

Tudor Care Limited

Beechfields Nursing Home Limited

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?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 26 November 2015 and was unannounced. At our last inspection on 24 April 2013 the provider was meeting all of the standards we inspected.

Beechfields Nursing Home is registered to provide care for up to 35 people. There were 28 people living in the home at the time of our inspection, all of whom required nursing care.

The service had a registered manager. 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.

The recruitment procedure was not robust. New staff were able to work with people before full

Summary of findings

pre-employment checks were completed to verify that they were suitable to fulfil their role. There were insufficient staff available at times to ensure people received care and support in a timely manner.

Staff were not provided with training to ensure their knowledge and skills were appropriate for the people they cared for. The training records did not contain information to confirm when training had been provided or was due to be updated. Staff did not understand the requirements of the Mental Capacity Act 2005. Staff were gaining consent from people but there was no associated documentation to support that decisions were made in people's best interests. People's care plans did not reflect the care they received or which met their preferences.

There were no audits in place to monitor the quality of the service or the maintenance of the equipment. People were supported to maintain their important relationships but not given opportunities to share their views on the service.

People's risks of avoidable harm were assessed and managed to keep them safe. There were arrangements in place to ensure people received their prescribed medicines. We found that medicines were recorded and stored correctly.

People were provided with a varied diet and sufficient fluids to maintain their health and wellbeing however when the arrangements to monitor people's weights and take action when appropriate were not robust as we found some people's weight loss was not acted upon.

Staff were kind and caring and supported people to retain their independence. Staff recognised people's right to privacy and promoted their dignity. People were offered opportunities to socialise together or spend their time as they wished.

We found there were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 consistently safe. The registered manager did not have effective recruitment processes in place to ensure staff were suitable to work in a caring environment. There were insufficient staff available at times to meet people's needs in a timely manner. People's risk of avoidable harm was assessed and managed to keep them safe. There were arrangements in place to ensure people received their medicines as prescribed.

Requires improvement



Is the service effective?

The service was not consistently effective. Staff did not have access to regular training to enhance their skills and knowledge. Staff did not receive regular feedback on their performance or development. New staff were not provided with an effective induction period. Staff did not understand the scope of and their responsibilities under the Mental Capacity Act 2005. People's weight loss was not managed effectively. People received a varied and nutritious diet.

Requires improvement



Is the service caring?

The service was caring. Staff were kind and caring to people. People's privacy and dignity were respected and their independence promoted. People were supported to maintain the relationships which were important to them.

Good



Is the service responsive?

The service was not consistently responsive. People's care did not always reflect what was written in their care plan. The care plans did not provide a consistent level of information about people and their preferences for care. People were supported to socialise together and received individual support with activities if they preferred.

Requires improvement



Is the service well-led?

The service was not well-led. There were no arrangements in place to monitor the quality of the service provided. Service records for the equipment were not available. People were not given the opportunity to share their views on the service and how it was run. People knew who the registered manager and the staff felt supported by them.

Requires improvement



Beechfields Nursing Home Limited

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 26 November 2015 and was unannounced. The inspection was undertaken by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt was relevant.

We spoke with eight people, 10 people's relatives, one nurse and five members of the care staff and the registered manager.

We also looked at five care records, risk assessments and information about the management of the service.

Is the service safe?

Our findings

We saw that the registered manager had not completed pre-employment checks before allowing new staff to work with people. We saw that a new member of staff was working in the home. The registered manager told us they were shadowing experienced staff as an introduction in to the service, however we observed two occasions when this member of staff was left alone and unobserved with people. The registered manager told us they had sent for the person's references and Disclosure and Barring check but they had not been received. The Disclosure and Barring Service is a national agency which provides background information relating to past criminal convictions. This demonstrated that the provider did not have a safe recruitment process in place.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us that, at times, there were insufficient staff available to meet their needs. One person said, "They desperately need more staff, particularly in the morning when they're busy. You always wait longer for them to come to you then". Another person said, "I can sometimes get a bit uncomfortable waiting for the staff to come to me". Staff told us that at times, they felt stretched and under pressure as 12 people living in the home needed two members of staff working together to support them safely. We saw that at times, people waited for an additional member of staff to be available to support them. One member of staff said, "We could do with more staff especially at busy times". Another member of staff said, "Although it seems to be improving a bit there's still not enough staff. It's not fair on people living here or the staff". We observed that people had access to buzzers to call for staff. However, we saw that people sometimes waited for staff to attend promptly when they needed assistance. We

saw that people sitting in the communal areas had little contact from staff at times unless it was to deliver care or refreshments. The registered manager told us they recognised the need to improve staffing levels to meet people's needs and had started a recruitment programme.

People were protected from avoidable harm. Staff were able to tell us how they would protect people and recognised the types of abuse people could be at risk from. Staff told us they would report any concerns to the registered manager but were not aware of whom to contact outside of the organisation if they wanted to make referrals themselves as they had not been provided with this information. We raised this with the registered manager who told us they would ensure this information was cascaded to staff.

People's risks associated with their care and treatment such as falls, how they should be moved safely and the use of bedrails had been assessed. There was specific guidance for staff on which equipment they should use to move people and how many staff needed to be involved. We observed that people were moved in line with their assessment.

People told us they received their medicines when they should. We observed medicines being administered. We saw that staff ensured that people had taken their medicines successfully before leaving them and recorded the administration correctly. We saw that the systems in place ensured that medicines were stored securely and at the correct temperature to maintain their condition. Some people required their medicine on an 'as and when' required basis as occasional pain relief or rescue medicines when they were anxious. We saw there was guidance in place to ensure staff understood the maximum dose which could be given over a 24 hour period. This demonstrated there were arrangements in place to manage people's prescribed medicines safely.

Is the service effective?

Our findings

Peoples care and support was not always delivered by staff who were appropriately trained and supported to meet their needs. Staff expressed their concerns about the lack of training for long term and newly recruited staff. One member of staff told us, “I’ve not had any training since I came here. I’ve not done safeguarding for quite a while and never here”. This member of staff had worked in the home for over two years. Another member of staff told us, “Training’s important. We keep asking for it but other than moving and handling we’ve had nothing. We have to train staff ourselves and you can see some times they get confused about things”.

We spoke with recently recruited members of staff who told us they had the opportunity to work with other members of staff for a shift before they were able to work alone. One member of staff, working for the first time, told us they were uncertain of the home’s layout or people’s names or needs or what their induction would include. Another member of staff said, “Sometimes the new staff haven’t got a clue and without proper training they won’t get better”. The record of training provided by the registered manager was incomplete and we saw that the dates staff received training and were due to be updated were not indicated on the list. Therefore it was not possible to see which training staff had completed and when.

Staff told us they were not provided with supervision opportunities to discuss their performance and development and the registered manager confirmed this. One member of staff said, “I can’t remember the last time I had supervision. We can go to the manager if we want to ask anything”.

These are breaches of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014

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. Some people had signed their consent for treatment when they came to

live in the home. We saw that when people’s capacity to make decisions altered, there were no capacity assessments in place to reflect their change in circumstance. We saw that the reasons decisions were made on people’s behalf were not recorded. For example, decisions made about the use of bedrails had been agreed by relatives without supporting information recorded to demonstrate that this was in the person’s best interest. Staff told us and we read that some relatives held power of attorney. The care plans did not provide evidence of which decisions the families could lawfully make. This meant staff could be allowing relatives to make decisions for people without the legal authority to do so.

These are breaches of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014

We saw that four people had lost a significant amount of weight over the previous months. We read that people were weighed on a monthly basis and the frequency was increased if concerns were highlighted. However the frequency of the weight checks for these people had not been increased. There were no referrals in place for these people to receive specialist dietary advice regarding their weight loss. This demonstrated that staff had not taken appropriate actions to support and monitor people.

People were provided with a varied diet and plentiful drinks. A member of staff told us that they had reviewed the menus recently to offer lighter options for people. We saw that people were provided with a choice of hot meal at lunchtime or a soup and sandwich option, which the cook said had proved to be popular, particularly for people who didn’t eat very much. We saw several people chose this option for their lunch and they told us they had enjoyed their food. One person said, “The cook is very accommodating. I really wanted some bread and butter pudding and they put it back on the menu for us”. A relative told us, “My [The person who used the service] is eating very well. They’re eating dishes they’ve never tried at home so they’re having plenty of variety”.

Some people needed support to have their food and drinks via a percutaneous endoscopic gastrostomy (PEG). This is a tube which delivers food and drinks directly into their stomach and is used for people with severe swallowing problems. We saw that staff were knowledgeable about

Is the service effective?

this specialised type of feeding and the person was supported in the correct manner. We also saw that when people required assistance with eating, staff helped them in a kind and patient manner.

People told us they had access to their GP and other healthcare professionals. For example the optician,

podiatrist and dentist. One relative told us, “My [The person who used the service] has lost one of their dentures and staff are trying to get a technician to come in and take an impression so it can be replaced.

Is the service caring?

Our findings

People told us they liked the staff and found them kind and caring. One person said, “The staff are good, the best”. Another person said, “The girls that work here are lovely”. A relative told us, “The home is excellent. We’re very happy with it”.

People were supported to maintain their independence. We heard staff encouraging people to mobilise with the minimum of support and saw some people propelled themselves in their wheelchairs rather than being assisted by staff. We also saw people helping themselves to drinks during lunch rather than waiting for staff to fill their glass for them. A relative said, “I feel comfortable with the care [The person who used the service] gets. The staff know what they can and can’t do”.

People looked at ease in the company of staff and told us they had a good rapport. We saw staff chatting to people as they delivered care and heard some light hearted banter between them. One person said, “The staff here are very friendly”. A relative told us, “My [The person who used the service] really likes the staff. They get on well together”.

People we spoke with, felt respected by the staff and could choose how they spent their time. A person told us, “I prefer to stay in my room. The staff know that and respect my choice. If there’s something going on they always ask me if I’d like to join in even though they know I won’t want to. It’s good of them to ask”. We saw that people’s privacy and dignity were promoted. We observed staff asking people about their personal needs in a discreet manner. A member of staff said, “Do you want the usual?” rather than referring to the bathroom. One person told us, “The staff always knock on my door before they come in and close the door when they’re helping me, to keep me private”.

People were supported to maintain their personal hygiene and dress in clothing of their choice. One person told us, “The girls get my clothes out for me and check I’m happy with the choice before I get dressed. I’d soon tell them if I wanted to wear something else”.

People were supported to maintain their personal relationships. Relatives and people’s friends told us they could visit whenever they wanted to. One relative told us, “I’m always made to feel welcome when I visit here. I can come at any time”. We saw the registered manager taking a mobile phone to a person so that they could speak with their family and keep in touch.

Is the service responsive?

Our findings

Staff told us they got to know about people ‘as they went along’. A member of staff said, “We’re not involved in the care plans. The nurses tell us if there’s any change with people’s care”. The care plans we looked at provided an inconsistent amount of information about people’s preferences for care, their likes, dislikes and previous life history which could affect their care. A member of staff said, “We’re working in people’s home it should be about them”. For example, it was recorded in one person’s care plan that they were ‘fussy about some foods’ however there was no detail recorded about the foods the person disliked. We read that the care plans were reviewed regularly but they did not always reflect the person’s current care. For example we saw in one person’s care plan ‘Ensure [the person who used the service] is kept in the lounge environment’ however we read and saw that the person was on constant bedrest. Another person required a special mattress to protect their delicate skin and prevent damage from pressure however there was no information provided to guide staff on the correct setting for the person’s individual needs.

People were offered opportunities to socialise together or, if they preferred, spend time alone doing what they enjoyed. A member of staff was responsible for supporting

people with their chosen activities and hobbies. People told us they enjoyed a good variety of entertainment. One person said, “There’s a trip to see the Christmas lights being switched on at the weekend”. The activity coordinator told us, “Weather permitting, we’re taking people out in their wheelchairs. Several staff have volunteered to come in and help”. Another person told us the activity coordinator was very inventive and had made a horse racing game for them to play. One member of staff told us that they came into work on their day off to provide people with manicures and said, “I enjoy doing it. One of the men won’t let anyone else do their nails”.

Some people told us they didn’t like to join in with group activities and that the staff respected their choice. One person told us, “I spend my time knitting, reading and doing crosswords. That’s what I like to do”. Another person said, “I like to do my puzzle books”. People told us they could attend any of the church services in the home if and when they wanted to. One person said, “Yes, I get the support I want for church”.

There was a complaints procedure in the home for people and their relatives to use if they wanted to raise a concern. One person told us, “I’d soon tell them if I had a complaint but I don’t have any yet”. The registered manager told us they had not received any complaints since our last inspection.

Is the service well-led?

Our findings

The registered manager was unable to provide up to date maintenance information for some of the equipment used in the home. They told us that they had changed the equipment maintenance contract and the hoists had been serviced earlier this year. However they were unable to provide the service record. The information in the fire folder we were shown had not been updated since 2009. The registered manager told us that checks had definitely taken place but was unable to provide us with more recent information including a fire risk assessment. We asked the registered manager to forward the information to us but, to date; no information has been received. The personal emergency evacuation records documenting the support people needed to leave the building were not up to date. We saw some people's records were undated and others had not been reviewed to reflect their current level of mobility and the support they would require in an emergency. We saw that there were regular fire drills and alarm testing in place. There was a refurbishment programme in place. We saw that some areas of the home required attention. For example the flooring in the dining room was damaged. The registered manager told us the floor was being replaced however we noted that there were no health and safety checks in place to monitor the environment to ensure it remained safe for people.

People were not given the opportunity to make comments about the service. There were no meetings provided for the

people living in the home to discuss the running of the home with the registered manager. One person said, "No we don't have meetings. I'd like to have meetings". A member of staff told us, "No, we don't have meetings for people".

The registered manager told us the deputy manager was responsible for the audit programme to monitor the quality of the service. The registered manager was unable to provide evidence of the audits as they did not know where they were stored. An attempt to contact the deputy manager was unsuccessful.

These are breaches of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014

We saw there was a satisfaction survey in the reception hall with a notice asking visitors to complete it and return to the registered manager. One relative said, "We were asked about the decoration programme for the home". People told us they knew who the registered manager was. One person said "I know who she is".

Staff told us they felt supported. One member of staff said, "I definitely feel supported. I only have to knock on the door of the managers or the nurses if I want to ask something". Another member of staff told us, "We have staff meetings. We had one not long ago".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	Regulation 19 (1)(2)
Treatment of disease, disorder or injury	The recruitment procedures were not established and operated effectively to ensure persons employed were of good character.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Diagnostic and screening procedures	Regulation 18 (2)(a)
Treatment of disease, disorder or injury	The provider was not ensuring that there was appropriate support, training and supervision for staff to enable them to carry out the duties they are employed to perform.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent
Diagnostic and screening procedures	Regulation 11 (1)
Treatment of disease, disorder or injury	The provider was not acting in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Diagnostic and screening procedures	Regulation 17 (1) (2)(a)(e)(f)
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Action we have told the provider to take

The provider did not have systems and processes in place to assess, monitor and improve the quality and safety of the service. The provider did not seek and act on feedback from persons who used the service to evaluate and improve their practice.