

Landona House Limited

Beechcroft Nursing and Residential Home

Inspection report

Lapwing Grove
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Tel: 01928718141

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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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Beechcroft Nursing and Residential Home is a single storey purpose-built care home providing accommodation and nursing and/or personal care to up to 67 people. At the time of our inspection there were 46 people using the service.

People's experience of the service and what we found

Risks to people's health and safety had been assessed and staff took action to keep people safe. However, we have made a recommendation regarding care plans and risk monitoring charts.

Whilst observations showed there enough staff to meet people's needs and keep them safe, we received mixed feedback from people, family members and staff regarding staffing levels. We have made a recommendation regarding this.

People's medicines were managed and stored safely and records relating to medicine administration were completed accurately. People were protected from incidents of concern or abuse and accidents and incidents were reviewed and analysed to ensure lessons were learnt.

Checks were completed on the environment and equipment used by people to ensure it remained safe. The home was clean and hygienic. Staff responsible for the cleanliness of the service completed regular cleaning tasks. Staff had access to, and appropriately used, PPE to ensure people were protected from the risk of infection.

People's needs were assessed, and care was delivered in line with best practice; this included supporting people to eat and drink enough to maintain a balanced diet. People were supported to access support from external health and social care professionals when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider's governance systems were effective at identifying issues within the service to help drive necessary improvements. The management team were working with staff to help promote a more positive culture within the home. We received positive feedback from people and family members about the service that was provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 26 May 2023).

Why we inspected

The inspection was prompted in part due to concerns received about the overall quality of care provided and poor management of the service. A decision was made for us to inspect and examine those risks.

We undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Beechcroft Nursing and Residential Home on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation in relation to care plans, risk monitoring charts and staffing levels.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

This service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

This service was well-led.

Details are in our well-led findings below.

Good ●

Beechcroft Nursing and Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors.

Service and service type

Beechcroft Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beechcroft is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We looked at 9 people's care and support records and 12 people's medicine administration records. We spoke with 3 people who used the service and 6 family members to gather feedback about the standard of care provided. We spoke with 7 care staff and 2 nurses and gathered additional information from the manager, clinical lead and director of operations.

We looked at a range of other records related to the overall management of the service; this included recruitment files for 4 staff recruited since our last inspection.



Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. However, some improvements were needed to people's care plans and the completion of risk monitoring charts.
- Three people's care plans lacked detailed information regarding some aspects of their identified risks and needs. This meant we could not be certain that staff not familiar with these people had access to all necessary information required to manage their needs.
- Monitoring charts for 3 people with risks associated with food and drink intake and poor skin condition, had not always been completed by staff in line with their needs.

Whilst we recognised the provider was experiencing some issues with the newly implemented electronic care planning system, we recommend they work with staff to ensure they follow guidance in relation to the completion of care plans and risk monitoring charts.

- We found no evidence that people's health and safety had been affected by the issues identified in relation to care plans and monitoring charts.
- Staff we spoke with demonstrated they knew people well and how to support them to keep them safe and well.

Staffing and recruitment

- Observations showed there were enough staff to support people safely. However, we received mixed feedback from people, family members and staff regarding staffing levels.
- Some staff told us they felt staffing levels were not always sufficient to spend quality time with people. One staff member said, "We've lost a lot of staff lately. There aren't always enough of us to spend time with people. we're always rushing around."
- Some people and family members told us they sometimes had to wait a long period of time for support. Comments included; "They [staff] usually respond quickly but there are times when I have to wait a long time. They seem so rushed" and "There doesn't always seem to be enough staff. Sometimes [relative] can be waiting for staff to come and help her."

We recommend the provider review staffing levels to ensure there are enough staff deployed to support people to remain safe and receive support within a timely manner.

- The registered manager operated safe recruitment processes. However, we identified some improvements

needed to ensure that references were obtained in line with recruitment guidance.

- Other necessary checks had been completed on new applicants to check their suitability to work at Beechcroft.

Using medicines safely

- People were supported to receive their medicines safely.
- Medicines were stored securely, and checks were completed to ensure they were stored within safe temperature ranges.
- Records relating to the administration of people's prescribed medicines had been completed accurately. However, we identified some improvements needed to plans in place for 'as required' medicines to ensure staff had access to enough information to determine when these medicines were needed. The registered manager had addressed this by the end of the inspection.
- The registered manager had implemented time sheets to enable staff to record and evidence they had followed guidance in relation to 'time sensitive' medicines such as paracetamol.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm.

- Staff had received safeguarding training and demonstrated a knowledge and awareness of how to identify and respond to incidents of concern.
- Safeguarding records were maintained. These showed what action had been taken following concerns raised and whether relevant professionals had been informed.
- People told us they felt safe living in the home and family members felt reassured their relatives were well-looked after. Comments included; "Yes I feel safe. I've been here a long time. I have no concerns. The staff look after me" and "[Relative] is looked after. I have no concerns at all. They [staff] keep me updated."

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Accidents and incidents that occurred had been recorded and acted upon appropriately. One family member told us, "[Relative] had a bruise. They rang me straight away. They didn't know how it had happened. They investigated and the [clinical lead] rang me with the outcome. They changed their practice to make sure it didn't happen again. They gave me strong assurances she's well looked after."
- The provider had systems in place to review and analyse accidents and incidents to look for patterns and trends. This helped prevent further incidents occurring.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was observed to be clean and hygienic. Staff completed regular cleaning tasks and completed records to evidence tasks completed and how often.
- Staff had access to PPE and were observed using this in line with guidance.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- The registered manager ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- People were supported to live healthier lives, access healthcare services and support.
- Care records clearly evidenced when external professionals had visited people and care plans reflected any changes or updates to people's care.

Staff support: induction, training, skills and experience

- The provider made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff had received training relevant to their role and people's identified needs.
- Newly recruited staff completed an induction to provide them with the knowledge and skills they needed to support people.
- Staff received regular supervision meetings to discuss any learning and development needs.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Care plans provided information about the support people needed with their food and drink intake.
- People with risks associated with malnutrition were provided with the support they needed to help prevent weight loss.
- We have made a recommendation within the safe key question regarding risk monitoring charts. This included those related to people's food and drink intake.

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

- People's individual needs were met by the adaption, design and decoration of the premises.
- The home was currently under-going refurbishments to enable people to have better access to communal spaces.
- People's rooms were decorated to their choice.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- Applications to deprive people of their liberty had been applied for appropriately. The provider maintained a record of applications made and renewal dates to ensure authorisations remained relevant and accurate.
- Capacity assessments were completed where relevant. Where people were assessed as lacking capacity to make specific decisions, best interests decisions were made on their behalf.
- Staff were observed offering people choice and seeking consent before providing support. One family member told us, "People are given choice of day-to-day activities. Even though [relative] chooses not to participate, but they continue to ask him."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The registered manager and management team had a clear understanding of their individual role and responsibility. They worked cohesively and effectively to bring about positive changes to the service.
- We received positive feedback from family members regarding the overall management of Beechcroft. Comments included; "He [registered manager] is very helpful. A very nice man. He always asks if I have any issues or concerns that I need to talk about" and "Really impressed with the manager. He's never just sat in the office. He's always out and about helping with meals and medicines."

Continuous learning and improving care

- The provider and registered manager had created a learning culture at the service which improved the care people received.
- A range of audits and checks had been completed by the manager and provider.
- The issues identified in relation to care plans and monitoring charts had already been identified through the provider's governance systems. They were working with staff to address the issues through care planning training.
- The provider had implemented a service improvement plan. The registered manager was working through this to make necessary improvements to the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had systems to provide person-centred care that achieved good outcomes for people.
- The registered manager and management team were working hard with staff to promote a more positive culture within the service.
- People and family members spoke positively about the service provided. Comments included; "They [staff] are lovely to me. I couldn't ask for anything more. They do exactly what I need them to do" and "Generally happy. Her room is really bright and spacious. Can't fault the nursing care, it's fantastic. Level of detail is brilliant."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was in the process of improving systems to ensure there was better engagement with people and family members. For example, with the introduction of regular relative's meetings.
- Regular staff meetings were held to provide updates about the service and people's changing needs.

Working in partnership with others

- The service worked in partnership with others.
- Referrals to external health and social care professionals were completed to ensure people received the support they needed.
- We received positive feedback from professionals visiting the service. One professional told us, "People are given choice. Communication both personally and professionally is good. We're really kept up to speed."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- Complaints made by people and relatives were investigated and action taken to address any shortfalls.