

Cornwallis Care Services Ltd

Beech Lodge

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of Beech Lodge on 12 June 2018. Beech Lodge is a 'care home' that provides care for a maximum of 26 adults. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 16 people living at the service.

The service is on three floors with access to the upper floors are via stairs, stair lift or a passenger lift. Existing bedrooms on the top floor of the premises had been upgraded and additional rooms had been added in a new extension. At the time of the inspection the top floor was not in use, while these improvements were underway. These works were due to be completed a few weeks after our visit. Some rooms have en-suite facilities and there are shared bathrooms, shower facilities and toilets. Shared living areas include two lounges, a dining room, garden and patio seating area.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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.

As part of this comprehensive inspection we checked to see if the provider had made the required improvements identified at the inspection of 25 May 2017. In May 2017 we found most people did not have a care plan or risk assessments in place. All information about people's needs were communicated verbally between staff and this meant there was a risk that people might not receive consistent care and support. There were discrepancies in medicines records and a lack of analysis of falls. Audit processes were not effective and systems for assessing and reporting risks to senior management had not been followed.

At this inspection we found improvements had been made in all the areas identified at the previous inspection. This meant the service had met all the outstanding legal requirements from the last inspection and is now rated as Good overall.

Care records were personalised to the individual and described how people wished to be supported. They contained detailed information to enable staff to provide appropriate and effective care and support. Risks were clearly identified and included guidance for staff on the actions they should take to minimise any risk of harm. For example, guidance for staff when using moving and handling equipment, how to support people who could become anxious or what actions to take to help people who were at risk of falls.

There were effective quality assurance systems in place and audits were routinely completed. These included audits of care plans, risk assessments and medicines. Accidents and incidents, such as falls, were analysed and where necessary changes were made to learn from events or seek specialist advice from

external professionals. Systems for the registered manager to report appropriate information to senior management, about the running of the service, were robust.

Safe arrangements were in place for the storing and administration of medicines. Medicine administration records (MARs) were clear and there were no gaps. Records of medicines tallied between the stock of medicines held and what had been recorded as given.

We also found there was limited opportunity for people to take part in meaningful activities. There had been a vacancy for the post of activities co-ordinator for several months due to difficulty in recruiting to the post. This had resulted in the ceasing of most of the group activities. While external entertainers visited the service, about once a month, there were no other organised activities taking place. People told us, "I would like more to do", "I used to enjoy the bingo and the quizzes but they have stopped" and "It can get a bit boring in the afternoon, I just go and lay down in my room." We have made a recommendation about this.

The introduction of an electronic system provided clear records of when people's care needs were monitored. However, some paper based care monitoring records, that had not yet been set up on the electronic system, were not consistently completed. Although, there was no evidence that this had impacted on the care provided for people.

People told us they were happy with the care they received and believed it was a safe environment. Comments included, "Everything here is good", "My room is lovely" and "The staff are lovely."

There were enough suitably qualified staff on duty and additional staff were allocated if peoples' needs increased, such as when someone was unwell. Staff knew how to recognise and report the signs of abuse. There were systems to induct new staff, support staff through relevant training, one-to-one supervisions and appraisals. Staff told us they felt supported by the management commenting, "We are like a big family", "We have lots of training", "It's a brilliant place to work" and "The manager is great, so approachable."

Staff supported people to be involved in and make decisions about their daily lives. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements under the Mental Capacity Act 2005.

People were supported to access to healthcare services such as occupational therapists, GPs, chiropodists, community nurses and dentists.

People had a choice of meals and staff were knowledgeable about people's likes, dislikes and dietary needs. People told us they enjoyed their meals. Comments included, "Good cook", "The food is lovely" and "You always get choice."

People were supported to keep in touch with family and friends and people told us their friends and family were able to visit at any time.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so.

The environment was well maintained. Extensive building and repair work to the exterior and interior of the premises were nearing completion. Any disruption to people's lives, while the refurbishment was being completed, had been well managed. People lived in a pleasant environment which was uncluttered, clean

and odour free. Appropriate safety checks were completed to help ensure the building and utilities were safe.

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. Risks in relation to people's care were identified and appropriately managed.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People were supported with their medicines in a safe way by staff who had been appropriately trained. Risks were identified and appropriately managed.

Is the service effective?

Good ●

The service was effective. Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

People's rights were protected because staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were supported to maintain a balanced diet in line with their dietary needs and preferences.

Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

The service was not entirely responsive. There was limited opportunity for people to take part in meaningful activities. We have made a recommendation about this.

The introduction of an electronic system provided clear records of when people's care needs were monitored. However, some paper based care monitoring records were not consistently completed.

Care plans detailed people's assessed needs and wishes. Staff responded to people's needs and supported people in a person-centred way.

People and their families told us if they had a complaint they would be happy to speak with the registered manager and were confident they would be listened to.

Requires Improvement 

Is the service well-led?

The service was well led. The management provided staff with strong leadership and led by example.

The registered manager had a good working knowledge of the day to day running of the service.

There was a positive culture within the staff team and they were encouraged to make suggestions about how improvements could be made to running of the service.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Good 

Beech Lodge

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.

This unannounced inspection took place on 12 June 2018 and was carried out by two adult social care inspectors.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with six people living at the service. We looked around the premises and observed care practices on the day of our visit.

We also spoke with five care staff, the registered manager and the operations manager. We looked at five records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

At the last inspection in May 2017 we found most people did not have any risk assessments in place. This meant risks had not been identified and there was no written guidance for staff about how to manage individual people's risks. There were discrepancies in medicines records and a lack of analysis of falls. Therefore the safe section of that report was rated as requires improvement.

We checked the actions taken by the provider since the last inspection. We found each person had a risk assessment in place covering areas such as the level of risk in relation to nutrition, pressure sores, falls, personal safety and mobility. These assessments included clear guidance for staff on the actions they should take to minimise any risk of harm. For example, how to support people when using moving and handling equipment, how to support people who could become anxious or what actions to take to help people who were at risk of falls. All risk assessments had been kept under review and were relevant to the care provided.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. Since the last inspection an audit system had been put in place to identify any patterns or trends which could be addressed to further improve safety within the service.

Safe arrangements were in place for the storing and administration of medicines. Staff were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record. Medicine administration records (MARs) were clear and there were no gaps. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. The stock of these medicines was checked weekly.

Where people were prescribed medicines to take 'as required' (PRN) clear protocols had been put in place for staff to follow when administering these medicines. This helped ensure a consistent approach to the use of PRN. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use. The service held medicines that required cold storage and there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored. There were auditing systems in place to carry out weekly and monthly checks of medicines.

We found the service was now meeting the requirements of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The rating of the safe section had improved to Good.

People told us they were happy with the care they received and believed it was a safe environment. Comments included, "Everything here is good" and "My room is lovely."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. Staff received safeguarding training as part of

their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There were effective systems in place to help people manage their finances. With people's, or their advocates, agreement the service held small amounts of money for them to purchase personal items and to pay for the visiting hairdresser and chiropodist. Regular audits of the monies held were carried out.

There was an equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

Care records were accurate, complete, legible and contained details of people's current needs and wishes. Paper records were stored in a locked room and electronic records were password protected. Both types of records were accessible to staff and visiting professionals when required.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

There were enough skilled and experienced staff on duty to keep people safe and meet their needs. On the day of the inspection there were three care staff and a senior care worker on duty during the day. People told us they thought there were enough staff on duty and staff always responded promptly to people's needs. People had access to a call bell to alert staff if they required any assistance. People said staff responded quickly whenever they used their call bell. We saw people received care and support in a timely manner.

The environment was clean and there were no unpleasant odours. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing such as aprons and gloves, where this was necessary. Hand gel dispensers were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately to reduce cross infection risks. One person told us, "The laundry is excellent and the home is always very clean."

The service was well maintained. The service employed a full-time maintenance person who carried out small repairs, decorating and health and safety checks. Appropriate safety checks were completed to help ensure the building and utilities were safe. Records showed that manual handling equipment, such as hoists and bath seats had been serviced. There was a system of health and safety risk assessment. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills and information was available detailing the level of support each person would require in the event of an emergency evacuation.

Is the service effective?

Our findings

People's needs and wishes were assessed before moving into Beech Lodge. This helped ensure people's needs and expectations could be met. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs.

Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. Training identified as necessary for the service was updated regularly. This included safeguarding, mental capacity, equality and diversity and dementia awareness.

The induction of new members of staff was effective and incorporated the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. This induction included completing training in areas identified as necessary for the role and becoming familiar with the service's policies and procedures and working practices. New staff also spent a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported.

Staff told us the management team supported them to carry out their roles. Managers met regularly with staff for one-to-one supervision meetings as well as annual appraisals. These were an opportunity to discuss working practices and raise any concerns or training needs. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

People's health conditions were well managed and staff supported people to access healthcare services. These services included occupational therapists, GPs, chiropodists, community nurses and dentists. Care records contained details of multi professionals visits and care plans were updated when advice and guidance was given.

People were supported to have maximum choice and control of their lives and the service's policies and systems were designed to help staff provide support in the least restrictive way possible. We observed throughout the inspection that staff asked for people's consent before providing assistance. People made their own decisions about how they wanted to live their life and spend their time. People also told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age.

The 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service knew who had appointed lasting powers of attorney, and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves. Where people lacked capacity, and

no one was appointed to legally act on their behalf, the service ensured appropriate best interest processes were carried out.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of this inspection the service had not needed to make any DoLS applications.

We observed the support people received during the lunchtime period. People had a choice of meals and staff were knowledgeable about people's likes, dislikes and dietary needs. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. People told us they enjoyed their meals. Comments included, "Good cook", "The food is lovely" and "You always get choice."

The design, layout and decoration of the service met people's individual needs. Due to the on-going refurbishment to the premises not all signage for toilets, bathrooms and bedroom doors were in place. The registered manager told us signs had been purchased and were ready to put up as soon as the decorating of each room had been completed. Extensive building and repair work to the exterior and interior of the premises were nearing completion. Any disruption to people's lives, while the refurbishment was being completed, had been well managed.

Is the service caring?

Our findings

People spoke positively about staff and their caring attitude. People told us staff treated them with kindness and compassion. We saw that staff interacted with people in a caring and respectful manner. Comments included, "The staff are lovely", "Anything you want staff get for you" and "I have a shower with the same worker, which I like."

During the inspection there was a calm and friendly atmosphere at the service. Staff, people and management all engaged easily with each other in a way that was cheery, respectful and polite. The care provided throughout the inspection was appropriate to people's needs and enhanced their well-being. Staff were patient and discreet when providing care for people.

Staff were clearly passionate about their work and motivated to provide as good a service as possible for people. Comments from staff included, "We are like a big family", "It's a brilliant place to work" and "Everything is about the residents and the way they want to live."

The service promoted people's independence and encouraged people to maintain their skills. Throughout the inspection we saw staff gently and discreetly ask people if they needed any assistance. For example, with cutting up food, help with dressing or help to get up from a chair. Where people indicated that they wanted to do the tasks for themselves staff respected people's wishes to complete these activities independently. Where this meant more time was needed for people to complete tasks staff did not make them feel they were being rushed.

Staff also helped people to achieve their ambitions and goals. For example, one person told us how staff had helped them to make healthy eating choices because they wanted to lose weight. The person told us, "I have noticed when I go out shopping I can walk further since I have lost weight." The person was clearly very proud of their achievements and the improvement this had made to their mobility.

People's care plans recorded their choices and preferred routines for assistance with their personal care and daily living. People told us they were able to get up in the morning and go to bed at night when they wanted to. During the inspection most people chose to spend time in the shared areas. However, people were able to move freely around the building as they wished to. Staff supported people, who needed assistance, to move to different areas as they requested. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Care plans also contained details of people's 'life stories' with information about people's past lives and interests. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives.

People's bedrooms had been personalised with their belongings, such as furniture, photographs and ornaments to help them to feel at home. Throughout the inspection we saw staff respected people's privacy

by keeping bedroom, bathroom and toilet doors closed when carrying out personal care tasks as well knocking on bedroom doors and waiting for a response before entering.

Staff supported people to keep in touch with family and friends. People told us there were no restrictions about when their family or friends could visit and staff always made their visitors feel welcome.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. People were involved in monthly care plan reviews and managers regularly spoke with people to ask for their views about the service.

Is the service responsive?

Our findings

At the last inspection in May 2017 we found most people did not have a care plan in place. All information about people's needs were communicated verbally between staff and this meant there was a risk that people might not receive consistent care and support. Therefore the responsive section of that report was rated as requires improvement.

We checked the actions taken by the provider since the last inspection. We found a new electronic care plan system had been introduced and each person had a care plan in place on this system. Care plans contained information on a range of aspects of people's needs including mobility, communication, nutrition and hydration and health conditions. These were personalised to the individual and described how people wished to be supported. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. Staff were aware of each individual's care plan, and told us the care plans were informative and gave them the guidance they needed to care for people.

Daily notes were also completed on the electronic system and this enabled staff coming on duty to have a quick overview of any changes in people's needs and their general well-being. There were ample handheld devices for staff to use to ensure they could add and retrieve information whenever they needed to. Staff told us they found the new system easy to use and an effective way of communicating information. One member of staff said, "It is really easy to pick up messages when you have been off duty for a few days, so you are confident that you are up-to-date with all the resident's needs."

Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when people were re-positioned, their skin was checked or their food and fluid intake was measured. Most of these records were completed on the electronic system. These records had been consistently completed and were informative. However, records of when staff re-positioned people and checked their skin were still paper based. These records were not always consistently completed. Although, there was no evidence that this had impacted on the quality of the care provided for people.

We found the service was now meeting the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, the rating of the responsive section remains requires improvement because of the recommendation made about activities, detailed below.

The registered manager met with people in hospital, at their home or at their previous care placements to complete detailed assessments of their individual care needs. This information was combined with details supplied by care commissioners and people's relatives to form the person's initial care plan. People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people

were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. People who had capacity had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard. This helped to ensure people with a disability or sensory loss are given information in a way they can understand.

When needed the service provided end of life care for people. People's wishes regarding this were documented appropriately in their care plans.

At this inspection we found there was limited opportunity for people to take part in meaningful activities. There had been a vacancy for the post of activities co-ordinator for several months and this had resulted in the ceasing of most of the group activities. While the post had been advertised as soon as it became vacant it had taken some time to find a suitable candidate. However, the post had now been filled and a new activities co-ordinator was due to start a week after our inspection.

External entertainers, such as singers and a guitar player, visited the service every few weeks and people told us they enjoyed these. However, there were no records of any other organised activities taking place. Staff told us they tried to provide activities each afternoon. We saw during the inspection that staff spent time talking with people but there was no evidence of staff providing any structured group or individual activities. People told us, "I would like more to do", "I used to enjoy the bingo and the quizzes but they have stopped" and "It can get a bit boring in the afternoon, I just go and lay down in my room."

We recommend that the service implement a personalised activities programme to meet people's individual social and emotional needs.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. However, people said they had not found the need to raise a complaint or concern.

Is the service well-led?

Our findings

At the last inspection in May 2017 we found audit processes were not effective and systems for assessing and reporting risks to senior management had not been followed. Therefore the well-led section of that report was rated as requires improvement.

We checked the actions taken by the provider to address these concerns since the last inspection. At this inspection there were effective quality assurance systems in place and audits were routinely completed. These included audits of care plans, risk assessments and medicines. Accidents and incidents, such as falls, were analysed and where necessary changes made as a result of learning from these events. In addition the service had sought specialist advice from external professionals on how to address issues identified as a result of these investigations.

Systems for the registered manager to report appropriate information to senior management, about the running of the service, were robust. These included a bi-monthly management report completed by the registered manager so senior managers could be aware of any areas of improvement or where a manager might need support.

We found the service was now meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The rating of the well-led section had improved to Good.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was supported in the running of the service by senior care workers and an administrator. They reported to an operations manager who regularly visited the service.

Staff had a positive attitude and told us the management team provided strong leadership and led by example. There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the management, regular staff meetings and one-to-one supervisions and appraisals. Staff told us they felt supported by the management commenting, "We have lots of training", and "The manager is great, so approachable."

People and their families were involved in decisions about the running of the service as well as their care. People told us they knew the registered manager and she regularly asked them for their views on the service they received. During recent months while major building works were taking place there had been informal meetings to involve people in decisions and keep them updated. Formal meetings with people and their families had not taken place although the registered manager told us these were planned.

The registered manager regularly worked alongside staff, regularly providing care for people and this enabled them to check if people were happy and safe living at Beech Lodge. By actively working in the service they were able to monitor the quality of the care provided by staff. The registered manager told us that if they had any concerns about individual staff practice they would address this through additional

supervision and training.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place in relation to staff. Staff were required to read this as part of the induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. For example, making reasonable adjustments to enable staff to complete training.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.