

Bupa Care Homes (CFChomes) Limited

Beacon Edge Specialist Nursing Home

Inspection report

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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

We carried out an unannounced inspection of this service on the 4th February 2015. We previously inspected Beacon Edge Specialist Nursing Home (Beacon Edge) on the 10th July 2014 and we found that they were not meeting all the regulations assessed.

Beacon Edge provides care and support for up to 37 people who live with dementia. Care can be provided

over two floors, however at the time of our inspection all people were cared for on the ground floor. The home is located in the town of Penrith and is set in its own grounds with ample parking.

The home had recently recruited a new manager who was in the process of becoming registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

On the day of our inspection there were sufficient staff available to meet people's needs in a timely manner. On further examination of the duty rota we found that this was not always the case. Although this did not constitute a breach in the regulation we judged that improvement was required.

We looked at how medicines in the home were managed. Since our previous visit this area had greatly improved. However we found that sufficient prescribed topical creams were not available at the time of our inspection. This did not breach the regulation but required improvement.

Staff were knowledgeable about protecting vulnerable people. Policies and procedures were in place that supported this.

The service managed risks to people well and ensured people's freedom was not unnecessarily restricted.

People were cared for by staff who were competent and well trained. The manager carried out supervision with the staff to monitor their performance and improve care delivered throughout the home.

We observed that consent to care and treatment was sought in line with legislation and guidance.

People received a healthy balanced diet that was tailored to their needs through thorough assessment. Dieticians and speech and language therapists were involved by the service in people's care. In addition the home also sought assistance from other health and social care professionals in order to meet the wide variety of people's needs.

We found that staff treated people with kindness and respect. Staff had built relationships with the people who used the service and ensured people were involved with decision making around their care.

Assessments of people's needs were comprehensive and care plans were based upon the information gathered. The care plans were written in a person centred way and outlined how people wished to be supported. The manager engaged with people who used the service and their relatives to ensure that compliments, concerns and complaints were listened to and learned from.

Beacon Edge was well led by a manager who had clear ideas as to what outcomes people should expect from the service. Both the manager and the provider had systems in place to ensure the quality of the service was measured and maintained.

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 required improvement in this area.

The amount of staff on duty was inconsistent over the period of time that we looked at. Though the manager had plans in place to improve this we were unable to establish that this could be sustained.

There had been improvement to the management of medicines, however there were still areas of concern such as poor availability of prescribed topical creams.

People were protected from abuse because the provider had taken steps to ensure that staff were trained in the protection of vulnerable adults.

Requires improvement



Is the service effective?

The service was effective.

People were cared for by staff who were confident and competent in their work.

People's nutritional needs were being met and the home involved a variety of health and social care professionals in order to meet people's needs.

Good



Is the service caring?

The service was caring.

People were looked after by staff who had taken the time to get to know them.

We observed people being treated with dignity and respect.

Good



Is the service responsive?

The service was responsive.

Assessments of people's needs were comprehensive and care plans were based upon the information gathered. Care plans were written in a person centred way.

The manager engaged with people who used the service to ensure that compliments, concerns and complaints were listened to and learned from.

Good



Is the service well-led?

The service was well led.

The manager had high standards and understood how to empower his staff to give good quality care.

There was a robust corporate quality assurance system in place.

Good



Beacon Edge Specialist 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.’

This inspection was carried out by the lead adult social care inspector and a pharmacy inspector and took place on 24th of February. The inspection was unannounced.

Prior to the inspection we spoke with representatives of the local authority and reviewed information we held on this service. We also reviewed the information we held about

the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We spoke with five people who used the service and reviewed four written records of care. We spoke with one relative. In addition to this we spoke with four care staff including a nurse, a chef, a domestic assistant, an administrator, the manager and the area manager.

We looked at other records relating to the service such as policies, risk assessments and records relating to medicines.

We looked around all the communal areas of the home and with permission some bedrooms.

Is the service safe?

Our findings

We spoke with people who used the service and asked them if they felt safe at Beacon Edge, one person said, “Yes I feel safe.” Another added “I feel safe!” We spoke with relatives of people who used the service one of whom told us, “Of course I trust the staff. ...[my partner] is absolutely safe.” A member of staff commented, “It’s safer, it’s calmer, it’s a home for them.”

We looked at how the service made sure that there were sufficient numbers of staff to keep people safe and meet their needs. As part of our evidence gathering we observed staff throughout the day. We saw those people who required support received it. We noted that staff did not have to rush to achieve these outcomes as there were sufficient staff on duty at the time of our inspection to meet people’s needs.

We looked at a two week sample of the duty rota. We saw that eight shifts had not been covered. We asked staff if this had affected outcomes for people who used the service. Staff told us they believed it had not though they agreed that working with less staff was challenging. One member of staff said, “There’s a big difference when we are one short.” We reviewed what arrangements were in place to cover sickness and other absences. We saw that the manager often stepped in to help cover shifts and that staff would work extra hours. There was also a small ‘bank’ of staff that worked on a casual basis. The manager explained that as there were four BUPA homes all within close proximity of each other there was a plan in place to develop the bank further by using staff from other homes. Although the service did not breach the regulation we judged that staffing required further improvement.

We looked at the arrangements for the management of medicines. We carried out a spot check that related to five people’s prescriptions of topical creams. We found that a total of seven creams for four people were out-of-stock. Two of these people were assessed as high risk of pressure sores but the creams that were prescribed to protect the skin were not available. The provider put steps in place during the inspection to prevent this happening in the future and further steps were in place to replace stock.

We found that the provider had arrangements to ensure that medicines that needed to be given before meals were given correctly. We observed a nurse preparing and giving medicines to people who used the service and found that this was done carefully and the records of administration were completed correctly.

Appropriate arrangements were in place in relation to the recording of medicines. We looked at records for the administration of medicines, and care plans relating to medicines, in detail for seven people. Medicines administration records for oral medicines and for creams were complete so that the treatment people received was clear. Records justified why “when required” medicines were given. We found that care plans relating to medicines and protocols for the administration of ‘when required’ medicines were much improved and reviewed regularly.

Medicines were kept safely. Storage was clean and tidy so that medicines were fit for use. We checked a sample of three medicines liable to misuse, called Controlled Drugs, and records tallied with the quantity in stock.

We judged, though the service was not in breach of the regulation, it still required improvement to be able to demonstrate the measures put in place would ensure that medicine procedures were safe over the long term.

The service had measures in place to protect people from bullying, harassment and abuse. These included ensuring that all staff had been trained on how to protect and safeguard vulnerable adults. We spoke with staff who were able to demonstrate this knowledge to us and were aware of what constituted abuse and how to report it. There was a clear policy in place that outlined how to protect vulnerable people. There were also ‘whistleblowing’ policies and procedures that provided staff with guidance as to what to do if they were concerned by the conduct of a colleague.

We looked at four people’s written records of care. We saw that the service had carried out a variety of risk assessments to ensure that hazards to people’s safety and well being were correctly identified. Care plans had then been devised to minimise or eliminate risks. For example if people were unsteady on their feet the use of standing and walking aids were recommended.

Is the service effective?

Our findings

We asked people who used the service if they thought that staff supported them competently. One person told us, “Yes they know what they are doing.” Another said, “I’m being well looked after.”

Staff told us the provider ensured that they were correctly trained and supported. One commented, “BUPA are so supportive of us, they are a brilliant company to work for, I wouldn’t work anywhere else.”

The service’s training records all staff had received sufficient training in a variety of areas. These included moving and handling, the safeguarding of vulnerable adults, whistleblowing and fire safety. Where staff had not completed training plans there were dates in place indicating when this training would be done by.

Following our inspection we liaised with a number of external agencies. We were provided with evidence that some training records for some staff were not accurate. This was because staff had not completed training to a satisfactory standard and that training had then been recorded as being completed. We spoke with the manager who assured us that this had now been rectified. We will continue to monitor this.

The manager was able to demonstrate that they carried out supervision and planned to give each member of staff an appraisal in the near future. Supervision is a meeting between staff their line manager discuss their performance at work. An appraisal generally takes place once a year and is a meeting between staff and their manager where their future development is discussed.

People we spoke with told us staff always asked for their consent before they did anything. Our observations confirmed this. We looked at people’s written records of care and saw that those that were able to do so had signed their care plans to say they consented to them. There was sufficient evidence that showed people who lacked the capacity to make all of their decisions were supported in line with Mental Capacity Act 2005 guidance. This meant that meetings between relatives, staff and other health and social care professionals were taking place in order to make decisions for people in their best interests.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people’s best interests. The manager told us that a small number of applications had been made to the local authority for deprivation of liberty safeguards to be put in place, but that nobody had yet been assessed as being deprived of their liberty.

We spoke with people who used the service and asked them about the food served at Beacon Edge. Overall people felt the food was satisfactory, one person said, “The food is good.” Another told us, “The food is a lot better than it used to be.”

The service ensured that each person received a nutritional assessment that identified their support needs. We saw that care plans were based on the needs identified in these assessments. People who were deemed at risk of losing or gaining too much weight were closely monitored.

When we observed lunch being served we saw that people received adequate support. For example some people were being supported to eat and drink by staff. Others had been given the correct equipment such as specially adapted cups to enable them to enjoy their meal as independently as possible.

We spoke with the chef who was aware of people’s nutritional needs including specific diets. Information had been provided to the kitchen staff that outlined people’s needs. This included whether they required a fortified diet, a low calorie diet, allergies and health issues such as diabetes. The home had identified a member of nursing staff to lead on nutrition and ensure information was correct and up to date.

The service engaged with other providers of health and social care to ensure people’s needs were met. For example in terms of nutrition we found referrals to both dietitians and speech and language therapists. There was also evidence to show that the home regularly worked in conjunction with GP’s, members of the local community mental health team and social workers.

Is the service caring?

Our findings

People who used the service told us they were satisfied with the care and support they received. People commented, “It’s super” and “I’m being looked after.”

We observed staff caring for people in a kind and friendly way. We found evidence to demonstrate that staff had taken the time to find out about people’s past history, their likes and their dislikes and used this information to help form relationships.

We looked at supervision records for staff and saw that the manager had encouraged staff to interact with people in a positive and bright manner. Our observations confirmed that this was happening across the home. One member of staff commented, “The atmosphere is so much better than it used to be.”

We examined how the service supported people to express their views and be actively involved in making decisions about their care and support. We saw that many people who used the service lived with dementia. However we observed they were still encouraged to make decisions about their care. This was done in a variety of ways, for example people were able to choose when they wanted to get out of bed and what they wanted for their meals.

One person had recently moved rooms. We were told that though this process had been difficult for them, as they had lived in their old room for a long period. The manager and staff had worked closely with them to ensure they were appropriately supported. The person told us that the new arrangement was, “far better.”

We observed that people were able to move around the home independently and sit down where they chose to. Staff were constantly engaged with people but we observed that people were able to explore their environment unhindered. This meant that people who lived with dementia exhibited less signs of frustration.

We noted that people’s right to privacy and dignity was upheld. Staff always knocked on doors and awaited permission before entering people’s rooms. We noted that people who had spilled food on themselves at lunch were supported discreetly to change or clean their clothing.

We spoke with the manager who told us that he was in the process of nominating a member of staff as a privacy and dignity champion. The champion would help ensure that all staff followed up to date guidance and promoted privacy and dignity throughout the service.

Is the service responsive?

Our findings

We spoke with people who used the service, they told us the service was responsive to their needs. The people who we spoke with were aware of how to raise concerns, one person told us, "I'd see the manager, he's a nice fellow"

We looked at people's written records of care. We saw that each person who used the service had a comprehensive assessment of their needs. The staff had used a variety of tools to assess people's needs. For example each person had been assessed to establish whether they were at risk of falls.

Staff had used their assessments to write care plans for each person. We noted that staff wrote their care plans in a person centred way and in collaboration with the person who used the service. For example one person had been clear with staff how they liked to be supported with mobilising and their wishes and feelings had been recorded in the care plan.

Assessments and care plans were regularly reviewed. In some cases if someone's needs had changed other health and social care professionals were involved in these reviews. This meant that people's care developed and changed in order to meet people's ongoing needs.

We looked at how people spent their day. We noted that there was a dedicated activity co-ordinator. The activity co-ordinator explained that they arranged activities suitable for people who lived with dementia on an individual and group basis. While we were in the home we observed people taking part in listening to music and singing.

In order to facilitate further activities within the home the service had made changes within the environment. A 'beach area' had been established with sand, shells and other tactile objects. In addition an inner courtyard had been carpeted with artificial grass to create a garden area and an indoor space had been turned into a 'potting shed.' These areas created opportunities for people who lived with dementia to engage in meaningful activities.

We asked the manager how they routinely listened to and learned from people's experiences, concerns and complaints. He told us that he engaged with people who used the service and their relatives on a regular informal and formal basis.

We found evidence of formal meetings between residents, relatives and staff. There was also a comments box prominently displayed in the main reception area where people could leave written comments, suggestions or complaints. The manager actively sought people's feedback about the home and compiled the information in a feedback file. He then discussed the feedback with staff at daily meetings. We saw meeting minutes that confirmed this.

There was a formal complaints policy in place that outlined how people could make a complaint. The policy included timescales as to how quickly a complaint should be dealt with. There was also guidance as to what to do if complainants were not satisfied with the response they received. Although there was mention of advocacy services within the policies and procedures the information was not displayed where people who used the service and their relatives could see it. We drew this to the manager's attention and he immediately rectified this.

Is the service well-led?

Our findings

We spoke with the people who used the service and their relatives about the leadership within the home. One person said, “The staff look happier.” A relative told us, “The atmosphere here is massively better.”

We spoke with staff and asked them about the way the service was managed. One member of staff said, “The manager is very aware of what’s going on.” Another added, “It’s like a different place to work.”

We spoke with the manager at length about his vision for the future of the home. He was clear that incidents in the past would be learned from and not repeated. He had clear plans in place to ensure that staff were supported correctly and their performance was monitored. There was evidence within staff supervision records that showed the manager used supervisions as an opportunity to empower staff and give them confidence to work in a person centred and inclusive manner. Some staff had undertaken new roles as ‘champions and leads within the service and been given greater responsibilities. Others such as the activity co-ordinator had been enabled to develop the environment to support people who lived with dementia.

As part of their quality assurance the service nominated a ‘resident of the day’ on a daily basis. As part of being the

resident of the day the nominated person met with a nurse, care staff, the cook, maintenance and cleaning staff. Any issues that were raised were then addressed by the manager or his staff and care plans were altered accordingly.

The manager carried out regular audits and checks. This included a weekly health and safety walk around of all the rooms in the building. In addition the manager carried out observations of staff while they worked and used information gathered this way to improve practice.

The provider had a corporate system of quality assurance in place. They referred to this system as quality metrics. The quality metrics examined, through audit, several aspects of the service including leadership, care, nutrition and pressure ulcers.

Quality metrics were monitored by the provider’s quality team. Any issues identified were placed in an action plan that the manager was required to implement within a specified time period.

We noted that senior members of the management team regularly visited the home and the area manager was in attendance during our inspection. The manager and staff commented that they felt well supported by senior managers.