

Contemplation Homes Limited

Beechcroft Green Nursing 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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of this home on 20 January 2015 and found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After this inspection we made requirements with respect to the breaches in Regulations 12, 17 and 18. Following the inspection the provider sent us an action plan stating they would be compliant by July 2015.

We undertook this unannounced comprehensive inspection on the 10 January 2017 to check the registered provider had met all the legal requirements. We found they had taken steps to address all of the breaches in the Regulations which we had identified in our previous inspection.

Beechcroft Green is a care home that provides care and nursing support for up to 25 older people. At the time of our inspection 25 people lived at the home. Accommodation was over two floors and a lift was available.

A registered manager was in place. 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.

Staff knew how to report concerns or abuse. There were enough staff on duty to meet people's needs who were employed through safe recruitment processes.

Risk assessments were carried out and management plans put in place to enable people to receive safe care. There were effective and up to date systems to check and maintain the safety of the premises. Medicines were managed safely.

Staff received support through supervision and training opportunities.

Appropriate applications for Deprivation of Liberty Safeguards had been applied for and authorised. The service was working jointly with the local authority to get the authorisation of other applications.

Staff obtained consent when carrying out care or treatment.

People were offered a varied and nutritious food menu.

People had access to healthcare professionals as required to meet their day-to-day health needs.

People thought staff were caring and staff knew how to build positive relationships with people who used the service. Staff ensured people's privacy and dignity was respected and their level of independence was maintained. Each person had a named nurse and named carer who they could speak with as a first point of

contact.

Staff knew the people they were supporting including their preferences to ensure a personalised service was provided. A variety of activities were offered in the home.

The service dealt with complaints in accordance with their policy and timescales.

People and staff thought the manager was approachable and supportive. The provider held regular meetings for staff and for people and their relatives. People and their representatives were given the opportunity to complete feedback surveys.

The provider had quality assurance systems in place to identify areas for improvement and had brought in extra support to enable improvements to take place.

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.

There were enough staff working to ensure people were kept safe and the provider had carried out relevant recruitment checks for new staff.

Staff were knowledgeable about raising safeguarding concerns and whistleblowing. People had risk assessments in place to ensure risks were minimised and managed. The provider carried out the necessary building safety checks to ensure people, staff and visitors were safe on the premises.

Medicines were managed safely.

Is the service effective?

Good 

The service was effective.

The service was effective because staff received support through regular training opportunities and supervisions to enable them to give care effectively.

The provider was knowledgeable about what was required of them to work within the legal framework of the Mental Capacity Act (2005) and staff were knowledgeable about when they needed to obtain consent from people.

People were offered a choice of nutritious food and drink. Staff were knowledgeable about people's dietary requirements.

People had access to support from healthcare professionals as required.

Is the service caring?

Good 

The service was caring.

Staff knew how to develop positive relationships with people using the service and were knowledgeable about their different needs.

Each person had a named nurse and carer who oversaw their

care and was their point of contact within the service.

Staff were knowledgeable about promoting people's privacy and dignity and about encouraging people to maintain their independence.

Is the service responsive?

Good ●

The service was responsive because staff were knowledgeable about people's individual needs and preferences.

People's care plans were detailed and personalised and were regularly reviewed. Staff were knowledgeable about people's care plans and about giving personalised care.

There were a variety of activities on offer for people.

People and their representatives knew how to make a complaint and complaints were dealt with in line with the provider's policy.

Is the service well-led?

Good ●

The service was well led.

Regular meetings were held with staff to keep them updated on service development and for the registered manager to be updated on the well-being of people who used the service.

People who used the service and their relatives had regular meetings to enable them to raise issues of concern and to keep them updated on changes.

The provider had a system to obtain feedback from relatives and professionals visiting the service.

There were systems in place to carry out quality checks of the service which were done by the manager and the provider. These systems had been refined to enable the improvements in quality to be implemented.

Beechcroft Green Nursing 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 10 January 2017 and was unannounced. The inspection was carried out by an inspector.

Prior to the inspection we reviewed previous inspection reports and information we held about the service including notifications. A notification is information about important events which the service is required to tell us about by law. This Information helped us to identify and address potential areas of concern. Before the inspection, the provider completed 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

During the inspection we spoke to six people living at the home. To help us understand the experience of people who could not talk with us we spent time observing interactions between staff and people who lived in the home.

We also spoke to the registered manager, service quality manager, operations manager, two nurses, three care staff and an activities coordinator. We also spoke with a visiting health professional and three relatives. We looked at the care records for four people and sampled another two, and looked at the medicines administration records for 10 people. We reviewed four staff files in relation to their recruitment, supervisions and appraisals, the staff training matrix and the staff duty rota for four weeks. We also looked at a range of records relating to the management of the service such as accidents, complaints, quality audits and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I do feel safe; they handle me with care. They are very careful when they get you in and out of bed and always ask you if you are comfortable." People thought there were enough staff on duty to meet their needs.

At our inspection in January 2015 we found the registered person did not manage medicines in a proper and safe manner. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a requirement notice for this regulation and the registered provider sent us an action plan stating they would be compliant by July 2015. At this inspection we found the registered provider had made improvements in this area and had met the requirements of the Regulation.

The provider had a medicines policy which gave clear guidance to staff about the storage and the administration of medicines including controlled drugs and monitoring people who self-administer their medicines. There were guidelines in place for people who needed medicines as required (PRN). PRN medicines are those used as and when needed for specific situations. We saw PRN medicines had been administered and signed for as prescribed. Medicines were stored appropriately in locked trolleys and the treatment room.

Medicines were administered from blister packs, and the nurse took time to make sure people understood what the medicines were for and how they should take them. Appropriate records were in place when medicines were disposed of or returned to the pharmacy. Staff followed procedures to make sure people's medicines were stored and handled safely.

We discussed the staff ratios with the registered manager and regional support manager and checked the staff rotas. Records showed there were enough nurses and carers on each floor to meet people's needs. We also observed that activities staff helped out during meal times, supporting people with gentle reminders about their lunch and ensuring they had a drink. During the course of our inspection, people's requests for help were responded to promptly.

The service had a recruitment and selection policy. Staff we spoke with told us that they had completed application forms and were interviewed to assess their abilities. The provider had made reference checks with staff's previous employers and with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff were also required to complete a health questionnaire to check they were fit to carry out their role.

Where agency staff were used, the provider obtained criminal record and professional registration information from the agency. People were supported by staff who were checked for their suitability to work in a care setting. The deputy manager told us that if they needed extra staff they used the provider's own bank staff and always asked for staff that had worked at the home previously.

The service had a system in place to check nursing staff were registered with the Nursing & Midwifery Council (NMC) and their registration remained up to date. The NMC is the regulator for nursing and midwifery professions in the UK who ensure nurses and midwives keep their skills and knowledge up to date and that they maintain professional standards. This meant a safe recruitment procedure was in place.

Staff were knowledgeable about how to recognise and report concerns of abuse and about whistleblowing. For example, a staff member told us, "Whistleblowing is passing on information of concern about the care or abuse of the person. Confidentially you can go to social services safeguarding, manager or the police." Another staff member told us, "Report it [safeguarding concern] straight away to my line manager, social worker, CQC or the police."

People had risk assessments as part of their care plans regarding their care and support needs. Risk assessments included clear actions for staff to mitigate the risks. For example, people had risk assessments for moving and handling, mobility and falls, skin integrity and bedrails.

Arrangements were in place to keep people safe in an emergency. People had personal evacuation plans which showed the assistance they would need. Staff were trained in fire safety and first aid. There were regular fire drills to test the evacuation process. Alarms, emergency lighting, escape routes and equipment were checked regularly. If people could not return to their rooms after an evacuation, they could go to another home owned by the provider nearby. Plans had been made to keep them safe and comfortable in the event of an emergency.

Is the service effective?

Our findings

People told us they were happy with the care. They said, "They give me anything I want" and, "We have choices about meals and what we want to do." A visiting health professional told us "I am able to talk sensibly to the staff, they have looked after some challenging people well."

At our inspection in January 2015 we found staff employed by the service provider did not receive appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a requirement notice for this regulation and the registered provider sent us an action plan stating they would be compliant by July 2015. At this inspection we found the registered provider had made improvements in this area and had met the requirements of the Regulation.

Staff told us there had been several changes in management which they had found unsettling and this meant they had not always felt supported. However the current manager had been in post for over a year and staff told us they were now hopeful for stability at the home.

New staff, as well as existing staff, had supervision meetings with the registered manager to discuss their ongoing work performance. These meetings provided staff with an opportunity to discuss personal development and training requirements. Staff told us they handed over any information of concern about people to staff starting the next shift to ensure any risks associated with their care were managed.

Staff confirmed they were given regular supervision sessions. These were either one to one or group meetings. There were also trained staff meetings and the manager met with other groups of staff such as housekeeping and kitchen staff. We saw records of these meetings and any action that had come about as a result of these meetings. We saw that the following meeting addressed any action points.

Staff confirmed and records showed that they had regular opportunities for training. For example, we saw that staff were required to complete core training such as fire safety, food hygiene, nutrition and hydration and moving and handling. The staff training matrix was colour coded and dated to enable managers to see when staff were due refresher training. We saw staff had received appropriate induction training when they began employment at the service. Nursing staff had a competency assessment before administering medicines without supervision.

Training information stated staff had completed training with regard to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were able to explain to us about both the MCA and DoLS.

We asked the registered manager about their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission is required by law to monitor the operation of the MCA and DoLS and to report on what we find. The MCA ensures the rights of people who lack mental capacity are protected when making particular decisions. DoLS referrals are made when

decisions about depriving people of their liberty are required, to make sure people get the care and treatment they need in the least restrictive way. The registered manager was able to explain the principles of MCA which showed they understood the legislation.

Staff were aware of the principles of MCA and the need to obtain consent before giving care. A member of staff told us, "I ask them [people who used the service], those that can sign their consent will sign and those who cannot sign, we write verbal consent given and the date. Those without capacity we make the decision with the family in their best interests." Another staff member said, "We get consent when carrying out our tasks throughout the day."

People shared their views about meals at the service. Some people who used the service told us they liked the food and the choices offered. For example, one person told us they were very satisfied with the variety of food choices. Another person told us they liked the food, "And I can choose what I like." A third person said, "I choose my meals and they bring them in to me. I prefer to eat by myself." We saw kitchen staff going round and sitting with people asking what they would like for tea and supper. Other staff told us they thought this was a good idea as it meant that the kitchen staff kept in contact with people.

During the inspection we observed lunch being served and saw the food was generous in portion size. We observed a member of staff being discreetly attentive to a person who used the service who kept pushing their plate of food away. Their food was cut up and they were able to feed themselves. The member of staff gave occasional encouragement to the person to eat without being too insistent. This method was effective as it ensured that the person who used the service was actually having something to eat but also left to make their own choice about this.

Some people needed support with their meals. There were enough staff available to ensure that people could have assistance where required. Staff knew what each person who used the service liked to eat but still asked and offered everyone a choice. Along with a choice of dishes, people were offered a choice of drinks. A member of staff gently reminded one person to stay awake in order to eat their lunch. Staff told us each person made their choices in advance but were able to change their mind on the day if they wished. Relatives and people we spoke to confirmed this.

People were weighed monthly to ensure weight loss or weight gain was monitored and those who were at risk of malnutrition had their weight checked on a weekly basis. Food and fluid charts were completed for people who used the service to monitor the food and fluid intake. These records were up to date. Each person had a monthly nutrition review which included their monthly weight and the type of weighing equipment to be used. We saw that for very frail people staff visually checked to see if the person seemed smaller.

People told us and records confirmed that people were able to access support from healthcare professionals when needed. For example, we saw records of visits from the GP and chiropodist with the action taken and the outcome. People's health was also discussed at the daily meeting held between the home manager and staff.

Is the service caring?

Our findings

People who used the service and their visitors told us they thought staff were caring. For example, one person told us, "The staff are lovely; nothing is too much bother for them. Nine out of ten times they do their best." Another person told us, "I couldn't fault them. They [staff] always check in and are very attentive". A third person told us, "They [staff] are very good people, always loving and kind." This person also told us they considered the staff were their family and, "Everybody's happy here." We observed lively, caring and respectful interactions between staff and people using the service. For example, staff were telling us about the New Year's Eve party that was held and people happily told us about the great evening they had had with staff.

Relatives told us how, "Caring, compassionate and patient," staff were with their relative. "Since the stroke my [name] has not been able to talk well and staff are very patient enabling them to have their say and make choices." One visitor told us, "This is a place I would put my mum, as it is sensible, friendly and caring."

The provider had a keyworker system in place where each person using the service had a named nurse and a named carer. A keyworker is a staff member who is responsible for overseeing the care a person received and liaising with other professionals or representatives involved in a person's life.

Staff told us how they got to know people and their care needs. Comments from three staff included, "Get to know [person using the service] by talking to the person, what they like and what they want to do". "I'm very friendly with everyone, I greet them, you can ask them, I like a bit of banter," "Chatting and talking to them. Read the care plan. Build up trust and they start to tell you about their life. Talk to the family." This meant staff were knowledgeable about how to build positive relationships with people.

The provider had a system in place to carry out monthly care plan audits, this included a review of needs, and when needed if there was a decline in a person's health. The deputy told us that the day prior to our inspection they had spent several hours with someone talking about the care they would like at the end of their life. Sadly on the day of our inspection the person passed away. We did see from their care plans however, that all their wishes had been met by the care home.

During the inspection we saw people were treated with respect and in a kind and caring way. People who used the service were heard laughing during conversations with staff.

There were "do not disturb personal care is being given" notices on doors which staff used. One person told us, "I'm treated better here than I was in hospital. I have enough privacy and that's the way I want it". We observed that staff knocked on people's doors before entering. Staff were knowledgeable about how to provide people with privacy and dignity. One member of staff told us, "Knock on the door and ask permission to go in. When talking to [person who used the service], talk to them in private, don't shout it out."

Another member of staff said, "Always knock on the door. Speak to [person who used the service] in a nice

respectable tone. Get down to their level when talking to them." A third member of staff told us, "You shut the door, the curtains should be drawn. Make sure [person who uses the service] are well dressed before you leave their room." This meant people's privacy and dignity was respected.

Compliments received by the home highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw many messages of thanks from people or their families.

Is the service responsive?

Our findings

Care plans were comprehensive and personalised with the person's basic details, personal histories and choices and decisions over care. Records included people's individual preferences of food, drink, activities, time to get up and time to go to bed. Care plans included people's care needs such as their health, communication, personal care and cultural or religious needs. Care plans were reviewed every month and these were up to date. The manager confirmed that if a person's care needs changed their care plan was reviewed sooner and records showed this was the case.

People using the service took part in activities of their choice. A person who used the service told us, "They buy me a paper every day." Another person described the activities coordinator as being, "The best thing about this place." The activities coordinator showed us the weekly activities programme which included one to one sessions with people in their rooms and games.

Individual and group activities were taking place throughout the inspection. One resident told us their favourite activities were arts and crafts. We saw examples of people's art work.

People said they knew how to make a complaint but that they had, "Nothing to complain about". One person also said, "Everyday they ask you if you have any complaints." The provider had a clear complaints policy. We reviewed the complaints records and saw no complaints had been made since our last inspection.

Three people invited us into their room and they chose to stay in their own room. They told us they could go to the lounge if they wanted to and sometimes they did. They said they could call staff and they came, "quite quickly."

Records we looked at during this inspection showed when incidents had happened people's records and risk assessments had been reviewed.

We could see in people's care plans that there was effective working with other health care professionals and support agencies such as local GPs, community nurses, mental health teams and social services. We spoke with health care professionals who supported people who lived in the home. They told us that the staff were good at contacting them and asking for advice and support promptly and made appropriate referrals where necessary.

Is the service well-led?

Our findings

People and staff told us the home was well-led. One person said, "I think its run very well. I'm glad I came to live here". Comments from staff included, "The managers are really good and proactive". A visiting health and social care professional confirmed the service was well-led by saying, "I have been in the area for twenty years, this home thinks ahead and follows instructions on care."

At our inspection in January 2015 we found the registered person did not operate effective systems or processes to ensure compliance with regulations. Systems or processes to assess, monitor and improve the quality and safety of the services provided were not effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a requirement notice for this regulation and the registered provider sent us an action plan stating they would be compliant by July 2015. At this inspection we found the registered provider had made improvements in this area and had met the requirements of the Regulation.

Frequent quality checks were completed by the management team and provider. These included checks of medicines management, health and safety and care records. Where concerns with quality were identified, action was taken to improve quality. For example, the last medication audit was completed on 5 January 2017 and looked at the audit carried out by the local pharmacist in November 2016 Where actions had been highlighted the audit in January recorded that the actions had been met. New issues identified were recorded with action for example for discussion at a nurse meeting.

We saw several audits completed by the operations manager and service quality manager in addition to those completed by the registered manager. They offered extra support to enable improvements to take place.

We saw that where actions were needed they were followed up on the next audit to ensure that work or equipment had been completed or had been purchased. For example infection control was audited by the provider and the home was awarded a certificate of appreciation by the provider for achieving 91% in the audit in October 2016. This showed that robust systems were in place to ensure the quality of care was regularly assessed and monitored so that action could be taken to address any concerns.

Incidents at the home were recorded, monitored and investigated, and action was taken to reduce the risk of further incidents from occurring. We saw that incidents could lead to a review of a person's falls care plan for example. The incident records also reflected that they had considered if a medical review or any changes in the person's care were needed. This showed the registered manager responded appropriately to safety incidents to promote people's health, safety and wellbeing.

The training and development needs of the staff were assessed, monitored and managed through regular meetings and an appraisal system. Staff told us these meetings helped them to identify their training needs and improve the care they provided to people. One staff member said, "One to one meetings are really helpful, we get told if anything has been picked up that we need to work and improve." Staff competency checks were also completed that ensured staff were providing care and support effectively and safely. For

example, the management team and provider completed observations of care to ensure staff supported people in the correct way.

People's feedback about the quality of care was sought through meetings and satisfaction surveys. People who used the service and their relatives had regular meetings to enable them to raise issues of concern and to keep them updated on changes. For example, end of life care involved people, their family and health care professionals to meet the requests.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.