

Making Space

# Beyer Lodge Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

Beyer Lodge Nursing Home is registered to provide accommodation with nursing care for a maximum of 16 older people aged 65 years and above assessed as requiring nursing care for mental health needs. At the time of the inspection, 13 people were living at the home.

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

Potential risks to environment had been assessed, but we identified potential health and safety hazards during our tour of the home. On the corridors, we identified pest control traps, but the risk assessment was limited, and we found an outdoor shed was unlocked, this stored cleaning products and potentially compromised people's safety. The registered manager resolved these potential hazards immediately when we brought this to their attention.

There was a relaxed atmosphere at the service. Staff spoke positively about working at the home and the people they cared for. Staff said the registered manager was very approachable and they were supported in their role.

People were supported by staff who received training and who had a good understanding of the different types of abuse and who to report any concerns to. The provider monitored safeguarding concerns and incidents and accidents, including any outcomes or actions required.

People received a variety of food and drink to meet their needs and any specialist diets were catered for. Staff were recruited safely and there were enough staff to provide safe and effective care.

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 recently made improvements to their approach to the Mental Capacity Act, with mental capacity assessments introduced for specific decisions following feedback from the local commissioning team.

A newly introduced electronic medicines systems was introduced. Medicines were stored and administered safely in line with people's prescriptions.

The quality and assurance systems in place were used to monitor the safety and care provided to people. The management team used auditing to identify further areas and opportunities to continuously improve the service.

Rating at last inspection

The last rating for this service was good (published 4 August 2017).

Why we inspected

The inspection was prompted in part due to concerns received about the service approach to the mental capacity act.

We undertook this focused inspection. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains Good. This is based on the findings at this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information 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?

**Requires Improvement** ●

The service was not always 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 well-led?

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Beyer Lodge Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector and a specialist nurse advisor. The specialist advisor was a nurse with experience of working with people with mental health needs.

#### Service and service type

Beyer Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beyer Lodge Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection, there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

Before the inspection we asked the local authority for their views about the service. We also looked at the information we had about the registered provider, including people's feedback and notifications of significant events affecting the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We observed how staff interacted with people. We considered all this information to help us to make a judgement about the home. We looked at a range of records relating to the management of the home, quality assurance, staff recruitment, medicines records and health and safety checks.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further care plans and training records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires good. At this inspection, the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Potential risks to people's health and wellbeing had been assessed, however aspects of the environment had not been robustly assessed.
- We found environmental risks were not managed consistently. Although regular safety checks were carried out on the environment, equipment, utilities and fire safety improvement were ongoing, we found safety concerns in our tour of the home. On the corridors, we identified pest control traps, the risk assessment for this was limited and failed to consider the wider risks. An outdoor shed was unlocked, this stored cleaning products. The registered manager resolved these potential hazards when we brought this to their attention.
- The service embedded a proactive approach to managing risk that ensured people remained safe. Some people had behaviours that may be challenging to staff and others. Risk management plans provided staff with strategies to de-escalate and calm situations.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I like it here and the staff are good." Staff told us they felt confident in raising any concerns. One staff member commented, "I would have no hesitation to raise concerns with the manager or CQC."
- The provider had systems and processes in place to protect people from the risk of abuse and avoidable harm. The registered manager investigated safeguarding concerns and ensured risk assessments and management plans were in place to keep people safe.
- Safeguarding alerts were raised externally when required to the local authority and the CQC. A tracker helped the registered manager to monitor the safeguarding process when any concerns were raised. This was regularly reviewed.

### Staffing and recruitment

- There were enough staff employed to meet people's needs included supporting people when out in the community. The provider used regular agency workers who were familiar with people's needs.
- We received positive feedback from staff about staffing levels which they felt enabled them to provide safe care. One staff member told us, "There is enough of us [staff] and I feel we do have time to speak with people."
- Staff were recruited safely. References and Disclosure and Barring Service (DBS) checks were requested prior to new staff commencing employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- People's prescribed medicines had been administered and managed safely, including the ordering, storage and disposal of medicines.
- The provider introduced a new electronic medicines system shortly before we inspected. The nursing staff were still in the process of familiarising themselves with the electronic system and feedback so far was positive. Most medicines records had been transferred onto the electronic medicines system and a nurse commented that they now felt they had better oversight of people medicines using this electronic system.
- Staff had completed the medicines administration record (MAR) accurately to confirm medicines had been given. The number of tablets available were correct.
- Medicines audits were completed monthly. This checked the safe storage of medicines, whether staff had received training, the recording of records and if people had received their medicines as prescribed.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The registered manager facilitated visits for people in accordance with government guidance. We observed during the inspection that people were able to see their friends and relatives.

### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded correctly. Staff discussed any incidents or accidents in handover meetings and with the registered manager or the nurse in charge. Any actions arising were addressed.
- The registered manager operated an open and transparent culture whereby staff were encouraged to report concerns or safety incidents.



# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People were asked for choices and they told us staff respected them. People were asked how they wanted to be supported and what they wanted to do on the day of the inspection. People's care plans included information on their preferences and choices as well.
- Prior to our inspection the local commissioning team shared feedback with us that they were supporting the service to improve mental capacity assessment to ensure specific decisions are appropriately assessed. At this inspection we were assured the provider had improved their systems and these were in line with the MCA.

Staff support: induction, training, skills and experience

- People were supported by staff who received training, supervision and an annual appraisal.
- Staff told us they received appropriate specific training and could ask for support when needed. This included registered nurses who told us the provider had a range of systems supporting them with their continuous professional development and professional registration.
- Staff told us they felt supported in their roles. One staff member said, "I have recently completed managing challenging behaviours training, this was a great training course." Another staff member told us, "I feel the support here is great. The manager is very helpful and supportive."

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

- The home was clean and comfortable. Communal areas presented a light, bright and airy environment where people could move around freely. There were areas available for people to enjoy activities, spend time following personal interests and places to entertain visitors. The outside area was accessible for people

to go out and spend time in fresh air.

- The provider has a refurbishment plan in place to update the décor in the home.
- People's bedrooms contained personal items such as photographs and ornaments.

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

- People's needs, and choices were assessed, and their care plans now accurately reflected the care and support needed to meet their needs.
- Regular reviews of people's care plans took place to make sure they accurately reflected their needs, wishes and choices.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People received the support they needed to maintain a balanced and healthy diet.
- People's nutritional and hydration needs were detailed in their care plans along with guidance for staff on how they were to be met. This included advice and guidance provided by external professionals such as dietitians and speech and language therapists.
- Records showed that the provider liaised with healthcare professionals, such as a Community Psychiatric Nurse, to support people.
- The provider kept a record of any health appointments that people attended.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had ensured all staff had a clear understanding of their roles and responsibilities.
- The systems to assess, monitor and review the quality and safety of the service in general were used effectively to manage performance and risk and drive improvement. There was further scope for the service to improve their health and safety audits, to ensure these captured the environmental issues we found. Checks and audits were completed at the required intervals and outcomes of them were used to make improvements where it was required.
- The provider's regional head of operations visited the service regularly and undertook quality auditing of all aspects of the home. This included, falls, care plans, safeguarding, complaints, the service improvement plan, health and safety, and training.

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

- There was a positive and welcoming atmosphere throughout the service and people and staff had developed good relationships.
- People felt the service was open, honest, and well run. There was a good rapport between management staff and people using the service.
- People and their relatives were complimentary about the registered manager. One person said, "The manager is nice, yes very much so. I can speak to the [registered manager's name] whenever I want." Comments from relatives included, "The manager is approachable, I am happy [person's name] is well looked after."

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

- Systems were in place to involve people, their relatives and staff in the running of the service.
- Regular resident meetings were held to discuss general issues, food and activities. Actions agreed at meetings were reviewed to ensure they were completed to people's satisfaction.
- People we spoke with told us they felt involved and engaged with by staff, who knew them well. One person told us, "I am having my room decorated and I believe I will be allowed to choose what paints I want."
- Staff meetings continued to be completed on a regular basis. One staff member told us, "The meetings are very helpful, and staff can always have their say."

- The registered manager and staff worked in partnership with other agencies including commissioning teams and health and social care professionals. This enabled safe, effective, coordinated care and support for people.
- The provider ensured people's family members were engaged and involved in people's care and updates about the service through telephone discussions and emails during the COVID-19 pandemic.

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. Continuous learning and improving care. Working in partnership with others

- The provider had processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that their concerns were acted on.
- The manager understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.
- The provider was keen to improve the service and they recognised the importance of learning lessons and continuous improvement to ensure they maintained high-quality, person-centred and safe care for people.
- Future plans were in place to roll out electronic records and governance systems which would automatically flagged key data for the provider to support improvements.