knew people well, for example they understood the person's sense of humour. For example, one person was offered a drink and the staff member served it to them. The person asked, "Have you put in two sugars". The staff member responded, "Yes and I've stirred it anti-clockwise like you prefer". This was acknowledged with smiles and laughter.

We saw that people's care was regularly reviewed to ensure it met people's needs. Staff told us they were kept informed about people's changing needs during a 'handover' meeting between shifts. One member of staff said, "We get information at handover and if it's a big change we read the care plans". This showed staff had the information they needed to meet people's changing needs. Relatives told us they were kept informed when things changed. One told us, "The staff phone to keep me informed of things. If I have to call them back, I can always get hold of them". Another said, "They always phone me straight away if anything has happened".

People had opportunities to take part in activities. On the day of our inspection visit, a church service was held in one of the lounges and people could choose if they wanted to attend. In the afternoon, people enjoyed a game of bingo, supported by the activities co-ordinator. There was a list of activities displayed on a whiteboard in the lounge which included visits from the pets as therapy dog, pub games, gentle exercise and several types of musical shows. People and their relatives were positive about the activities and were complimentary about the activities co-ordinator. Comments included, "I normally go to the church service and enjoy playing bingo and seeing the pets when they come in" and "I must say the activities person is very good" and "Can't speak highly enough of the activities person, they always involve [Name of person]".

New paragraph People told us there used to be a lot of outings but these had stopped due to transport problems. Staff told us the transport provider had lost their funding but they were trying to source a suitable alternative. They told us they tried to arrange outings to places within walking distance of the home, such as the park, cathedral, pub and local shops. We saw that the home had held a charity coffee morning and opened the home to people in the community. This showed people were supported to maintain links with the local community to avoid social isolation.

People told us they were encouraged to follow their individual hobbies and interests. One person said, "I do code word and crossword in the paper every day". Another told us, "I do a lot of knitting and staff and visitors bring me wool in". We saw that staff ensured important events were celebrated. One person had recently had their 100th birthday and we saw they had flowers and balloons close to where they liked to sit

and we saw a member of staff checking there was water in the vases. One person told us, "The activities person did a lot of work for the home's 25 year celebration and lovely decorations for someone's 100th birthday".

The activities co-ordinator told us they discussed people's individual needs and preferences with them and involved their families to ensure a suitable programme of both group and one to one activities was being offered. People were asked for their feedback and changes were made to ensure their individual needs and preferences were met as much as possible.

People told us they would be happy to raise any concerns or complaints with the staff. One person told us, "I tell the staff if I'm not happy". Relatives told us they felt able to approach the staff and were confident that their concerns would be responded to. One said, "Any issues I would speak to the manager or nurse and it would be dealt with". There was a complaints procedure in place and the manager logged complaints and responded to them promptly. We saw that action had been taken to address a complaint that had been referred to ourselves and matters resolved.

## Is the service well-led?

### Our findings

At the last inspection, the provider was in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Improvements were needed to demonstrate that equipment was regularly maintained, that the systems to prevent fire were up to date and that the quality assurance systems were effective in bringing about improvements. At this inspection, we found some improvements had been made but further action was needed.

We saw that systems were in place to ensure equipment was regularly checked and maintained to ensure it was fit for use. On the day of our inspection visit, we observed a member of staff carrying out cleaning and checking equipment in accordance with a documented schedule. We saw that the manager monitored the environment to ensure it remained safe for people. Risks relating to refurbishment works in the bathroom had been assessed and measures were in place to restrict access and protect people from the risks of trips and falls. Maintenance contracts were in place for the lift and fire prevention equipment and alarm testing and drills were in place. The manager told us they had sought advice from the local fire authority about the fire risk assessment and would be contacting a specialist provider to arrange for this to be carried out. However, the provider had not introduced a review system for the personal evacuation records documenting the support people needed to leave the building (PEEPS) which meant the provider could not be sure they reflected people's current needs. They assured us they would action this.

We saw that the manager carried out medicines audits to ensure people received their medicines safely, however these were not always effective. We identified concerns with the recording of medicines on an 'as and when required' or PRN basis, for example for pain relief. There was no guidance in place to support staff on the use of PRN medicines. Whilst staff administering medicines demonstrated they knew people well and understood their needs, the guidance is particularly relevant to help staff identify when people who are unable to vocalise their feelings, express that they are in pain or discomfort. This would be particularly important for staff, such as agency nurses, who may not know people well, to ensure people do not receive too much or too little medicine. This was brought to the attention of the nurse and manager who confirmed that they would ensure protocols were put in place. We found that medication stock was not recorded effectively because the amount of medicine in stock had not been added to the medication administration record (MAR) or brought forward onto the chart in use. This meant the nurse could not tell us how much medicine was being stored for each person.

There were no checks carried out on people's care records and we found assessments of people's nutritional needs had not been carried out correctly which meant people may be at risk of not receiving appropriate support. The manager showed us the monthly care plan audit they were introducing to ensure people's care records were accurate and up to date.

We saw that people's care records were not stored securely which meant people's personal information was not being kept confidentially. The manager told us the key to the cupboard was missing and the lock would be changed.

Accidents and incidents were recorded and whilst we saw the manager monitored these for trends, this was not formally recorded. However, records showed that people were referred to the falls clinic or to the occupational therapist and physiotherapist and their advice was acted on.

People and their relatives were asked for their views on the service through an annual survey and action had been taken to address some of the concerns raised. For example, additional staff had been recruited, bathrooms were being refurbished and the manager was in discussion with the provider to improve the front door bell system for visitors. In addition, the manager had just introduced a comments book for people to record their views on the service. This showed the provider welcomed people's views on how the service could be improved.

There was a positive, inclusive atmosphere at the home and interactions between the manager and staff were positive. The manager was new in post at the last inspection and had now registered with us. Staff told us they felt supported by the manager and we saw they worked well as a team to make sure people got the support they needed. For example, we saw staff checked with each other before going to support people in their bedrooms and made sure there was a member of staff in or nearby communal areas at all times. One member of staff told us, "The manager has changed a lot of things, they have a good understanding of care and get people working together". Another said, "I love it here, colleagues are very good and support you". Staff were aware of the provider's whistle blowing procedure and felt confident about reporting any concerns or poor practice to their managers. Whistle blowing is where staff are able to raise concerns about poor practice and are protected in law from harassment and bullying. A member of staff told us said, "I have done it in the past and it was sorted out. I won't accept anything that puts people at risk, the residents come first, end of". This showed staff felt supported and confident to carry out their role.

We had received notifications from the provider regarding important events that had occurred in the service in accordance with the requirements of their registration with us, which meant we could check that they had taken the appropriate action. The provider had displayed their rating in the home in order that people, visitors and those seeking information about the service can be informed of our judgments.