

Ash Paddock Homes Limited

Beech House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 29 November and 7 December 2017 and was unannounced.

Beech House Nursing Home provides nursing and personal care for up to 54 people. At the time of this inspection 31 people were living there, some of whom were living with dementia.

A registered manager was in post and present throughout this inspection. 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.

When we completed our previous inspection on 09/12/2016 we found concerns relating to staffing, care planning, staff training and quality assurance. At this time these topic areas were included under the key question of safe, responsive and well-led. We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework these topic areas are included under the key questions safe, effective, responsive and well-led. Therefore, for this inspection, we have inspected these key questions and also the previous key question to make sure all areas are inspected to validate the ratings.

This is the second time the service has been rated Requires Improvement.

At the last inspection completed on 09/12/2017, we asked the provider to take action to make improvements (for example to staffing levels). At this inspection we saw improvements were still required overall.

The provider had systems in place to monitor the quality of support given and to make changes when needed. However, these systems were ineffective and did not identify the concerns or improvements required that we found at this inspection. This was a breach of the Health and Social Care Act 2008. You can see what action we told the provider to take at the back of the full version of the report.

People were not always safely supported with their medicines. People were at risk of receiving inconsistent support regarding how they received their medicines as the guidance was not always clear. People did not always have care and support plans that reflected their current needs.

The provider had infection prevention and control systems in place including staff link persons and cleaning schedules. However, these systems were not fully embedded into staff member's practice and individual pieces of equipment needed cleaning and in some instances replacement.

People's rights were not always protected by those supporting them and staff members did not always follow recognised procedures when supporting people.

People did not have sufficient opportunity to engage in activities that they found interesting and stimulating.

People were not always treated in a kind, caring and considerate manner by those supporting them.

People received care from staff that had the skills and knowledge to meet their needs. New staff member's received an introduction to their role and were equipped with the skills they needed to work with people. However, new staff members were not always supported by existing staff to support people effectively.

Although people generally thought there were enough staff to meet their needs they received an inconsistent response to requests for assistance. This included waiting for longer than expected periods of time for help.

People had access to healthcare to maintain wellbeing. People were supported to eat and drink enough to maintain their health
Staff attended training that was relevant to the people they supported and any additional training needed to meet people's needs was provided.

People were kept safe from the potential harm of abuse or ill-treatment as staff knew how to recognise and respond to such concerns. The provider followed safe recruitment procedures when employing new staff members. Any incidents and accidents were investigated in order to minimise reoccurrence.

People and their relatives were encouraged to raise any issues or concerns. The management team had systems in place to address any concerns or complaints although some people felt their concerns were not adequately resolved.

People had regular contact with the registered manager whom they found approachable.
People were involved in making decisions about their care and had information they needed in a way they understood.

Staff received support and guidance from a management team who they found approachable. People and staff felt able to express their views and felt their opinions mattered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The provider had not fully imbedded effective infection prevention and control procedures. People did not always receive timely assistance from staff members when requested. People were protected from the risks of abuse by a staff team who knew how to recognise signs of ill-treatment and knew what to do if they had concerns.

People had individual assessments of risks associated with their care. The provider followed safe recruitment procedures. Any incidents and accidents were investigated in order to minimise reoccurrence.

Requires Improvement ●

Is the service effective?

The service was not always effective

People did not always have their individual rights protected by staff members who did not always follow current guidance. People did not always have care and support plans that reflected their current needs. People were supported by staff members who were trained and supported to undertake their role. People had access to healthcare to maintain wellbeing. People were supported to eat and drink enough to maintain their health.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People were not always treated with kindness and compassion and respect by those supporting them. People were given information in a way they understood. People had their privacy respected by those supporting them.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

People did not always have access to social activities that they that they enjoyed and found stimulating. People were involved in the development of their care and support plans which were individual to them. People received care from staff members who knew their individual likes and dislikes. People and their relatives were encouraged to raise any issues. The management team had systems in place to address any concerns or

Requires Improvement ●

complaints but people did not always feel their concerns were adequately responded to.

Is the service well-led?

The service was not well led.

The provider did not have effective quality monitoring systems in place to identify improvements needed. People were asked for their views or opinions which were valued and respected by the management team. People had regular contact with the registered manager who they found to be approachable. When needed the registered manager and provider worked in collaboration with other agencies to promote continuous care and support for people.

Requires Improvement ●

Beech House Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 29 November and 7 December 2017.

This inspection was completed by two inspectors, one specialist advisor (Nursing) and one 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 information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

Before the inspection, 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. We used this information to help with our planning.

We asked the local authority, the clinical commissioning group and Healthwatch for any information they had which would aid our inspection. We used any feedback as part of our planning.

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 spoke with six people, three relatives, the registered manager, two nurses, four carers, one cook, a visiting hairdresser and the operations manager. We looked at the care and support plans for four people, records of quality checks, accident and incidents records and the medicine administration process. In addition we also looked at records relating to infection prevention and control and details of quality checks

completed by the provider. We also confirmed the safe recruitment of two staff members.

Is the service safe?

Our findings

At our previous inspection completed in December 2016 the provider was in breach of the regulation relating to staffing. There were not enough staff on duty to ensure people's care and support needs were met. The provider sent us an action plan in December 2016 to tell us what they would do meet this requirement. This action has been completed although improvements are still required they are no longer in breach of this regulation.

People told us about differing experiences when it came to staffing. Although those we spoke with told us there were enough staff around they didn't always get timely support. One person told us how they requested to be supported to bed at a certain time but often had to wait. Another person told us, "If I buzz them (staff) they come. Even at night." During the time we spent in the communal areas we saw that there were staff available to support people and to meet their needs. However, we did observe that staff members did not spend time with people outside of helping them with care and support tasks.

People did not always receive safe support with their medicines. For example, we found one person was being supported with the use of a medicated cream which they had not been prescribed. The identification label on this cream had been removed preventing the identification of who should have been the recipient and how it should have been applied. There was no medicines administration record (MAR) for this cream relating to the person now using it. We asked the registered manager to provide us with further details regarding what we had found. After initial fact finding they confirmed with us that the cream had been prescribed to another person and that they no longer needed it. An unknown staff member had provided the new recipient the cream as they believed they may benefit from it. Neither the nursing staff members nor the registered manager had identified that this medicated cream was being inappropriately used.

Following the identification of this issue the registered manager took appropriate action to remove the cream. They contacted the GP and had the cream prescribed for this person and a MAR was set up to record the medicine appropriately.

Those we spoke with told us they received their medicines when they needed them. One person said, "If I need pain killers I get them." Staff members we spoke with told us they had received training on the safe handling of medicines. One staff member told us they had to undergo an observed practice when supporting people with their medicines. This was to ensure they followed correct and safe practice.

When someone could not make an informed decision regarding their medicines we saw the provider took action to ensure they received their medicines in their best interest. Some people received their medicines covertly. 'Covert' is the term used when medicines are administered in a disguised format, for example in food or in a drink. We saw the provider followed correct processes in making this decision but the details on how to administer this medicine was missing from some people's files. Although staff members could tell us how the person took their medicine safely and as needed this lack of guidance could put people at risk of receiving inconsistent support with their medicines. When people had "When needed" (PRN) medicine there were guidelines for staff to follow which included what the medicine was for and when to support people

with it.

The provider had infection prevention and control systems in place to minimise the risk of infection. These included training of staff in infection prevention and control and cleaning schedules. However, we found that improvements were needed to protect people from the risk of infection owing to poor practices and a lack of oversight. At this inspection we identified a two small side tables which were in need of replacement as there was evidence of fluid ingress. This resulted in bubbling of the table laminate which compromised the effectiveness of cleaning. The registered manager confirmed that they had ordered six new tables to replace these and were waiting for delivery. In addition we saw a number of tables where people had their drinks, lunches and snacks served on. We pointed out to the registered manager, what we presumed to be, dried on food stuffs around the edges of the tables. This appeared to us to have been on the tables for some time indicating ineffective cleaning. The registered manager told us that they would be talking to the domestic staff as a result.

We had sight of a recently completed report by an external commissioning group who had visited and completed their own quality assessment at Beech House Nursing Home. This told us the provider had made progress on a service improvement plan in place since August 2016. However, they were yet to fully imbed the 'Check to Protect standards'. 'Check to Protect for Clinical Staff' is a set of assessment tools designed to be used by staff to assess their peers. This is to ensure that safe, effective standards of infection prevention and control are being met and maintained within clinical services both in the community and community hospitals.

We looked at how people were kept safe from the risks of abuse. People we spoke with told us they believed they were protected and safe. One relative said, "I have no concerns about that at all. Staff are very professional and I am confident [relative's name] is protected here." Staff members told us that if they ever suspected something was wrong they would report it straight away to the registered manager. One staff member said, "I know I can report anything that concerns me to the manager or the nurse on duty. If needed I can go to the police or use the whistleblowing information. I would not hesitate." We saw information was available to people, staff and visitors on how to raise a concern including relevant contact numbers for the local authority, the police and the CQC. The registered manager had systems in place to respond to any allegations or concerns raised with them. We saw that they had made appropriate referrals to the local authority in order to keep people safe.

We looked at how people were kept safe from the risks of harm associated with receiving care. Generally people we spoke with told us they felt safe receiving care and support whilst at Beech House Nursing Home. One person told us about feeling unsafe when being supported with a hoist which caused them discomfort whilst others told us they felt safe with such assistance. One person told us, "I feel 100% safe here." Others we spoke with felt safe and we saw people living at Beech House Nursing Home had individual risk assessments associated with their personal needs.

We saw assessments of risks for mobility, diet, nutrition and medicines. We saw staff members at Beech House Nursing Home were aware of individual risks to people and what to do to minimise the risks of harm. For example, one person stood to leave the table during lunch time. A member of catering staff went to them and prompted them to use their walking aid so that they didn't trip or fall. The person thanked them and used their aid as they walked from the room. We saw other staff members interacting with people when they witnessed them doing things that could be unsafe. For example, one person was using their walking aid in a way that could have caused them injury. A staff member recognised this and spoke with the person to correct their practice.

We saw incidents and accidents were recorded and reported. Any incidents were then monitored by the registered manager in order to see if any additional action was required or if there was any learning which could prevent reoccurrence. We looked at when things had gone wrong in the past and how they provider had responded. We saw that the registered manager had made appropriate referrals for additional assessment and equipment if they believed this would assist in minimising any risks to people.

Staff members told us there was a whistleblowing policy in place at Beech House Nursing Home. Whistleblowing is a term used to describe the act of highlighting wrongdoing in the workplace. Those we spoke with believed they would be supported and taken seriously if they ever needed to raise such a concern. The registered manager had systems in place to respond to any concerns. However, they had not received any since our last inspection.

The equipment that people used to assist them was maintained and kept in working order. The management team had systems in place to ensure the physical environment within which people lived was safe and met their needs. For example, regular fire checks were completed and any actions identified as part of environmental checks had been completed. We saw that equipment such as hoist and stand aids were regularly serviced to ensure safe working order.

However, at this inspection we saw an area of carpet which presented as a trip hazard to people. This was a separate piece of carpet that had been placed under a chair and not secured at the edges and which was folded up along the skirting board. This created a sizable crease in the carpet which protruded into the living area creating a trip hazard for people with poor mobility. Several staff members had been into this area during our inspection including the registered manager. It was only when we identified the potential hazard to the registered manager that action was taken to remove the risk. The provider and registered manager had systems in place to correct any problems with the physical environment or equipment that may cause a risk of harm to people. However, these systems were not effective in identifying the potential risks to people in relation to the environment within which they lived.

Staff members told us that before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members which included disciplinary action if required.

Is the service effective?

Our findings

People told us that their individual health and social care needs had been assessed and the care and support they received followed these assessments. One relative told us, "When [relative's name] first moved in here we went through everything together. This was so they (staff) got to know them a little better. They also found out about their life which I found to be quite interesting." Another relative said, "The admission process was very smooth and thorough." The care and support plans we saw were personal to the individual and in general contained information staff members needed in order to provide support for people.

However, in one instance we found that one person did not have a support plan in place for their deteriorating skin condition. This was linked to the inappropriate use of a prescribed skin cream already reported at this inspection in the 'safe' domain. Following discussion with the registered manager the appropriate care and support plan was implemented and appropriate medicines prescribed by the GP. Staff members needed to be aware that any changes in people's physical and emotional well-being needed to be passed to the appropriate clinician for action. That had not happened in this instance and put the person at risk of receiving inconsistent and inappropriate care and support.

We looked at how people's rights were protected at Beech House. 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 checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA.

We saw people's capacity to make decisions was assessed and reviewed when needed. Staff we spoke with had a clear understanding about the process to follow if someone could not make a decision themselves. Staff we spoke with understood the principles of the Mental Capacity Act and the process of best interest decision making. We saw details of a best interest decision which had been made to ensure someone received appropriate care with regards to their medicines. This care was provided in the least restrictive way possible and the decision making process correctly followed the current guidance.

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 the provider had made appropriate applications. However, we saw one person had their mobility restricted by a piece of equipment designed to keep them safe. This person was at a high risk of falls and the piece of equipment was required to minimise the risk of harm. The registered manager had made the decision to use this piece of equipment in the best interests of the person and had consulted with the family.

However, they had not submitted the required application to safeguard this person following the potential deprivation of their liberty. The registered manager told us that this was because they were waiting for the

family members to attend Beech House so they could have further discussions with them about the use of this piece of equipment. By the end of day two of this inspection the required application had been submitted in order to protect the individual's rights. The provided did not have effective systems in place to confirm the correct processes were followed once it was identified someone's liberty was being restricted.

People and relatives we spoke with believed the staff team supporting them had the right mix of skills and training to effectively support them. On the first day of this inspection a number of staff members were attending training on end of life care and support.

New staff members working at Beech House undertook an introduction to their role which included basic training, fire regulations and safety, and working alongside other staff members. One staff member told us, "I worked alongside other staff members. This was so I could see how they did things and to generally get used to the building and how things were run." However, we saw new staff members did not receive the necessary information and support from established staff members to effectively support people. For example, during the lunch time we saw a new staff member repeatedly asked existing staff members for information regarding one person's nutrition and support. This information was not forthcoming and the person themselves started to become agitated as a result. After some delay the new staff member received accurate information regarding the person they supported.

Staff we spoke with had access to training to enable them to support people. For example, one staff member told us they had recently completed dementia training. This gave them an insight into how to support someone living with dementia and what could cause upset and distress them and how they could respond. A member of the catering staff told us they had recently attended training to enable them to develop their understanding of the Speech and Language Therapy (SaLT) recommendations. This assisted them when preparing menu items for people with impaired swallowing reflexes.

People received assistance from a staff team that felt supported in their roles by the management team. Staff members were assisted in their roles by attending regular one-on-one or group support sessions with a senior staff member. It was during these sessions they could talk about how they were getting on at work and if there were any changes or improvements that were needed to benefit those they supported. All those we spoke with told us they found these sessions useful and supportive.

People had access to internet based facilities via a number of wireless access points throughout Beech House. However, one person told us they could not access the internet from their room and had to request assistance to move locations to get a signal. The registered manager told us they were looking at different systems to make WiFi access more available to people throughout the building.

Staff members we spoke with were aware of people's individual characteristics and preferences which informed on their care and support. For example, staff members could tell us what individual's religion and faith practices were and how they supported them. People had made advance decisions relating to their faith and this was recorded for staff to adhere to at such a time it was required. When people expressed specific dietary requirements these were passed to the catering staff to ensure their wishes were complied with.

People were supported to have enough to eat and drink and to maintain a healthy diet. We saw people making choices of what to eat and where they would like to have their meals. When people did not want what was on the menu they had alternatives available to them. One person told us they didn't like what was on offer that day and decided to have some salad instead. Another person told us, "I prefer to have only soup at lunch some days."

We observed the lunch time experience for people over two days. We saw people had differing experiences throughout both days and the support from staff members was inconsistent. For example on the first day, we saw people were waiting for a prolonged period of time before being assisted with their meals. One person's meal had gone cold before they were assisted and this needed to be reheated. On the second day we saw people being supported with their lunch in a timely fashion. The lunch time experience we observed was quiet with little interaction between people. On the second day of this inspection we saw six people sitting down for lunch in the dining room. Each person was sat on a different table with no interaction between one another. We spoke with one person about their choice of seating. They said, "I like my own space at lunchtime." We asked a staff member about the lunchtime experience and they told us, "People do tend to be creatures of habit. People sit where they always sit and it is difficult to get them to sit together."

When people had an unplanned or unexpected weight loss the provider and registered manager had systems in place to respond to this. We saw details of regular weight monitoring and if there was weight loss referrals were made to the GP or a dietician. When it was required people received fortified foods to enable them to return to a healthy weight.

The provider had established contact with other healthcare professionals and shared information when appropriate or required. For example, we saw requests for support and advice regarding the management of people's skin. We also saw the registered manager coordinating people's assessments with colleagues to decide whether or not they were able to effectively meet their needs at Beech House. One relative told us, "I have no worries or concerns about [relative's name]. Before admission here they had really gone downhill with their weight loss and infections. Since being here they have gained weight and had no infections whatsoever. They monitor their weight which I like as you can see the improvement."

We saw staff members passing on information regarding the health and welfare of people living at Beech House. For example, we saw staff passing on what samples needed to be collected for one person at the request of the GP.

The physical environment within which people lived at Beech House Nursing Home was over two floors with stairs and lift access. People, and their visitors, had access to private and confidential space should they wish. There was also the opportunity for people to spend time in communal areas where they could socialise with others. There were substantial outside areas for people to spend time in, if they wanted, but owing to the time of year and weather conditions people chose to remain inside. We saw one person had an interest in wildlife. A staff member saw a squirrel outside and supported the person to the window to watch. People were able to freely move around their home either independently or with assistance.

Is the service caring?

Our findings

We saw differing experiences between how people were treated by those supporting them. Although the majority of those we spoke with were positive about the support they received we observed differing approaches from staff members towards people which were not always caring and respectful.

People told us that they were treated with kindness and compassion by those supporting them at Beech House Nursing Home. People and relatives described those who supported them as, "Pleasant," "Polite," and "Incredibly caring." One person went on to say, "They are all good and I like them very much. They are pleasant and polite and will chat with me if I want them to. If I had any problems I feel I could share it with them. They have got to know me very well. Whenever I need assistance they come and sort me without any delay." The staff member we spoke with could tell us about those they supported including life histories and the things that mattered to people. For example, we saw one staff member supporting someone with their exercises. They encouraged them to tell them about what they used to do and what they liked. This interaction encouraged the person to talk about things that interested them and helped them to engage with the exercises they were doing.

However, we also saw instances where staff members did not always treat people with respect. For instance, we saw staff members visiting colleagues at Beech House. One male member of staff came into the dining room and lent on a person's chair as they chatted with their colleagues. They did not acknowledge the person whose chair they were leaning on or attempt to engage them in the conversation. We later asked the registered manager about the person sitting in the chair. They told us one of the key characteristics about this person was that they disliked male carers and the actions of the male carer would have upset them.

We spent time in the communal areas throughout this inspection. On three occasions we saw staff members coming into the room and moving people in wheel chairs without any interaction or informing the person what was happening or where they were going. In one of these instances the person was questioning the staff member saying, "Where are you taking me," before the staff member responded to them.

We also saw people sat for prolonged periods of time without any valued interactions with those they lived with or staff members. For example, in one lounge area, we didn't see any interactions between people or staff members for over one hour. This was despite staff members frequently passing through or near to where people were sat. We did see one staff member greet someone as they passed their chair and said "You alright [Person's name]?" This staff member continued moving and had left the area before the person had time to respond.

People received support at times of upset and distress. We saw one person start to become anxious and confused regarding their surroundings. A member of staff went to them and recognised that they did not have their personal items which brought them comfort. The person had left them where they had previously been sitting. The staff member comforted the person and arranged for another staff member to retrieve the items for this person. This person then appeared to relax. Staff members knew people well and how to support them to recognise and express their emotions.

People and relatives we spoke with told us they were involved in making decisions about their care and felt involved in the planning of their support. One person told us, "When I first came here they (registered manager) went through what I needed and my medical history. They asked me what help I needed and spoke about how they can help me. I was asked if this was the type of care I wanted." One relative said, "I don't tend to get too involved now. They (staff) know what [person's name] likes and needs and they seem to meet their needs very well." The provider had information on display informing people and relatives of advocacy services that were locally available for people and their families to access if they needed.

People we spoke with believed that staff respected their privacy and dignity at all times. One person said, "It's never been a problem for me. I think they (staff) respect my dignity at all times." At this inspection we saw any personal care and support was completed with people in private. Private and confidential information to people was securely kept and only accessed by those with authority to do so. We saw staff members checking people's authority to access information before anything was disclosed.

People were encouraged to be as independent as they were able. We saw one person moving between their room and the lounge. They appeared to be unsteady on their feet and a staff member went to assist them. The person was given the options of help and mobility equipment which they declined. The staff member then walked alongside them and kept them focused on walking and keeping safe. We later asked the staff member about this. They told us, "People can be as independent as they want. Sometimes there is the risk of tripping but this has to be balanced about helping them to keep mobile and fit."

Friends and family were able to visit when they wanted and private areas were available. We saw people visiting and spending time with people in communal areas and in their rooms. One relative told us, "I tend to go out on the outings with [person's name]. It makes me feel useful and I am more than welcome to attend any activities here."

Is the service responsive?

Our findings

People had differing experiences when we asked about participation in activities and pursuing interests. On the first day of this inspection people were supported to go on a barge trip on a local canal and could attend a visiting hairdresser if they wanted. On day two people had gone out to a local coffee shop and then went to another one of the provider's homes to have lunch with people living there as part of a social network setup by the provider.

However, there was little to occupy those choosing to remain at Beech House. We saw long periods of time where people were not engaged in any form of stimulating activity or task. This included in excess of one hour without any contact or engagement for some people. There were opportunities for people to become involved in puzzles or games but these were not prompted or promoted by staff members supporting people. One person told us they frequently got bored. Another person said, "I get extremely bored but that is because of my illness. They do have trips and the activities person comes to see me most days. They are very good." Another person said, "I keep myself to myself. I don't join in with things but that is just my choice." Another person told us they often got bored at Beech House.

We spoke to the registered manager about encouraging people's involvement in following their interests when the activities coordinator was not present in the house. They told us it was their intention for the activities coordinator to instigate a series of sessions with staff members. This was to promote people's participation in activities when the activities coordinator was not available. However, one staff member told us, "We don't always get time to spend with people as we are very busy. Sometimes we get time to sit and chat with them in the afternoon." Although some people enjoyed the activities available there was little opportunity to stimulate people outside of these structured sessions. One person told us that in addition to the barge trip and lunch out, there was a movie afternoon, quiz and bingo where families and friends could also attend.

People had personal care and support that was responsive to their individual needs. Those we spoke with felt involved in the planning and reviews of the care they received. One relative told us, "When [Relative's name] first came in here there was a very thorough assessment and care plan done in which we were all involved." We saw individual care and support plans that detailed people's individual needs including their social and employment backgrounds.

The staff members we spoke with were clear about the needs of those they supported. For example, when talking to staff members about people's dietary requirements all those we spoke with were aware of individual's needs and preferences. These included what individual food items people liked to eat and what could be offered as an alternative. When people had the authority to act on someone's behalf the provider had systems in place to check the authority of the individual. For example, if a family member informed staff or the registered manager that they had a power of attorney the provider completed checks to ensure this authority was relevant and appropriately registered.

People had individual assessments regarding their communication and information needs. These

assessments followed the Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need

People and visitors told us they were free to visit when they wanted and were encouraged to do so by the staff and registered manager. One relative told us, "I am always made to feel welcome here and I take part in some of the activities, like the quiz." People had access to on-line services and digital communication if they needed to keep in touch with people.

People told us they knew how to raise a concern or a complaint and there was information available for people and visitors informing them how to do so. One relative told us, "If there were any problems I am confident that they (staff) would listen and react." Others we spoke with told us they had raised concerns in the past and that the provider had listened to them on some aspects but not all. For example one person still felt that the time between wanting to go to bed and being supported to bed was still too long. They went on to say that they have informed the registered manager but improvements still need to be made.

When people indicated preferences for future care and support this was included in their individual plans. This included people religious and faith beliefs which informed on their decisions about future care and support. These decisions had been recorded and were known by the staff members supporting them. Staff followed current guidance regarding do not attempt cardiopulmonary resuscitation (DNACPR). People's views and the opinions of those that mattered to them were recorded. Decisions were clearly displayed in people's personal files and staff knew people's individual decisions.

Is the service well-led?

Our findings

At the last inspection we identified that improvements needed to be made in relation to engaging people in their care planning, staff training and staff availability to support people. At this inspection we saw that progress had been made in some of these areas.

However, at this inspection we found improvements were still required regarding staff availability and additional concerns which have already been detailed in this report. The registered manager was supported in their role by an operations manager. Regular quality check had been completed. The last quality check completed in November 2017 focused on caring and whether or not the location involved and treated people with compassion and kindness. However, these failed to identify the concerns we have found at this inspection.

The last quality check completed by the provider did not make any recommendations for improvement at Beech House and was not effective in identifying or driving improvements.

These concerns form a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us that they knew who the registered manager was and that they saw them regularly. One person said, "I know who the manager is. It is a good place and I am happy here." One relative told us, "The company [Ash Paddock Homes Limited] is excellent. Everyone is very amenable and residents are offered a choice of room. We had a really good welcome when we arrived. We have been completely happy with everything we have seen. The manager is very helpful and we would without doubt recommend this home to others. The registered manager told us, and we saw, that they keep a regular presence in Beech House and regularly spent time with people. We saw them spending time chatting with people and families and also visiting professionals.

People and staff believed there was an open and transparent culture at Beech House Nursing Home. One staff member said, "We all read the last report and there is a copy in the reception. We knew where we could improve things and have worked hard to make a difference." The registered manager told us that they hold regular group support session with staff members. It is during these sessions that they can discuss things which could be improved. For example, following the identification of misuse of medicated cream the registered manager held a group support session. They identified what was wrong and how this can be prevented again in the future. This included prompt contact with the prescribing GP to ensure people got the support they needed.

Staff members had the resources and opportunities they needed to continue to improve their professional skills and competencies. These included attendance on regular training courses and open and honest discussions about their role and the support they provide. Staff members we spoke with felt that things had improved regarding access to training opportunities and support since our last inspection.

Beech House Nursing Home had a registered manager in place at the time of this inspection. The registered manager understood the requirements of their registration with the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. Prior to this inspection we identified that the registered manager and the provider had not made a significant number of notifications to us. However, following investigation this was attributed to an administration error which resulted in the notification not being correctly submitted. As a result the provider has made changes regarding Beech House and their other locations to minimise the risk of this type of mistake from occurring again in the future. This includes a copy of any such notification being forwarded to the operations manager. The provider took corrective action once this had been identified but at the time did not have the systems in place to identify or correct such a mistake.

At this inspection we saw that the provider had displayed its rating from our last previous inspection at Beech House Nursing Home and also on their website.

The registered manager took responsibility for maintaining their knowledge and skills with regular attendance on training courses provided. In addition they received national safety notifications to assist them to maintain a safe living and working environment. Any national safety alerts were available for staff to read and take action if needed.

People we spoke with told us they attended regular resident meetings. They felt able to contribute their ideas and to make suggestions. People told us they were able to voice what they wanted in an open and empowering atmosphere. The last meeting took place in October 2017 and details of the discussions were available for people and visitors to look at. People told us there had been some improvements in the meal times and the food served. They also commented positively on some activities like the movie afternoon. People felt involved in the running of Beech House and in the environment within which they lived.

The provider had systems in place to address any unsafe behaviour displayed by staff members which included disciplinary action or re-training if required. Staff members were aware of appropriate policies which directed their practice including the whistleblowing policy. Staff members we spoke with told us they were confident they would be supported if they ever needed to raise a concern.

We saw details of partnership working with other key agencies involved in the support of people. These included the local authority, GP's, Tissue Viability Nurses and other care providers. We saw one staff member seeking advice and guidance from an external professional to confirm the correct approach towards meeting one person's needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider did not have effective quality monitoring systems in place to identify and drive good practice. This was the second consecutive requires improvement rated inspection.
Treatment of disease, disorder or injury	