

B & L Premier Care Limited

Beechdale House Care Home

Inspection report

Beechdale Road
Aspley
Nottingham
NG8 3EZ
Tel: 0115 929 2792
Website:

Date of inspection visit: 11 February 2015
Date of publication: 01/07/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 10 February 2015 and was unannounced.

We last inspected Beechdale House Care Home on 22 January 2014. At that time it was not meeting six essential standards. We asked the provider to take action to make improvements in the areas of meeting people's needs, cleanliness and infection control, safety and suitability of premises, requirements relating to workers, assessing and monitoring the quality of the service and records. We received an action plan dated 8 March 2014 in which the provider told us about the actions they would take to

meet the relevant legal requirements. During this inspection we found that the provider was meeting these legal requirements. However we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Beechdale House Care Home provides accommodation and nursing for up to 40 people who have nursing or dementia care needs. There were 27 people living in the home at the time of our inspection.

A registered manager was in post at the time of our inspection. A registered manager is a person who has

Summary of findings

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.

Staff were knowledgeable in how to safeguard people from abuse. They had attended relevant training, which helped them protect people from abuse.

The provider had a robust recruitment process to ensure they employed qualified and skilled staff to meet people's needs.

People received their medicines as prescribed and in a safe way. However, the medicines were not always stored safely. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of the Mental Capacity Act 2005 (MCA), and Deprivation of Liberty Safeguards (DoLS). The provider made suitable arrangements to ensure people who lacked the capacity to make their own decisions were appropriately supported. Mental Capacity assessments had been implemented for all the people living in the home.

Risk assessments had taken place to ensure people's needs were met. Staffing levels were assessed and monitored to ensure they were sufficient to meet people's needs.

People received suitable support to help them eat and drink independently. People received sufficient amounts

to eat and drink. Staff were knowledgeable about people's dietary requirements to ensure they received a nutritional diet. Improvements are needed to ensure that dietary advice is followed for everyone who lives at the home.

People felt that their needs were met by knowledgeable staff who understood their individual care needs. Staff completed an appropriate induction when they first started work at the home. relevant training had been undertaken by all staff to ensure people were cared for by suitably skilled and qualified staff.

People felt their privacy and dignity were respected. staff interacted with people they were caring for in a calm and respectful manner. People's needs were assessed and monitored to ensure they maintained good health and wellbeing. The manager consulted other professionals and followed advice when required to ensure people's changing needs were met.

People were encouraged to be involved with their care and how the home was run. Complaints and concerns were dealt with in a timely manner. People felt able to raise concerns and knew who they should raise them with.

The manager was open and approachable. They had appropriate systems in place to gather, record and evaluate information about the quality of the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to 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 this 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.

People felt safe living in the home and with the staff who cared for them. Staff had completed relevant safeguarding training and had a good understanding of who to report concerns to.

People received their medicines safely and as prescribed, but medicines were not always stored safely.

Improvements were needed to ensure that everyone's wheelchairs were kept clean.

Requires improvement



Is the service effective?

The service was effective.

People's needs were met by staff who had appropriate skills and knowledge and who could communicate with people effectively.

The manager was following the requirements set out for the MCA and DOLs and acted legally in people's best interests if they did not have the mental capacity for particular decisions.

People were supported to have a balanced diet that promoted healthy eating and drinking.

People received relevant health services when their needs changed.

Good



Is the service caring?

The service was caring.

People were treated with kindness and compassion on a daily basis.

People had access to advocacy services and relevant information, so they could make informed choices and be fully supported to make the right choice for them.

People were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive.

People were supported to follow their individual interests and social activities.

People were encouraged to share their experiences and raise concerns if needed.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

People were encouraged to be actively involved with the service.

People and their families felt the manager was approachable.

The provider had a system to regularly assess and monitor the quality of service that people received.

Beechdale House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 10 February 2014 and was unannounced.

The inspection team consisted of 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.

We spoke with nine people who use the service and four relatives. We also spoke with two care workers, one housekeeper, two kitchen staff, one nurse, the manager and a representative of the registered provider. We looked at records, which included six care files, four staff files and relevant management files.

Some people were not able to express their views due to their specific needs, so we used a Short Observational Framework for Inspection (SOFI). This is a method designed to help us collect evidence about the experience of people who use services.

Before our inspection, we reviewed the information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service to obtain their views about the care provided in the home.

Is the service safe?

Our findings

When we inspected the home in January 2014 we found that the provider had not always ensured safe recruitment relating to workers. They had not obtained a full employment history, or sought references for some staff. They had not kept a record of the interviews to ensure they employed staff with the right qualifications and skills. This represented a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During this inspection we saw improvements had been made. There was a robust recruitment process in place, which they followed to ensure they had the right staff employed to meet people's needs. Appropriate references were obtained and interview notes kept identifying the suitability of the person's employment. This showed people were cared for by staff who were employed and suitable for the role.

When we inspected the home in January 2014 we found concerns with cleanliness and infection control. There were concerns with the way soiled clothing was transported and staff were leaving dirty linen on bedroom floors. Some of the tables and chairs in the dining area and chairs in people rooms had not been cleaned sufficiently. We found they were not included in the cleaning schedule. A number of water pipes in the bathrooms had been boxed in, but not sealed and sinks with wooden surrounds were damaged where bodily fluids may penetrate the wood. Therefore presenting a risk of infection. This represented a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During this inspection we saw some actions had been taken to address this breach. There were suitable colour coded containers in use for transporting the soiled linen. We saw chairs and tables in the dining area had been replaced. The cleaning of the chairs, tables and chairs in people rooms had been added to the clean in schedule to ensure tasks were not missed. However, we found a number of people's wheel chairs required cleaning and wiping down. The provider's representative told us this was scheduled to be completed by the night staff and the manager would make sure this was completed.

When we inspected the home in January 2014 we found that the provider had not always ensured the premises

were safe. We saw a number of radiator covers were not attached to the walls. There were portable radiators used in some of the bedrooms. Risk assessments were in place, but staff were not always following the procedure. There were a number of fire doors propped open. One bedroom had been used as a store room, but the door was left open. A cupboard in another bedroom, that was being used by two people had various items that could be a danger for them as the door was left unlocked. The provider could not provide evidence to demonstrate that the mains electrical work and portable appliance testing had taken place. This represented a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During this inspection we saw improvements had been made to address this breach. We saw all radiator covers had been secured to the wall. Portable heaters had been removed and the main heating was fully working. The bedroom used for storage and the cupboard, in the other bedroom was locked and the key kept in a secure place. We saw evidence that portable appliance testing had been completed. The manager told us they carried out monthly audits to ensure the safety was maintained.

People told us they felt safe living in the home. One person said, "I am safe." Another person said, "People [staff] make me safe." A third person spoke about their belongings and said, "Nothing goes missing from my room."

People were protected by staff who had completed safeguarding training. Staff told us they felt people were safe and they were able to identify the signs of abuse and the action they would take should concerns be identified. Staff felt confident to use the whistleblowing policy to escalate any concerns if they felt it was necessary to keep people safe. They also told us they were confident any concerns raised would be acted upon by the management team.

We observed staff supporting people in a safe way. People were being moved using the appropriate equipment and aids. People were happy and comfortable in their surroundings and with the staff who cared for them.

Staff told us they had received fire training and had been involved in fire drills. There was an emergency evacuation plan and bedroom fire assessment in place. This showed the provider had plans in place to protect people should an emergency situation occur.

Is the service safe?

We were told equipment was repaired quickly. Any issues were identified to the maintenance person and staff recorded these in the maintenance log book. We saw the maintenance log book was dated and signed when work had been completed. This meant people who used equipment were kept safe and equipment was well maintained.

We saw care plans in place to reduce the risk to people and keep them safe. Risk assessments had been completed and risks identified before people had moved to the home. The care records we reviewed contained risk assessments relevant to each individual person. These included risk of falls, malnutrition and pressure ulcers.

People told us they felt there were enough staff on duty to meet their needs. We observed sufficient staff on duty. They made themselves available for people and dealt with their requests promptly. Staff were present in the communal areas and attended people's needs in a timely manner to ensure they were safe. Staff told us they felt there were enough staff on duty to carry out their role. We spoke with the manager and they told us the number of staff on duty was planned after assessing the people's needs.

People told us they were given their medicines at the times they needed them and that the reason they were taking the medicine was always explained to them. However, we found creams and some medicines were not always stored appropriately. When we first arrived at the home the medicine trolley was left unattended in the lounge area, although the trolley was locked, we saw a large number of dosette boxes (a dosette box is a container for storing medicine to help people to take tablets on the correct day) that contained medicines were left out on a table next to the trolley. We saw no staff monitoring this unsafe practice. There was a risk people could access medicine which could cause harm. We also saw several creams left on top of the trolley. The nurse in charge told us this was where they

were kept. There was a risk that people could take the medicine or cream without staff noticing, which may make the person ill or have a more serious effect on the person's health and wellbeing.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us they would address this with the member of staff immediately and arrange for them to undertake further training.

We looked at people's medicine care plans and saw the medicines were as prescribed and were relevant to that person. Each medication administration record (MAR) sheet had a picture of the person the medicines were prescribed for. This was to make sure the staff member responsible for administering medicines was delivering the medicine to the right person. People were confident they would receive the correct medicine prescribed to them.

We spoke with the nurse who had a good understanding of the process and procedure for storing the medicine trolley when not in use. They also described the process for storing and monitoring medicines and what they should do if a person refused their medicine. The nurse explained where they should record information relating to medicines and how they encouraged people and ask them at a later time if they want to take their medicine. They told us if the person persisted to refuse they would seek guidance from the GP. This showed people were monitored to take their medicines and professional help would be sought where required.

We found the temperature of the fridge in the clinical room was recorded at the correct temperature and monitored daily to ensure the medicines people received were still safe and effective.

Is the service effective?

Our findings

We observed staff use their skills to meet people's individual needs. People received effective care to meet their needs. We observed one person being hoisted from their wheelchair to an easy chair. The two care staff operated the hoist safely and appropriately, whilst keeping the person informed at all times what was happening to them.

Staff told us they received an induction when they first started work. They described how they shadowed a more experienced member of staff until they were confident to work independently. One staff member said, "My induction was absolutely brilliant."

Staff told us they were up to date with all relevant training and any future training was displayed on the noticeboard for information, which we saw during our visit. Staff received supervision and appraisals and they told us they felt fully supported. This meant people were cared for by fully trained staff who were able to meet their needs.

People told us staff asked their permission before providing any care or treatment. People had signed to give consent for their photograph and for the home to share appropriate information with other health care professionals.

We found where a person lacked capacity to make some decisions for themselves a two stage mental capacity assessment was completed. There was documentation to indicate how decisions were made in a person best interest. For example we saw appropriate assessments for admission in to the home, administration of medication, personal care and an influenza vaccination.

People received effective support from Staff who had good knowledge about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff told us they were aware when DoLS referrals were required and described training they had attended.

The service had systems in place to ensure any 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) were adhered to. Some people had DNACPR documents in place. We saw documented where the person had been involved with the decision and if required a mental capacity assessment was completed.

People told us they had enough to eat and drink throughout the day. We saw hot and cold drinks and different snacks, such as bite size pieces of fruit were served.

We observed lunch and found people were effectively supported with their meals. Staff were sitting at the same level when they were assisting people to eat. This was to ensure people were comfortable and supported effectively to eat their food. People were asked if they wanted protection for their clothing. People were offered drinks and condiments with their meals.

We spoke with the cook and they told us they used a four week menu rotation and people could have alternative food if they wanted. We saw a picture board for people to see what they were choosing to eat and this matched the food that was offered.

We saw information that identified people likes, dislikes and any allergies people may suffer in regards to the food they could eat. This was used as a quick reference for kitchen staff to ensure people received the food they liked and were able to eat.

We saw people who required special diets were accommodated and the cook was knowledgeable to people's needs and requirements. They said, "We try to look after the resident's diet as much as we can and encourage them to eat." One person said, "I am a vegetarian, but I eat fish and it is good." We observed staff encouraging people and asking them if they wanted any more.

We saw a number of people were on purified diets and most of the time these were purified as documented in their care plans. However, we saw one person had their food purified altogether. We spoke with the cook and they told us this was the only way they would eat it otherwise serious problems could occur, such as regurgitation. We checked the person's care plan and it stated they should have their food purified separately. There was no record of whether the person had agreed to have their food purified in this way or if this was their preference. The nurse in charge confirmed the food should be purified separately. We spoke with the person and they told us they really enjoyed their food. This meant the information on the care plan, how the person's food should be prepared conflicted with what the person received. There was a risk the person

Is the service effective?

could suffer illness as the information on the care plan was not correct. The manager said they would seek guidance from a dietician to ensure the person was able to have their food prepared in this way and it still be nutritious.

We saw people's weight was monitored on a regular basis. Where relevant, people were given food charts (a food chart is used to record a person's weight when there is a concern to their weight gain or weight loss.) when they had been identified as at risk of not receiving enough to eat or drink.

The manager gave an example where one person came into the home and was not eating much, so they were provided with a soft diet. The manager told us after a short period of time the person's health improved and they began to eat a lot more.

People experienced positive outcomes regarding their health. Everyone we spoke with told us that the doctors visited the home when needed and there was never any delay. People's care records confirmed they had received input from other health care professionals, such as, a GP and a chiropodist.

The manager told us they monitored people's health through their care plan reviews to ensure they received effective care. They also said when appropriate they made referrals to GP's or other healthcare professionals.

Is the service caring?

Our findings

People we spoke with told us the staff were very caring and treated them with dignity and respect.

One person said, “The staff are nice.” We observed staff treat people with respect. We saw staff spending time with people and interacting with them on a one to one basis. We saw staff provide people with support and reassurance and they knew the people they cared for well. Staff responded to people’s needs promptly and in a friendly and unhurried manner.

We also saw evidence of people’s involvement in their care records. Advocacy (advocacy seeks to ensure that people are supported to speak out, to express their views and defend their rights.) information was available for people in case they required additional support to make a decision. The manager identified two people that had used this service.

Staff we spoke with were able to describe the steps they took to preserve people’s privacy and dignity when they provided care and support. One staff member explained

how they protected people’s modesty by ensuring they were kept covered when assisting them with personal care. We observed staff knocking on people’s doors and asking if they could enter.

We saw dignity information was displayed on the main corridor. A staff member had been identified as a dignity champion for the home. A dignity champion is a person who promotes the importance of people being treated with dignity at all times. Staff we spoke with had a good understanding of how to treat people with dignity and respect. This showed staff understood the value of treating people with dignity and compassion.

People were encouraged to form meaningful relationships with extended family and friends. We found no restrictions on the visiting times. We observed family and friends visiting people during our inspection. The manager told us they encouraged people to participate in conversations and relatives to visit and take their family members out, if that is what they wished to do.

Care plans we looked at contained information relevant to that person and identified discussions had taken place with people who used the service and their family (where appropriate) regarding the person’s care and treatment.

Is the service responsive?

Our findings

People told us they made informed choices and felt in control of any decisions they made about their care. One person told us they had a choice in the food they wanted to eat, when they could get up or go to bed and how they wanted to live their life.

People's care records contained information about the things which were important for them and the best way to provide them with support and care. People were involved in identifying their needs and choices and had discussed their personal likes and dislikes when they first came to live at the home. One person said, "I have no preference over a male or a female care worker." We saw in one care plan we looked at there was information relating to care, support and preferences. Staff told us one person had requested to receive personal care from a female care worker and this was accommodated.

The care plan records that we looked at gave guidance for staff for the most effective way they could communicate with people. For example one care plan provided information on how staff could identify non-verbal clues to the person's wishes, such as body language or the person's mood.

People told us they had been involved in the first assessment of their care before coming to live at the home. The manager told us they completed assessments before a person arrived at the home. These assessments were then used to create the care plan for that person. Staff confirmed they read the information on the care plan to help them personalise care for people living in the home.

People were supported to follow their interests and take part in social activities. We saw people were participating in one to one activities and some people engaging in group activities during our visit. The manager talked with us about how they and their staff supported people to follow

their interests and maintain relationships. For example one person liked knitting. The manager also told us they also encouraged visitors to take people out for day trips. A friend of a person told us they were taking the person out for lunch. This showed people were taking part in social activities away from the home.

We saw information displayed in the home regarding four weekly rotated activities for people to participate if they wanted. There were varied activities including mobility exercises. Staff told us they also try and take people out of the home and help them mix with the local community whenever possible. They said they took people for walks, to the local pub and if people wanted they also attended the local bowls club. One staff member said, "It is their home, it is up to us to make them happy."

The service had systems and process in place to make referrals to external services. We saw several people had visits and advice from the dementia outreach team. The tissue viability nurse had been consulted to provide advice for the treatment for one person who had developed a pressure ulcer. This meant staff were aware of risks people may encounter and responded by requesting appropriate advice when required.

People told us they were aware of how to make a complaint and who they should report it to. One person said, "I know whom to raise my complaints with." Staff we spoke with told us if a person should raise a concern with them or wanted to make a complaint they would speak to the nurse or manager and make a note in the person's daily record. People could be confident staff would follow procedures to ensure their concerns would be responded to.

We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. We looked at recent complaints and saw that they had been responded to appropriately.

Is the service well-led?

Our findings

When we inspected the home in January 2014 we found concerns with assessing and monitoring the quality of the service provision. Information regarding monitoring complaints had not been logged in the complaint register. There was a lack of documentation to demonstrate the complaints had been investigated in line with the provider's policy and procedures. This represented a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. During this inspection we saw some actions had been taken to address this breach.

During this visit we found there was a more robust system in place to ensure complaints were properly logged and documented to show investigation had taken place and action taken on the findings. We were able to follow an audit trail to ensure all parties involved were satisfied with the outcome of the complaint or concern raised.

When we inspected the home in January 2014 we found concerns with records. Records were kept in the lounge unsecured. Some records were not always accurate or fit for purpose. This represented a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During this inspection we saw actions had been taken to address this breach. Lockable cupboards had been provided to ensure records were kept confidential and secure. A revised care plan had been developed and contained concise information. This was to make sure people's care notes were followed clearly and their care needs were fully met.

People and their relatives commented positively on the leadership and management of the home. One person said, "The new manager came to see me." They told us the manager helped them to sort a personal issue.

People and their families were given the opportunity to be involved with the service. One to one meetings were held with people who use the service and their relatives. The manager told us they organised group relative and resident meetings, but did not get a very good attendance, so they decided on an open door policy, which they found worked better.

Staff told us they had staff meetings every six to eight weeks and these were an opportunity to discuss everything related to the home and the people they cared for. They said plans for the home were discussed and they were encouraged to provide their views. One staff member told us they also received feedback from the resident surveys and any complaints. Another staff member told us there were any specific issues a meeting would be held immediately. This showed the culture of the home was open and transparent.

A registered manager was in post and she clearly explained her responsibilities and how team leaders supported her to deliver good care in the home. Staff and managers had a good understanding of the key challenges for the home and the registered manager told us that resources were available to develop the team and drive improvement. Staff told us that they had no problems approaching the registered manager or the provider's representative with any issues.

The manager told us the vision and values of the home were to provide good care and maintain a good standard of care. Staff we spoke with told us they recognised the importance of ensuring the vision and values were understood and implemented. They said they made sure people are at the heart of the service they provide.

Staff told us they felt supported by the management team and were encouraged to handover and share information where appropriate. They told us the manager was available in the home and they were aware of their active involvement with people who used the service.

During this inspection we found a range of audits were taking place which included care plans, infection control, medicines and catering. These audits identified actions which were implemented to address any areas of concern. We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed and actions were identified and taken. We had raised an issue regarding the storage of medicines with the manager during our inspection. They told us the member of staff involved had already informed them of our concerns. The manager took action immediately to address the issue and arranged for the member of staff to attend further training in this area.

Is the service well-led?

We found safeguarding concerns were also responded to appropriately. This meant there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.

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 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	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The registered person did not have suitable arrangements to protect service users against the risks associated with unsafe management of medicines, by means of the making appropriate arrangements for safekeeping and safe administration of medicines for the purpose of the regulated activity.</p>