

Beech Lawn Care Limited

Beech Lawn Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Beech Lawn Nursing and Residential Home is a residential care home providing personal and nursing care to up to 44 people. The service provides support to predominately older people and people living with dementia. We began the inspection on 13 December 2022. At the time of our inspection there were 43 people using the service. The service was experiencing an outbreak of Covid-19; therefore, we terminated the inspection on that date. We returned to complete the inspection on 4 January 2023. At that time there were 36 people using the service.

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

On the inspector's arrival to the location on the first day of inspection the service had declared an outbreak of Covid-19. The service had been closed due to the need to protect people. The registered manager and quality assurance and training lead were not working in the service due to being affected by Covid-19. The clinical lead was on duty and supporting staff and residents affected. They were also informing all necessary health and social care agencies as required. We made the decision to minimise the impact of an inspection at this time and returned on 4 January 2023 to complete this.

Prior to the inspection we had received concerns that infection control measures were not effective at the start of the Covid-19 infection. Concerns were raised that a staff member had worked while testing positive to Covid-19. We found there had been a sudden and detrimental impact on staffing levels for the previous days prior to the inspection due to the impact of Covid-19 infections affecting staff. The registered manager confirmed they had been made aware of a staff member who had tested positive for Covid-19 while on shift and completed that shift as they were not symptomatic. Some staff were not wearing protective masks as was the guidance at that time. We raised this with the registered manager who took immediate action to ensure all staff used the necessary protective equipment as was required at that time when in an outbreak. We have made a recommendation in respect of this in the report.

There had been some staffing issues due to the impact of the recent Covid-19 outbreak. The registered manager had been supported by the commissioners due to the outbreak to seek additional staff and put a contingency plan in place. On the second day of inspection we found staffing levels had improved. Overseas staff had recently been employed and were going through their induction programme. Staff told us staffing had been an issue but had now improved. We found there were enough staff on duty to meet people's individual needs.

Staff were caring and treated people with kindness, respect and were mindful of people's dignity. Comments included, "The staff are very patient and are keen to help me with things" and "I think they [staff] are very patient. It was difficult before Christmas. I think a lot of staff were poorly, but it's got much better. I don't usually have to wait long before somebody comes along to help".

Incidents and accidents were managed safely. The managers took necessary actions to keep people safe

and minimise the risk of reoccurrence. Steps were taken to learn lessons if things went wrong.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. A health professional told us the registered manager and clinical staff worked closely with them to ensure any placements at the service were suitable so that people's individual needs could be met.

The provider had systems in place to protect people from the risk of abuse and people told us they felt safe. Risk assessments were completed to help identify and minimise risks people faced. Staff had been recruited safely.

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.

Staff knew how to keep people safe from harm. Staff had received appropriate training and support to enable them to carry out their role safely, including the management of medicines.

Staff told us that they had received training. The deputy-manager maintained oversight of training to ensure staff had the necessary training, knowledge and skills to provide consistent care.

Staff told us they were supported by the management team. One staff member new to the service, told us they felt valued and felt supported during their induction period.

The premises were clean and well maintained. The service had effective systems to monitor equipment and utilities. There were certificates in place to support this. Systems were in place to support people in the event of an emergency.

The registered manager provided clear direction and good leadership. Feedback about the service was consistently positive. In general comments about support was positive. Some people told us there had been a lot of changes in the staff team. Communication with other agencies had not always been positive. However, all stakeholders told us this had improved and there was now a static staff team who communicated well.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good published (19 July 2019).

Why we inspected

The inspection was prompted in part due to concerns received about staffing and infection control measures. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beech Lawn Nursing and Residential Home on our website at www.cqc.org.uk.

Notice of inspection

This inspection was unannounced.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

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

Beech Lawn Nursing and Residential 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Beech Lawn Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. This information helps support our inspections. We used all of this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with the registered manager, deputy manager and clinical lead. We spoke with 5 staff members. 4 people living at the service. We received feedback from 3 professionals following the site inspection.

We reviewed a range of records. This included 4 people's care records. We checked 3 people's medicines records and looked at arrangements for administering, storing and managing medicines. We looked at records in relation to staff training and supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection including the cleanliness of premises

Prior to the inspection we had received concerns that infection control measures were not effective when there had been an outbreak of Covid-19 infection. Concerns that a staff member had worked while testing positive for Covid-19. We found there had been a sudden and detrimental impact on staffing levels for the previous days prior to the inspection due to the impact of Covid-19 infections affecting staff. The registered manager confirmed they had been made aware of a staff member who had tested positive for Covid-19 while on shift and completed that shift as they were not symptomatic. Immediate action was taken to ensure that all staff were tested prior to working a shift and if not feeling well they were instructed not to attend their shift. Action was taken for other agencies to support with the impact of the Covid-19 outbreak.

- We were not assured that the provider was using PPE effectively and safely. On arrival at the service for the first day of this inspection we were advised that the service had been closed due to a Covid-19 outbreak. Most staff were wearing protective facemask's; however, some staff were not. At the time of the first day of inspection current guidance was for staff to wear protective facemasks. We were assured all staff wore the necessary level of PPE when delivering care. The registered manager was advised, and the wearing of masks was reinstated with immediate effect.

We recommend the provider ensures all current government guidance in respect of preventing and controlling infection was followed and implemented.

- We were assured that the provider was preventing visitors from catching and spreading infections. The service was closed to visitors. Where people were nearing the end of their life visitors were allowed to be with them. In this instance the necessary personal protective equipment was provided.
- 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 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 service had systems in place to support visits from families and friends. Protocols were in place to support any disruption due to Covid-19 outbreaks.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe. Where a person wanted to retain their independence and mobility, even though there was a heightened risk of falls, it was acknowledged by the service. The person's risk assessment identified this, and staff respected the person's rights to retain their independence. Staff supported people to move around and transfer safely.
- Risk assessments were detailed and up to date which meant staff had guidance on how to manage people's care safely. They covered areas such as skin integrity, personal care, mental health, behaviours and falls.
- Records guided staff on providing safe care. Risk assessments for weight management and nutrition and dependency levels had been undertaken.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Using medicines safely

- Medicines were used safely. People's medicine support needs had been assessed and were recorded in care plans. Care plans included additional risks related to medicines. For example, highlighting allergies and reactions to certain medicines.
- Medicines were ordered, stored and disposed of safely and securely. Staff recorded medicines following administration.
- Some people were prescribed medicines to be taken when required. Staff knew people well and administered these medicines safely and in a caring manner.
- External creams and lotions to maintain people's skin integrity were applied during personal care. This was reported on in care plans and then followed up on the medicines record.

Staffing and recruitment

- At the time of the inspection there had been a Covid-19 outbreak. This had affected staffing levels. Immediate action had been taken by the registered manager to utilise local authority and health support for the use of agency staff. This supported staffing levels, so they were safe. Staff told us, "It is hard at times, but we do work as a team" and "Some of us are working extra shifts. It can be difficult, but everyone is getting the care they need".
- Staff were recruited safely. The provider followed safe processes to make sure staff recruited were of good character and had the skills and knowledge to carry out their role safely.
- A Disclosure and Barring Service (DBS) check was completed for all staff prior to their appointment. DBS checks provided information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff knew what actions to take to help ensure people were protected from harm or abuse.
- Staff received training and were able to tell us what safeguarding, and whistleblowing meant.
- The provider had worked with multi agency safeguarding procedures when there had been safeguarding concerns.

Learning lessons when things go wrong

- The registered manager had reflected on the recent Covid-19 outbreak and how any further outbreaks could be managed safely and effectively. For example, ensuring early communication with commissioners.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events

reoccurring. For example, seeking advice from external healthcare professionals such as occupational therapists or physiotherapists, after incidents where people had fallen.

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. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Potential new referrals were assessed to ensure people's care needs could be met by the service. People and their family, together with reports from health professionals contributed to the assessment, which included their presenting need and people's preferences and routines.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice. A health professional told us, they had previous concerns in respect of communication and staff not always acting on advice. However, they told us they were reassured the current management and clinical staff had improved communication and acted on advice to deliver effective care.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.

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

- The service was clean and well maintained.
- The premises were suitable for people's needs and provided people with choices about where they could spend their time. People's bedrooms were personalised with their own possessions and decorated to their taste.
- Access to the building was suitable for people with reduced mobility and wheelchairs. A stair lift was in place to access another level. There was an appropriate range of equipment and adaptations to support the needs of people using the service.
- There was a system of continuous redecoration. Corridors were being decorated at the time of the inspection.
- There was a courtyard for people to use. The weather was not conducive to being outside on the day of the inspection, but staff told us people were often encouraged to sit in the garden during the better weather.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with healthy meals which they enjoyed. Staff were aware of people's needs and preferences in relation to what they ate and drank. One person told us, "The staff know what I like and don't like. The food is generally very good."
- Hot and cold drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day. Staff supported people individually in their rooms where they needed support to eat and drink.
- Where required people were regularly weighed. Action was taken to increase calories when this was

identified as necessary. There were clear guidelines in place outlining the action staff should take, and when, if they were concerned about people's food and fluid intake.

Staff support: induction, training, skills and experience

- Staff were supported by a system of supervision and training. Staff told us they felt well supported and received the training they needed to carry out their roles effectively. A member of staff told us, "Yes I feel very supported. The door is always open if we need some more support."
- A cohort of new staff were currently undergoing an induction programme, which included familiarisation with the service, shadowing and understanding the services policies and protocols. Where staff were new to care they undertook the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff competency was checked so the management team could be assured they were completing their duties in line with training and good practice guidelines. Staff told us, "There is a lot of training and the support is very good" and "I feel really supported. Up to date with training and the manager is always around."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service was working with other agencies to ensure people's care and support was delivered effectively. For example, the outbreak of Covid-19 had triggered support from health and social care agencies.
- There were clear records to show staff were monitoring specific health needs such as people's weight, nutrition and hydration, skin care and risk of falls.
- Staff supported people to see external healthcare professionals regularly such as tissue viability nurses, physiotherapists, GPs and dentists. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.
- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff through shift handovers. A staff member told us, "We have got much better at communicating with the GP's." Two professionals confirmed this.
- People were encouraged to stay healthy and active. Staff supported people to continue to mobilise independently wherever possible.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.
- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS

authorisations, when restrictions or the monitoring of people's movements were in place.

- Records were held showing which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). Families were encouraged to be involved in people's care plan reviews.

Is the service well-led?

Our findings

.Well-Led – this means 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. The rating for this key question has remained good. 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

- As reported on in the safe domain of this report the registered manager acknowledged their response in following infection control guidelines had not been in accordance with the current guidance at the time. However, they took immediate action and on the second day of inspection, when we found they were following current guidelines. They had also reflected and learnt from the recent Covid-19 outbreak. This would help to mitigate any risks in the future.
- The provider and registered manager had effective quality monitoring systems in place. Action plans were produced from audits and they were used to continually review and improve the service. The management team also reflected on the business plan review in order to determine areas for development. Methods they used included regular reviews of people's care and regular observations of staffing numbers and audits. Also researching best practice.
- The management structure at the service provided clear lines of responsibility and accountability across the staff team. Managers provided effective and supportive leadership to the staff team and their individual roles and responsibilities were well understood.
- Important information about changes in people's care needs was communicated at staff shift handover meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service. A member of staff told us, "Everybody has the right to have their own views. I respect that."
- The registered manager engaged with people using the service, their relatives, staff and other professionals.
- There were regular staff meetings and we saw minutes of these meetings.
- People were encouraged to give feedback via surveys and relatives could give feedback easily.
- The service worked collaboratively with professional's and commissioners to ensure people's needs were met. The registered manager told us they were supporting a nursing associate plan. This was linked to Plymouth University? nurse training. Also, they liaised with the local colleges to support the development of staff into a nursing career and to develop professional standards. The services nurses were able to mentor students.

- Where changes in people's needs were identified, prompt and appropriate referrals for external professional support were made.

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

- The management team's aim was to maintain a positive culture within the staff team. Staff told us they felt supported. One staff member told us, "I feel really supported". Another said, "There have been some changes, but we do work well together and get the support we need."
- The service had a commitment to meeting people's individual needs and providing person-centred care.
- Management and staff were committed to their roles and had built positive relationships with people. Staff understood people's individual care and communication needs and this helped to ensure people received care and support that promoted their well-being.

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

- The provider understood their responsibilities under the duty of candour. Relatives were kept informed of any changes in people's needs.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

Continuous learning and improving care

- Systems used to assess and monitor the service provided were continuously evaluated and improved. This helped to ensure the provider had a comprehensive overview of the service and knew where improvements could be made. For example, immediate action had been taken during a recent Covid-19 outbreak to ensure staff followed current government guidelines.
- The management structure at the service provided clear lines of responsibility and accountability across the staff team. The registered manager was supported by the provider. There was good oversight of the governance systems in place.
- Staff meetings took place regularly and staff told us they were able to share their views and that the registered managers door was always open if they had to raise any issues.
- Referrals were made for people to relevant professionals when required for specialist advice and support.