

# Cornwallis Care Services Ltd

## Beech Lodge

### 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 

# Summary of findings

## Overall summary

About the service: Beech Lodge is a residential care home that was providing personal and nursing care to 25 people at the time of the inspection.

People's experience of using this service:

- Arrangements for the management of medicines were not robust. Some people had not received their medicines as prescribed. Medicine Administration Records (MARs) were not completed in line with NICE guidelines.
- Staff completed an induction when starting work at the service which consisted of familiarising themselves with working practices and policies and procedures. Training was not routinely provided.
- The service was short staffed and agency staff were regularly used to meet people's care needs. However, there were occasions when the number of staff on duty was lower than the levels identified as necessary to meet people's needs. Staff told us their main concern was staffing levels and they were often rushed.
- Systems for checking new employees were suitable for working in the care sector were not robust.
- People had limited access to meaningful activities, there was no member of staff with responsibility for organising activities. Staff told us they did not have time to organise activities regularly.
- Restrictions were in place in order to keep people safe. Applications to authorise the restrictions had not been made in line with legislation laid down by the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards. There was no evidence to demonstrate decisions made on behalf of people who lacked capacity to make their own decisions had been taken in their best interest and were proportionate and the least restrictive option.
- Risk assessments were in place to identify when people were at risk due to their health needs. There was a lack of guidance for staff to help them support people whose anxieties sometimes put them, and others at increased risk.
- The premises were clean and well maintained. Staff were aware of processes to reduce the risk of cross infection. There was some signage to support people to move around independently. There was limited storage space and equipment was kept in corridors. Access to outside areas was difficult for people with mobility problems.
- Care plans were comprehensive and regularly reviewed. Daily notes provided a record of the care people had received. Monitoring records were consistently and meaningfully completed.

- People were treated with care, consideration and respect. People's diverse needs were known to staff and no-one was discriminated against. Staff regularly checked on people who chose to stay in their rooms.

Rating at last inspection: Good (Report published 28 June 2018)

Why we inspected: This inspection was brought forward due to information of risk or concern received by CQC. The concerns were in respect of the management of medicines, a shortage of continence aids leading to undignified practices, infection control, staff training, and a failure to follow legislation laid out in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS).

We issued breaches of the regulations. Please see the end of the report for details of the action we have told the provider to take.

Follow up: We have asked the provider to send us an action plan detailing how they will make improvements to the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our Safe findings below .

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.  
Details are in our Effective findings below .

**Requires Improvement** ●

### Is the service caring?

The service was caring.  
Details are in our Caring findings below .

**Good** ●

### Is the service responsive?

The service was not always responsive.  
Details are in our Responsive findings below .

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our Well-Led findings below .

**Requires Improvement** ●

# Beech Lodge

## 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.

The inspection was prompted following information of concern received by CQC.

Inspection team:

The inspection was carried out by two adult care inspectors and a pharmacist inspector.

Service and service type:

Beech Lodge is a 'care home'. People in homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

The inspection was unannounced.

What we did:

We 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. We also considered the last inspection report and information that had been sent to us by other agencies.

During the inspection we looked at:

- ☐ Notifications we received from the service

- Fourteen people's detailed care records
- Medicine Administration Records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports

We spoke with:

- Ten people using the service
- Eight members of staff
- The registered manager
- The organisations operations manager

# Is the service safe?

## Our findings

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

RI: ☐ 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.

### Using medicines safely

- Medicines were not always available for administration which placed risks to people's health. For one person, more than the prescribed dose of one medicine had been administered on some occasions. When medicines were handwritten on the medicines administration records these were not always checked by a second member of staff for accuracy.
- Medicines were kept secure. However, the temperature of the medicines refrigerators and medicine room temperatures were not always recorded every day. This meant staff might not have identified if medicines were not being stored in line with the prescribers instructions.
- The records for medicines requiring stricter controls by law were not always made in line with the current legislation. For example, the strength of these medicines were not always recorded.
- When medicines were prescribed for use "when required" there was not sufficient information for staff to use these medicines safely and effectively.
- Observations of staff showed that they took time with people and were respectful in how they supported people to take their medicines.
- Staff were trained and assessed as competent to administer medicines.

### Assessing risk, safety monitoring and management

- Risk assessments were completed to identify when people were at increased risk due to their health needs. For example, we saw assessments in respect of falls and mobility.
- Some people could put themselves or others at risk of harm when they were anxious or unsettled. Guidance for staff on how to support people at these times was brief and uninformative. For example, one risk assessment stated; "Staff to log and redirect if [person] becomes anxious. There was no guidance on how staff could effectively 'redirect' the person. This meant staff might not support people in a consistent way. The information was particularly important in view of the number of agency staff being employed who might be unfamiliar with people's needs.

Due to the lack of robust systems for the management of medicines and the gaps in guidance for staff on how to mitigate identified risk we found a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- CQC had received information that stocks of incontinence pads were insufficient for people's needs. We discussed this with the registered manager who told us there had been an issue caused by staff giving pads to people who had not been prescribed them leading to a shortage. In order to address this a member of

staff had been appointed as a continence lead.

- The continence lead had received relevant training and introduced new systems to help ensure the proper use of incontinence pads. They told us the situation was improving.
- Technology and equipment was used to help manage risks. This included the use of sensor mats, pressure relieving equipment and a call bell system. Prompts on the electronic care system reminded staff when safety checks were due.
- The environment and equipment was well maintained. Staff had received fire safety training. Personal Emergency evacuation plans (PEEPs) were in place to inform first responders of the support people would need to leave the building in an emergency.

#### Staffing and recruitment

- There were several vacancies at the service and agency staff were used to fill gaps in the rota. Staff told us this could be difficult when agency staff were unfamiliar with the service.
- The week preceding the inspection there had been five shifts when staff numbers were lower than planned. On one shift a member of the domestic staff team had covered as a care worker.
- On the day following the inspection CQC received a notification to inform us the service had two new admissions but were short staffed with no cover available from agency.
- One of the vacancies was for the activity co-ordinator post. Staff told us they had little time after completing care tasks to organise activities.

Due to the number of occasions when staffing levels were not in line with planned rotas we found there was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service's recruitment processes were not entirely safe. Necessary disclosure and barring service checks had been completed but references had not always been gained from previous employers in the care sector. In addition, where one previous employer had disclosed that a staff member had been dismissed no further enquiries had been made to ensure the prospective staff member was suitable for employment.

The failure to follow safe recruitment practices to ensure staff were suitable for the role was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us they felt safe.
- Staff said they would raise any concerns to the management team and were confident these would be addressed. Staff did not demonstrate a good knowledge of how to raise concerns outside the organisation. We discussed this with the registered manager who told us they would address this at future staff meetings.
- The registered manager had made referrals to the local safeguarding team appropriately.

#### Preventing and controlling infection

- CQC had received concerns regarding the processes in place to reduce the risk of infection control. Staff described the actions they took to reduce the risk of cross infection. Gloves, aprons and hand gel was freely available within the service.
- The premises were clean and odour free. A team of domestic staff were employed. We found no evidence to substantiate the concerns raised.

#### Learning lessons when things go wrong

- Any accidents and incidents were recorded and reviewed by the registered manager.



# 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

RI: ☐ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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 with appropriate legal authority. 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's rights were not always fully protected. Staff told us some people lacked capacity, were under continuous supervision and control and would be unable to leave the service without supervision. No DoLS applications had been made on their behalf as required by the legislation. A DoLS application had been made for one person.
- Some people had capacity assessments in their care records which concluded they did not have capacity to make decisions about where they lived or aspects of their care. DoLS applications had not been submitted on behalf of these people. There were no records of best interest meetings being held to evidence that restrictions on people's liberty was in their best interest, proportionate and the least restrictive option.
- Although some people had been assessed as lacking capacity it had also been recorded they consented to the delivery of care.

The failure to act in accordance with the legislation laid out in the MCA was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When people had Lasting Power of Attorney arrangements in place this was recorded in their care files.

Staff support: induction, training, skills and experience

- The service did not have appropriate systems in place for the induction and training of staff to ensure they had the skills necessary to meet people's needs.
- Some staff, who had been employed since November 2018 had not received adequate training in topics including; moving and handling, safeguarding adults, deprivation of liberty safeguards, infection control, fire safety and risk assessment. This meant there was a risk staff did not have the appropriate skills and

knowledge to support people according to their needs.

- In some instances, training provided by previous employers had been accepted as evidence that staff were skilled without any form of assessment.
- One staff member had, in February 2019, raised concerns with management about their lack of knowledge of how to move people safely. They had also voiced concerns about staff practices in this area but did not feel sufficiently skilled to make an informed judgement. This specifically reported training need had not been addressed.

These issues contributed to the breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During feedback at the end of the inspection the provider's operations manager told us that a new corporate induction training program had been recently introduced with the aim of ensuring all staff from all of the providers services received an appropriate induction. The operations manager acknowledged that staff from Beech Lodge had not yet received this training.
- Staff told us they received regular supervision and were well supported.

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

- People were given a choice of food and drinks which met their needs and preferences. Kitchen staff were aware of any specific dietary requirements.
- People were complimentary about the food.
- People's weight was monitored. Where there were concerns about people's weight or hydration, food and fluid records were kept to check how much people were eating and drinking.

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

- Records showed people had access to other healthcare professionals when required.
- During the inspection visit a GP and district nurse made pre-planned visits to the service.

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

- Improvements had been made to the lay out and structure of the premises. Bedrooms were well maintained and most rooms had en-suite facilities. Those that didn't were situated close to shared bathrooms.
- There was some signage to help people find their way around the building independently.
- External ramps were in place to enable people with mobility problems to more easily access outdoor areas. However, these required improvements to allow people to use them safely without staff support.

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

- A member of the management team carried out pre-admission assessments before people moved into the service. This gave them an opportunity to check they were able to meet people's needs.
- People's needs were regularly reviewed to help ensure care records accurately reflected the support people needed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's diverse needs were known to staff and respected. Care and support was delivered in a non-discriminatory way and people's rights were protected.
- Care plans contained information about people's backgrounds and personal histories. This information can help staff to engage meaningfully with people and form trusting relationships.
- People told us staff were caring and friendly in their approach. Comments included; "They are all very nice, very helpful."
- During the inspection there were occasions when people became distressed or anxious. Staff were quick to offer reassurance and stayed with people until they were calm.

Supporting people to express their views and be involved in making decisions about their care

- People were asked for their views of the service regularly. For example, annual questionnaires were produced to gather the views of people and their relatives.
- People and their relatives were invited to contribute to care planning reviews.

Respecting and promoting people's privacy, dignity and independence

- When people acted in a way which compromised their dignity staff responded quickly and calmly to ensure their dignity was protected.
- Staff checked if people wanted privacy and acted in accordance with people's preferences.
- People's confidential information was stored securely. Information on an electronic board was displayed in an area only accessed by staff.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

RI: ☐ People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our previous inspection we found people had limited opportunities to take part in meaningful activities and we made a recommendation. At this inspection we found people's opportunities remained limited.
- An activity co-ordinator had been employed for a short period. However, at the time of the inspection the post was vacant.
- For most of the inspection people were unoccupied. There was one brief period when staff played music and encouraged people to sing and wave decorative pom poms about. Otherwise people were dependent on the TV for entertainment.
- One person spoke with us about how they would like to spend time improving the outside area. There were no plans in place to support the person to do this.
- Staff were keen to involve people in pastimes but opportunities were limited due to the need for them to complete care tasks. One member of staff visited with their pet dog in their free time.
- An activities board was displayed in the foyer. The activities advertised for the day were an 'Ooomph' (activities designed to be suitable for people living with dementia) session followed by tea and cakes and a creative arts and craft session. Neither of these advertised events took place.

The lack of opportunities to take part in meaningful activities is a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care records were kept on an electronic care planning system. The care plans covered a range of areas and were regularly reviewed and updated. Some people had specific health conditions. There were no care plans in place to clearly cover these needs. This meant staff might not have had the guidance they needed to support people according to their needs.
- Daily notes and monitoring records were completed appropriately so staff were aware of any changes in people's needs.
- There was guidance in care plans about support and aids people needed to access and understand written information. This demonstrated the service was working in line with the relevant legislation.

Improving care quality in response to complaints or concerns

- Complaints were recorded and action taken to address them. There were no ongoing complaints at the time of the inspection.

End of life care and support

- At the time of the inspection no-one was receiving end of life care.

- People's wishes in respect of end of life care, was recorded.

# 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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- Regular audits were completed into various aspects of the service. However, these had failed to identify the issues found at this inspection.
- The registered manager completed a monthly report, covering all aspects of the service, which was submitted to head office for review.
- Senior managers from Cornwallis visited the service quarterly to assess the quality of service provision. These audits had also failed to identify the concerns found at this inspection.

Ineffective quality assurance systems meant people were not always receiving good quality of care and were sometimes placed at risk. The service is in breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service had a registered manager.
- There was a new deputy manager role. The registered manager told us this was a positive development which would benefit the organisation of the service.
- The management team were supported by senior care workers, care staff, housekeeping staff, kitchen staff and a full time maintenance worker. Roles and responsibilities were clearly defined and understood.
- Ratings from the previous inspection were displayed in the service and on the providers website.
- The registered manager was aware of their responsibility to notify CQC of certain events.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The lack of staff and failure to provide meaningful activities in line with people's interests meant care was not person centred.
- Staff told us the management team were accessible and available.
- During the inspection we found staff were open and transparent. They told us they were able to voice their opinions freely and at any time. One member of staff said; "If you don't want to say something in a meeting you can ring [registered manager], drop them an email or even leave a note on their desk. They don't mind how you do it."

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

- Staff meetings were held regularly. Staff told us these were an opportunity for them to raise any concerns or make suggestions about the development of the service.
- The registered manager encouraged relatives to share their views of the service. Resident and relative meetings had not been popular but they told us; "I will keep trying."
- The registered manager had arranged to meet with the local prescribing agency to improve systems for ordering medicines.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Care and treatment did not reflect people's preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The registered provider did not consistently act in accordance with the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards when people lacked capacity to consent to care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Care and treatment was not always provided in a safe way. Systems for the management of medicines were not robust.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to assess, monitor and improve the service were not effective.
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 19 HSCA RA Regulations 2014 Fit and



personal care

proper persons employed

Recruitment processes were not established or operated effectively.

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staffing levels were not consistently sufficient to meet people's needs. Staff were not supported by a robust system of training.