

Beech Lawn Care Limited

Beech Lawn Nursing and Residential Home

Inspection report

45 Higher Lux Street
Liskeard
Cornwall
PL14 3JX

Tel: 01579346460
Website: www.beechlawnnursinghome.co.uk

Date of inspection visit:
02 July 2019

Date of publication:
19 July 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Beech Lawn Nursing and Residential Home is a care home that provides personal and nursing care for up to 44 predominantly older people. The accommodation is arranged into four wings on two floors. At the time of the inspection 43 people used the service. Some of these people were living with dementia.

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

People were relaxed and comfortable with staff, and had no hesitation in asking for help from them. Staff were caring and spent time chatting with people as they moved around the service. People and their relatives told us they were happy with the care they received and believed it was a safe environment. Comments included, "I feel safe living here, I get good care and the staff are kind" and "My Mum has lived here for 12 years and she is safe here, I have no reason to worry at all."

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

The service employed three activity co-ordinators who supported people to take part in a range of activities. Where people spent time in their rooms, either through choice or because of their health needs, staff spent one-to-one time with them engaging in conversations or individual activities. Relatives told us they were welcome at any time and we saw staff greet relatives and chat with them as they arrived at the service.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. Staff were informed about people's changing needs through effective shift handovers with the nurse in charge and by accessing up-to-date electronic records.

Care plans were accurate and up to date. They provided staff with sufficient guidance to ensure people's needs were met. Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm.

There are enough staff on duty to meet people's needs. Staffing numbers and times of shifts were adjusted as people's dependency levels changed. Staff were well supported by a system of induction, training, supervisions, appraisals and staff meetings. The staff team were well motivated. They told us their managers were supportive, approachable and fair.

People and their families were given information about how to complain and details of the complaints procedure were displayed at the service. The service sought the views of people, families, staff and other professionals and used feedback received to improve the quality of the service provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good. Report published on 7 January 2017.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-led findings below.

Beech Lawn Nursing and Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, a specialist nurse advisor 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 for older people.

Service and service type

Beech Lawn is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced. We visited the service on 2 July 2019.

What we did before the inspection

We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and looked at the Provider Information Return (PIR). This is information providers are required to send us with

key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 15 people who used the service and six relatives about their experience of the care provided. We spoke with the registered manager, the clinical lead, two nurses, the housekeeper, the cook and six care staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies, procedures and staff training records were reviewed.

After the inspection

We asked the registered manager to provide us with various documents during the inspection and some of these documents were reviewed following the inspection.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were relaxed living at Beech Lawn and told us they felt safe. Their comments included, "The staff here are kind and helpful and I feel safe, I have total freedom as there are no restrictions", "I feel safe here, as if I feel poorly I can call someone to help me" and "I feel safe here, I am looked after well by the staff and have no complaints".
- People were protected from potential abuse and avoidable harm by staff that had completed safeguarding training and knew about the different types of abuse.
- The service supported some people to manage some aspects of their finances and there were appropriate procedures and systems in place to protect these individuals from financial abuse.

Assessing risk, safety monitoring and management

- Risks were identified and assessed. Care plans included guidance for staff on how to protect people from known risks while maintaining their independence.
- When people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included information for staff on how to identify when a person was becoming upset and guidance on how to provide reassurance and support.
- Lifting equipment had been regularly serviced and staff understood how to support people to move around safely.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- There were sufficient numbers of staff on duty to meet people's assessed needs. A tool was used to assess dependency levels and staffing numbers and the times of shifts were adjusted as people's needs changed. For example, some day shift times has recently been changed to extend the time day staff were on duty to accommodate people who wished to get up earlier and/or go to bed later.
- There were vacancies for night staff. Interviews had taken place and, until the recruitment processes were completed, agency staff were being used to cover these vacancies. The registered manager told us agency staff were booked several weeks in advance and this enabled them to book workers who were familiar with the service.
- People and their relatives told us they thought there were enough staff on duty. People had access to call bells to alert staff if they required any assistance. We saw people received care and support in a timely manner and calls bells were quickly answered.

- Staff had been recruited safely and all necessary pre-employment checks had been completed.

Using medicines safely

- People received their medicines safely and on time. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security. Storage temperatures were monitored to make sure that medicines would be safe and effective.
- Some people were prescribed 'as required' medicines to help them to manage pain or anxiety. Protocols were in place detailing the circumstances in which these medicines should be used and details of each use was recorded.
- Medicines were audited regularly with action taken to make ongoing improvements.

Preventing and controlling infection

- The service was clean and there were appropriate cleaning schedules in place to help manage infection control risks.
- Staff had completed infection control training and personal protective equipment was used to help prevent the spread of healthcare related infections. Hand gel was available to visitors at the entrance to the service.
- People had their own slings for hoists which reduced the risk of cross infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as occupational therapists or physiotherapists, after incidents where people had fallen.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

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

- People's needs were assessed before they moved into the service, to help ensure their needs were understood and could be met.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.
- Nurses were provided with the time and opportunity to maintain their professional development which is a requirement of the registration.
- Staff were provided with opportunities to discuss their individual work and development needs. One to one meetings took place at least quarterly, as well as group staff meetings, where staff could discuss any concerns and share ideas.
- New staff had completed a comprehensive induction and worked alongside more experienced staff to get to know people. The provider's induction programme reflected best practice recommendations.

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

- People were provided with healthy meals which they enjoyed. People told us, "The food here is very good, we have a good choice each day" and "The food here is great, I eat every bit of it and there are lots of choices."
- Kitchen staff were aware of any specific dietary requirements, for example, if people needed their food to be pureed to minimise the risk of choking.
- Care plans included information about people's dietary needs and their likes and dislikes. This included any information about specific aids people needed to support them to eat and drink independently.
- Hot and cold drinks were served regularly throughout the day to prevent dehydration. If people were at risk of declining health due to poor food and drink intake staff monitored what they ate and drank and recorded this on electronic records. These records were monitored daily by senior staff and referrals were

made to healthcare professionals if concerns were identified.

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

- People's health conditions were well managed and the management team engaged with other organisations to help provide consistent care. A relative told us, "My mother has been here, bed bound, for 12 years, the care is very good. The nursing is remarkable, I am very happy with the standard of nursing care, which is testament to the fact that Mum has been here for 12 years."
- Staff supported people to see external healthcare professionals regularly such as tissue viability nurses, physiotherapists, GPs and speech and language therapists. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.
- People were encouraged to stay healthy and active. Staff supported people to continue to mobilise independently.

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

- The premises were suitable for people's needs and provided people with choices about where they could spend their time. There were pleasant gardens and patio areas which people, who were able to, could access independently.
- Access to the building was suitable for people with reduced mobility and wheelchairs. A lift was available if people needed it to access the upper floors. Corridors were wide and free from clutter.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made to deprive people of the liberty within the law.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principle. Where possible, friends and relatives who knew the person well were involved in the decision-making process. The service recorded when people had power of attorney arrangements in place.
- People were asked for their consent before any care was delivered. People, who were able to, had signed their care plans to indicate they agreed with their planned delivery of care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- There was a relaxed atmosphere in the service and staff were friendly and supportive. People were positive about staff and their caring attitude and told us they were treated with kindness and compassion. People told us, "The staff are very caring and approachable people", "I feel that I am looked after well and can have a shower when I want" and "The staff are first class and we have a joke together."
- Staff enjoyed spending time with the people they supported and took time to sit and chat with people throughout the day. Staff knew what was important to people and how to offer people comfort and reassurance. One person said, "The staff have time to care for me and are understanding." Where people were unable to express their needs and choices, care plans detailed their ways of communicating.
- Staff were committed to providing the best possible care for people and enhancing their well-being. For example, staff would often carry out extra tasks for people such as buying items people needed or working on their days off to support people on trips out. If people mentioned, in conversation with staff that they liked a particular food, staff would report this to the cook so these items could be purchased especially for that individual. One staff member told us, "I love the job, I feel like I make a difference to people's lives."
- People's personal relationships with friends and families were valued and respected. For example, the registered manager had supported one person to keep in contact with their husband, while they were in hospital, by recording video messages to pass between them.

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

- People were involved in day to day decisions and had control over their daily routines. People were able to choose how they spent their time and which activities they engaged with. We saw that some people chose to spend time in their own rooms while other preferred the service's communal spaces.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care people could manage for themselves and what they needed help with.
- People's rooms were decorated and furnished to meet their personal tastes and preferences.
- People were able to decline aspects of planned care and staff respected people's decisions and choices in relation to how their support was provided. For example, the registered manager had supported one person to keep in contact with their husband, while they were in hospital, by recording video messages to pass between them.

Respecting and promoting people's privacy, dignity and independence

- Staff clearly understood the importance of protecting people's privacy, dignity and independence. We

observed staff respecting people's privacy, dignity and independence throughout the inspection. For example, supporting people to use equipment, eating lunch and ensuring at all times that doors were closed when providing personal care.

- People's right to privacy and confidentiality was respected.
- People were supported to maintain and develop relationships with those close to them, social networks and the community. Relatives told us they were always made welcome and were able to visit at any time. Several families visited during the inspection and we saw staff greet them and chat with them as they arrived at the service. One relative told us "The staff always welcome me when I visit and offer me a drink."
- The relative of one person visited their wife everyday, spending all day at the service. Staff supported the couple to maintain their relationship by including the relative in everything the person wanted to do, such as meals, activities and going out together. We met the relative during the inspection and they told us how much they had enjoyed having a glass of wine and eating lunch with their wife that day.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's needs were met through good organisation and delivery.

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

- Staff had a good understanding of people's individual needs and provided personalised care.
- Care plans were recorded on an electronic system. These contained information on a range of aspects of people's needs including mobility, communication, nutrition and hydration and health conditions. People's care plans were reviewed monthly or as people's needs changed.
- Staff told us care plans were informative and gave them the guidance they needed to care for people. Staff were informed about people's changing needs through effective shift handovers, with the nurse in charge, and by accessing up-to-date electronic records. This helped ensure people received consistent care and support.
- There were sufficient computer work stations for staff to use to ensure they could add and retrieve information whenever they needed to.

Meeting people's communication needs

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

- Care plans contained information about support people might need to access and understand information. For example, about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively.
- Staff knew how to communicate effectively with people in accordance with their known preferences.

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

- People told us they could choose how to spend their day and felt staff knew them well.
- The service employed three activity co-ordinators who supported people to take part in a range of activities. People were given a timetable each week of the activities on offer. These included, bingo, quizzes, pamper sessions and games. External entertainers also visited and themed events were arranged. A "mad hatters tea party" with country music and Pimms was planned for a few days after our visit.
- Some people spent their time in their room or in bed because of their health needs or personal preferences. A member of staff was specifically employed, 40 hour per week, to spend one-to-one time each day engaging in conversations or individual activities. This helped to prevent people from being socially isolated.
- People with physical disabilities were supported to take part in pastimes that interested them. Some

people liked gardening and were involved, with support from staff, in growing vegetables in raised beds. Staff were in the process of developing a sensory garden and were consulting with people to see what plant and smells they would like.

- The provider had recently purchased a mini-bus to enable staff to take people out to appointments and on trips to local attractions. For people who paid for hospital transport, having access to the mini-bus to attend hospital appointments, would reduce the cost for them.
- Care plans recorded information about people's interests, past hobbies and what they enjoyed doing with their time. One person had brought their budgerigar into the service and it was clear they and other people enjoyed the bird being there.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- Any complaints were logged and the actions taken recorded. The management proactively encouraged people and relatives to attend meetings to discuss any concerns they might have.
- People told us they would be confident to speak to a manager or other staff if they were unhappy.

End of life care and support

- The service provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- When people were receiving end of life treatment specific care plans were developed.
- Staff were skilled and experienced in end of life care and understood people's needs. Nursing staff had undertaken additional training in providing palliative care to ensure people had a dignified and pain free death.
- People's views on the support they wanted at the end of their lives was sought out. Not all of this information had been recorded in the electronic system. The registered manager explained this was in the process of being updated.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

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

- The registered manager and provider had comprehensive oversight of the service and understood the needs of people they supported. There was a strong emphasis on meeting people's individual needs and all staff demonstrated a thorough understanding of people's differences and individual preferences.
- People and their relatives told us they thought the service was well managed and communication with the management was good. Comments included, "I have a lot of time for the manager, she is fair" and "The manager is visible around the home and everyone seems to know her."
- The service's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

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

- The registered manager understood their responsibilities under the duty of candour. Relatives were kept well informed of any changes in people's needs or incidents that occurred.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed in the service and on the provider's website.

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

- The management structure at the service provided clear lines of responsibility and accountability across the staff team. The service was led by a registered manager supported by a clinical lead, nurses, senior care staff and an administrator. Managers provided effective leadership to the staff team and their individual roles and responsibilities were well understood.
- Staff were positive about the management team. They told us they felt valued and were well supported. Comments from staff included, "I love working here, I like the shifts which are flexible, we are a good team. I feel well supported and the manager is approachable", "This is the best job I've ever had, it's so fulfilling" and "I love working here, everyone is approachable. If there is a problem it gets sorted. My training is up to date and I feel well supported."
- There were appropriate quality assurance and auditing systems in place designed to drive improvements

in the service's performance. Where any issues were identified appropriate action was taken to ensure they were addressed and the service's performance improved.

- Important information about changes in people's care needs was communicated at staff handover meetings each day. Information about people's care needs and any risks was available for new staff and agency staff who hadn't yet got to know people well.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were regularly asked for feedback on the service's performance. Monthly 'residents meetings' took place which gave people and relatives the opportunity to feedback comments to management.
- People were involved in the recruitment of new staff. Following the formal interview with managers candidates were interviewed by a group of people who had developed their own questions. Although, managers supported this process it was led by the people living at the service.
- Surveys were also completed regularly. Where any performance issues were reported, action plans were developed and reviewed to ensure these issues were addressed.
- Where appropriate, relatives were invited to care plan reviews to help ensure people's voices were heard when discussions took place about the organisation of their care.
- Staff team meetings were held regularly and provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Staff told us if they made any suggestions about improvements to the service these were listened to and acted upon.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by managers.

Continuous learning and improving care

- The registered provider and manager were keen to ensure a culture of continuous learning and improvement.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals.
- Staff kept up to date with developments in practice through training and working alongside local health and social care professionals.

Working in partnership with others

- The service worked collaboratively with professional's and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified prompt and appropriate referrals for external professional support were made.