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Beverley Lodge Nursing Home

Inspection report

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Date of inspection visit:
23 September 2016

Date of publication:
12 October 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 1 February 2016 at which breaches of legal requirements were found. We found that safe medicines management processes were not followed, accurate and complete care records were not maintained, governance processes were not robust and the registered manager did not adhere to requirements of their registrations including submitting statutory notifications. We undertook a focused inspection on 16 June 2016 to review whether appropriate action had been taken to address the breaches. The provider remained in breach of the regulation relating to good governance. We issued a warning notice which asked the provider to make the necessary improvements by 22 July 2016.

We undertook an unannounced focused inspection on the 23 September 2016 to check they were meeting legal requirements relating to good governance. This report only covers our findings in relation to this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Beverley Lodge Nursing Home' on our website at www.cqc.org.uk.

Beverley Lodge Nursing Home provides accommodation, nursing and personal care to up to 19 older people. At the time of the inspection 13 people were using the service, some of whom were living with dementia.

A registered manager was in post. 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.

Care records had been reviewed and updated. They provided clear and detailed information about people's needs and how they were to be supported, including what equipment they required. There was consistency in the information provided, and the previous concern about conflicting information had been addressed. Staff had improved the recording of the daily support provided to people.

Care record audits had been strengthened. Where improvements were identified these were discussed with staff and addressed.

The above shows that the provider had made the necessary improvements to meet legal requirements they were previously breaching. We have however not changed the rating of the key questions for the location from 'Requires improvement' to 'Good', because to do so would require consistent and sustainable improvements at the service over time.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

Improvements had been made to make the service responsive. Accurate, complete and contemporaneous care records were maintained. Detailed and clear information was provided to staff about what support people required and how this was to be delivered.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'responsive' at the next comprehensive inspection.

Requires Improvement ●

Is the service well-led?

Improvements had been made to make the service well-led. Care record audits had been strengthened to ensure they reviewed all care records including records of the daily support provided to people. Where improvements were required this was actioned.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'well-led' at the next comprehensive inspection.

Requires Improvement ●

Beverley Lodge Nursing Home

Detailed findings

Background to this inspection

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

We undertook an unannounced focused inspection of Beverley Lodge Nursing Home on 23 September 2016. This inspection was completed to check that improvements to meet legal requirements planned by the registered provider after our focused inspection on 16 June 2016 had been made. We inspected the service against two of the five questions we ask about services: Is the service responsive? Is the service well-led?

The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the home. This included the registered provider's action plan, which set out the action they would take to meet legal requirements.

At our inspection we spoke with the registered manager, reviewed four people's care records, and reviewed the care record audits undertaken since our last inspection.

Is the service responsive?

Our findings

At our focused inspection in June 2016 we found that people's care plans lacked detail and did not provide an accurate account of people's needs and the support provided, particularly in regards to people's moving and handling needs and continence care. We also observed that accurate records were not maintained about the care delivered to people on a daily basis. We served a warning notice on the provider for a breach of the regulation in relation to good governance and asked them to make the necessary improvements by 22 July 2016.

At this inspection, we found that care records had been reviewed and updated. This included regular reviews of risk assessments and care plans and updating these in line with changes in people's needs. The care records had been reviewed to ensure they provided clear, detailed and consistent information about people's needs. This included ensuring personal emergency evacuation plans tallied with information in people's moving and handling risk profiles and mobility care plans. We saw that information in people's continence risk assessments was consistent with the information included in people's elimination care plans. This meant staff had the information they required to care for people in a consistent way that met their needs.

The completion of daily records had improved and documents provided a clear record of the support provided. This included ensuring people were supported with repositioning in line with the frequency specified in their care plan, and undertaking regular checks on people's welfare during the day and night.

The provider had made the necessary improvements to meet the legal requirements they were previously breaching, particularly in regards to maintaining accurate and complete care records.

Is the service well-led?

Our findings

At our previous inspection we found that care records audits were not complete and did not identify all areas requiring improvement to ensure that the provider maintained complete, accurate and contemporaneous care records for each person using the service. Whilst the care records audit included a review of risk assessment and care plans, it did not include all the records relating to people's care, particularly in regards to daily records. We served a warning notice on the provider for a breach of the regulation in relation to good governance and asked them to make the necessary improvements by 22 July 2016.

At this inspection, we found that auditing processes had been strengthened and now included a review of all people's care records, including the completion of daily records. Where improvements were identified this was discussed with staff and addressed.

In addition to the care records audits there was a range of audits completed to review other areas of service delivery, including medicines management, end of life care, moving and handling arrangements, antibiotic use, hospital admissions, deaths, pressure sores and the submission of notifications.

The provider had made the necessary improvements to meet legal requirements they were previously breaching.