

Orange Care Limited

The Beeches Nursing Home

Inspection report

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Cornwall
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Date of inspection visit:
13 December 2016

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 13 December 2016. The last inspection took place on 8 December 2015. The service was meeting the requirements of the regulations. However, we found very hot water coming from the taps in hand basins used by people living in the service. Some areas of the service were in need of redecoration and some carpeting needed replacing. We made recommendations to the provider regarding the concerns we had with the premises.

The Beeches is a care home which offers nursing care and support for up to 28 predominantly older people. At the time of this inspection there were 26 people living at the service. Some of these people were living with dementia.

The service had a registered manager 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.

We walked around the service which was comfortable and bedrooms were personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect.

We looked at how medicines were managed and administered. From the medication administration records (MAR) we found it was possible to establish if people had received their medicine as prescribed. However, some handwritten entries on to medicine records had not always been signed and witnessed to help reduce potential errors. Some prescribed creams had not been dated when opened. The registered manager addressed these concerns during the inspection. Regular medicines audits were consistently identifying when errors occurred.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met.

Staff were supported by a system of induction, training, supervision and appraisals. Staff knew how to recognise and report the signs of abuse. Staff received training relevant for their role and there were good opportunities for on-going training support and development. More specialised training specific to the needs of people using the service was being provided. For example, dementia care. The nursing team had developed specific skills and knowledge to provide specialist care for people at the service. For example, the treatment of leg ulcers.

The registered manager was a registered nurse with experience in providing care for the elderly and those suffering with complex chronic conditions. They had experience in the field of palliative care and acted as education lead within the service. The registered manager had the responsibility for ensuring all members of staff were provided with moving and handling training, as well as all aspects of their continuing

development.

The registered manager was a clinical mentor with links to Plymouth University. The service benefited from this relationship by having student nurses on their clinical placements, working regularly alongside the qualified nurses and care workers on shift. This led to the sharing of best practice.

The registered manager assured us that all training and supervision requirements had been provided to staff. We were told all staff received supervision six times a year. However, at the time of the inspection visit the staff training and supervision records were not up to date. This meant the registered manager did not have an overview of when staff were due updates in specific training and when their supervision was due. It was not possible for the inspector to judge what training and support staff had been provided with. However, following the inspection visit this was updated and sent to the inspector. It showed that most staff had received mandatory training as required by the service.

Staff meetings were held regularly. These allowed staff to air any concerns or suggestions they had regarding the running of the service. However, some staff told us they felt a specific concern which had been raised remained unresolved by the provider. They told us the registered manager had 'tried hard' to raise the concern with the providers but nothing had changed.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

The Beeches were clear on their responsibilities regarding the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Appropriate applications had been made to the local authority and one authorisation had been granted.

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs recorded. Where appropriate, relatives were included in the reviews. Nursing care plans were comprehensive and regularly updated.

Activities were provided by the activity co ordinator during weekdays. Records were seen in some care files of people's involvement in such activities.

The registered manager was supported by two deputy managers, a team of registered nurses, team leaders and care staff. All the staff we spoke with were positive about the support provided by the registered manager who regularly worked shifts alongside the care team.

The service had taken action and addressed the recommendations made in the last inspection report regarding the condition of the premises. A programme of refurbishment of the service was on going.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

Is the service effective?

Good ●

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff were supported with supervision and appraisals.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good ●

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Good ●

The service was well-led. Training and supervision requirements for staff were provided by the registered manager, however, the records of this support were not up to date. This was addressed following the inspection visit.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

People were asked for their views on the service. Staff were supported by the management team.

The Beeches Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on 13 December 2016. The inspection was carried out by one adult social care inspector.

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 reviewed the PIR and other information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with three people who lived at the service. Not everyone we met who was living at The Beeches, was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices.

We spoke with seven staff and a visiting healthcare professional. We spent time in the communal areas of the service observing care and support being given by staff. We looked at care documentation for three people, medicines records for 26 people, staff files, training records and other records relating to the management of the service.

Following the inspection we spoke with two families of people who lived at the service.

Is the service safe?

Our findings

People told us they felt it was safe at The Beeches. Families felt their relatives were safe at the service. A visiting healthcare professional was positive about the safe care provided.

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Most staff had received recent training updates on safeguarding adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County. There were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council.

Accidents and incidents that took place in the service were recorded by staff in people's records. The service also recorded accidents involving staff. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence reduced.

We checked the medicine administration records (MAR) and it was clear that people received their medicines as prescribed. We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were not always signed and had not always been witnessed by a second member of staff. This meant that there was a risk of potential errors and did not ensure people always received their medicines safely. Some people had been prescribed creams and these had not been dated upon opening. This meant staff were not aware of the expiration of the item when the cream would no longer be safe to use. The registered manager addressed these issues during the inspection and assured us that all creams would be dated upon opening in the future.

The service held medicines that required stricter controls by law. We checked the stock held against the records and they tallied. Regular audits of all aspects of medicines management were carried out to check medicines were managed safely. These audits were identifying the issues we found at this inspection and they were being discussed with the specific staff involved.

The service were storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored. There were no gaps in these recordings. Staff training records showed staff who supported people with medicines had received appropriate training.

The environment was clean and hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately. All cleaning materials were stored securely when not in use.

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and with their food and drink intake. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order

to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, care plans stated how many staff and what specific equipment should be used to help ensure a person was moved safely. Risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

The Beeches was in the process of refurbishment work. All necessary safety checks and tests had been completed by appropriately skilled contractors. Fire safety drills had been regularly completed and all firefighting equipment had been regularly serviced.

Each person had information held at the service which identified the action to be taken for each person in the event of an emergency evacuation of the service.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

During the inspection we saw people's needs were met quickly. We heard bells ringing during the inspection and these were responded to effectively. The staff rota showed there were six care staff in the morning and five in the afternoon supported by a nurse on each shift. There were two carers who worked at night with a nurse. Staff told us that short notice staff absences such as a sickness, had reduced recently although this did still occur. Staff told us they felt they were a good team and worked well together.

Is the service effective?

Our findings

People living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. We observed care provision to help us understand the experiences of people who used the service. A visiting healthcare professional told us they would recommend the service for their own family and friends.

Some aspects of the premises had been of concern to us at the last inspection. We found very hot water coming from some taps in hand wash basins used by people living in the service. Some areas of the service were in need of redecoration and some carpeting needed replacing. We made some recommendations to the provider in the last report.

At this inspection we found that the provider had taken action to address the concerns found at the last inspection. Carpets had been replaced and corridors and doorways re-decorated. At the time of this inspection a bathroom was in the process of being completely refurbished. Hot water taps had been regulated so that very hot water was no longer coming from them and was no longer a risk to people living at the service.

There was little pictorial signage around the service to help people living with dementia to orientate themselves to their surroundings and places such as bathrooms and toilets. However, we were told by staff that there was no one living at the service at the time of this inspection that was independently mobile and staff were required to accompany people at all times as they moved around the service. This reduced the need for additional signage at the service at this time.

People were able to decorate their rooms to their taste, and were encouraged to bring in their personal possessions to give their rooms a familiar feel. Bedrooms were clean and comfortable with sufficient space for staff to use any moving and handling aids necessary.

The Beeches was part of the Skills for Care forum and had achieved accreditation with the gold standards framework, for delivering and managing dignity during death. The registered manager was a clinical mentor with Plymouth University. A deputy manager was also a clinical mentor. This meant the service benefitted from having student nurses on placement at the service as well as having the expertise of a clinical nurse specialist in tissue viability managing the service.

The registered manager was a registered nurse with a wide range of experience in working within care provision for the elderly and those suffering with complex chronic conditions. They had worked within the field of palliative care for much of their career and acted as education lead within the service. The registered manager had the responsibility for ensuring all members of staff were provided with moving and handling training, as well as all aspects of their continuing development.

The service hosted training sessions for their staff and invited care staff from nearby care homes to join them at the event to share the learning and the cost of events.

One of the deputy managers was a Registered Mental Health nurse and led the service in the care of people living with dementia. Another deputy manager was a diabetes specialist and supported staff training in this area. Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. Some training was provided by paper based or electronic packages given to staff to complete at their own pace. One commented, "I am not keen on elearning but I suppose it is convenient for managers to give us the responsibility of doing the training." Staff were supported to complete training during their shift at work if necessary.

Revalidation is the process where registered nurses and midwives are required every three years to demonstrate to the Nursing and Midwifery Council (NMC) they remain fit to practice. Nurses had been supported to successfully revalidate recently.

The registered manager told us staff were provided with the necessary training to meet the needs of people living at the service. A Visiting healthcare professional told us they felt the staff were knowledgeable and skilled in delivering care to people. The registered manager told us staff received supervision and appraisals. Staff told us they felt well supported by the registered manager and were able to ask for additional support if they needed it. However, the records held at the service relating to staff training and supervision were not up to date and did not allow the inspector to make a judgement on the support provided to staff. Following the inspection the registered manager sent us an updated training matrix which showed that most staff had been provided with the necessary mandatory training. Supervision had been provided regularly to most staff.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The induction was in line with the Care Certificate which replaced the Common Induction Standards. It is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had completed or were working towards completing the care certificate and had shadowed other workers before they started to work on their own.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager was aware of changes to this legislation and the service's MCA and DoLS policy reflected the Supreme Court judgement, which changed the criteria when a person should be considered for an application to have their liberty restricted. Authorisations had been applied for and one had been granted. There were no conditions attached to the authorisation. The service had a system in place to monitor the expiry dates of any authorisations and were aware of their responsibilities to seek re

assessments from the local authority.

From our discussions with staff and management we found they had a good understanding of the need to gain consent from people when planning and delivering care. Care files contained consents which had been signed by people if able, or their lasting power of attorney if appropriate.

We observed the lunch time period throughout the service. Many people ate in their rooms either by choice or because they were being cared for in bed. The food looked appetising and there was choice offered to people. People told us the food was good. There had been a recent survey of the meals offered at the service and this had led to a change of meal options provided.

Staff were knowledgeable about people's individual needs, preferences and dislikes. Where possible they tried to cater for individuals' specific preferences. Care staff had 24 hour access to the kitchen so people were able to have snacks at any time of the day even if the kitchen was not staffed.

Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. Food and drink monitoring records were seen regularly completed by staff.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes.

Is the service caring?

Our findings

During the day of the inspection we spent time in the communal areas of the service. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. Relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. Staff sang as they worked and joined people to sing along to familiar songs heard played during the inspection visit.

Moving and handling equipment such as slings were shared and were not specifically named for individuals use only. However, we were assured that the slings were all washed each day and if a person was suffering from any infection their sling would remain in their room for sole use only.

Some people required to have close fitting net pants to secure their continence pads. We found these were not always named to help ensure that people did not share these pants. We were told they were initially named but this washed off during laundering. It does not protect people's dignity to share net pants communally. Privacy was respected by care staff who ensured doors and curtains were closed during personal care visits.

The service used a key worker system where individual members of staff took on a leadership role for ensuring a person's care plan was up to date, acting as their advocate within the service and communicating with health professionals and relatives.

Some people's life histories were documented in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly. People were well cared for.

People and their families were involved in decisions about the running of the service as well as their care. Meetings were held to seek families views on the service provided. Families told us they knew about their care plans and the registered manager would invite them to attend any care plan review meeting if they wished.

During the inspection staff were seen providing care and support in a calm, caring and relaxed manner. Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences regarding how they wished their care to be provided..

People were supported to move around the service spending time where they chose to. Staff were available to support people to move to different areas of the service as they wished.

Is the service responsive?

Our findings

People told us they were happy living at the service and that staff responded quickly to any requests they made. Relatives told us they were happy with the service provided by staff at The Beeches and had no concerns.

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager, the nurses and team leaders were knowledgeable about people's needs.

People were supported to maintain relationships with family. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

Care plans were detailed and informative with clear guidance for staff on how to support people well. Details of how people wished to be supported were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. The files contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The information was well organised and easy for staff to find. The care plans were regularly reviewed and updated to help ensure they were accurate and up to date. Family members, if appropriate, were given the opportunity to sign in agreement with the content of care plans.

The service provided a high level of end of life care and support. People were often admitted to the service at the end of their life as opposed to a hospice or hospital setting. The Acute Care at Home service were rarely required to support the staff at The Beeches due to the level of skill and knowledge held by the nursing team.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. There was a staff handover meeting at each shift change. We observed handover meeting which was built into the staff rota to ensure there was sufficient time to exchange any information. During this meeting staff shared information about changes to people's individual needs, any information provided by professionals and details of how people had chosen to spend their day. A detailed handover record was completed to enable staff to refer to this information later in the shift if necessary. This meant there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time.

People had access to a range of activities. An activities co-ordinator was employed from Monday to Friday and arranged a programme of events including music and movement, bingo and craft sessions. On the day of the inspection we noted that a high level of staff intervention was required to assist individuals to join a game of bingo, this was due to their cognitive impairment and physical ability. It was not clear how the activities were chosen and by whom. It is important that activities are relevant and meaningful to people. People had access to quiet areas and a well maintained outside space if they wished.

Some people chose not to take part in organised activities and therefore were at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We observed staff regularly checked on people and responded promptly to any call bells.

People and families were provided with information on how to raise any concerns they may have. The service held an appropriate complaints procedure. People told us they had not had any reason to complain. The service had received a number of thanks and compliments from people and their families praising the staff and manager for providing such a kind and caring service.

Is the service well-led?

Our findings

People told us they saw the registered manager frequently and could speak with them about anything at all. Relatives told us the registered manager was approachable and friendly. Families were contacted in a timely manner if any changes took place with their loved one. One commented, "Believe me we looked at quite a few homes before we settled on this one. It is very welcoming. Staff are always around and know what they are doing."

Staff told us they felt well supported through supervision and regular staff meetings. Staff comments included, "The manager has been amazing and supported me a lot with my personal situation. I don't think I would still be here if it was not for him," "He (the manager) is a good leader, he is passionate about the standards here, it would not be quite the same place without him" and "I find him (the manager) very easy to speak with, he always knows about the people living here." A recent staff survey had highlighted some concerns about the recent turnover of staff. Staff had also raised that having only one nurse on duty can lead to challenges when the nurse is occupied with the medicine round or providing nursing care to a person. This had been addressed and the service now have two nurses working all day Monday to Friday. The registered manager told us they were in discussion with the provider about ensuring this level of cover existed at weekends too.

The registered manager was dealing with a formal grievance from the team leaders at the service. This grievance had been investigated and passed on to the providers. At the time of the inspection visit there was an outcome that had been communicated. However, the team leaders morale was low.

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by two deputy managers. Each deputy manager had an area of specialism which they shared with the staff and other services at training sessions.

Management were visible in the service and known to staff and people. People and staff were very complimentary about the registered manager who worked clinical nursing shifts regularly. The registered manager also worked alongside staff in the kitchen when necessary. Daily staff handovers provided each shift with a clear picture of every person at the service and encouraged two way communication between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual.

There were systems in place to monitor the quality of the service provided. Audits were carried out over a range of areas, for example, care plans, medicines, and the premises.

There was a maintenance person in post with responsibility for the maintenance and re furbishment of the premises. Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use.

The providers had carried out repairs and maintenance work to the premises. The boiler, electrics, gas

appliances and water supply had been tested to ensure they were safe to use. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.