

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

About the service

Beechcroft Green Nursing Home is a residential care home providing personal and nursing care to 25 people, some of whom are living with dementia. At the time of the inspection 24 people were receiving support.

People's experience of using this service and what we found

People's needs were met in an individual and personalised way by staff who were kind, caring and responsive to their changing needs. People felt listened to and knew how to raise concerns. Enough staff who had been recruited safely were available to meet people's needs and we observed staff respecting people's privacy and protecting their dignity.

People could be confident they were supported by staff who had access to appropriate guidance and understood how to keep them safe. Staff's knowledge of the people they supported was good and they were able to tell us about the risks associated with their care and how to minimise these.

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. Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

People knew how to raise concerns. They had confidence in the registered manager and told us they would recommend the service to others. A quality assurance system was in place to assess, monitor and improve the service. Incidents and accidents were monitored by the registered manager. Where incidents occurred in the home the registered manager ensured appropriate action was taken for people to reduce the likelihood of injury or recurrence.

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 16 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Beechcroft Green Nursing 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 Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Beechcroft Green Nursing Home is a 'care home'. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information, we had received about the service. This included details about incidents the provider must notify us about, for example, injuries that occur in the service and any allegations of abuse. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

Some people using the service were not able to verbally express their views about the service. Therefore, we spent time observing interactions between staff and people within the communal areas of the home. We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, care, nursing and ancillary staff.

We reviewed a range of records. This included four people's care records and multiple medication records; four staff files in relation to recruitment and additional staff supervision records; a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received feedback about the service from four external health and social care professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm.
- People we spoke with told us they felt safe and able to raise any concerns they might have.
- Staff were aware of how to identify, report and escalate any safeguarding concerns.
- The registered manager had taken action to help ensure people were protected from the risk of abuse or neglect when concerns had been raised.
- A system was in place to record and monitor incidents and this was overseen by the registered manager and senior management to ensure appropriate actions had been taken to support people safely.

Assessing risk, safety monitoring and management

- Staff had good knowledge of the people they supported. They were aware of risks associated with people's care, how to monitor for these and the action to take to reduce these risks.
- Records reflected that risks were assessed, and plans developed to mitigate these. For example, those people at risk of choking had comprehensive mitigation plans in place. The chefs had received training, new equipment had been purchased to support meal preparation, menus had been reviewed and staff had dysphagia (swallowing difficulties) training. Red teaspoons and red trays were used for those at high risk to ensure visual alerts were in place for staff.
- Regular health and safety checks took place. There were regular checks on equipment to ensure it was safe and fit for purpose.
- Accidents and incidents were recorded. This information was used to look for themes or patterns in the kinds of incidents occurring. This helped to identify any action necessary to prevent recurrence.

Staffing and recruitment

- There were sufficiently trained and experienced staff to meet people's needs and all appropriate recruitment checks had been completed.
- People we spoke with, including staff, relatives and those living at the home felt there were enough staff on duty to meet people's needs. During our inspection we saw that staff were responsive to requests for assistance and recognised when people needed help.

Using medicines safely

- People received the medicines as prescribed and on time.
- Medicine administration was safe, and medicines were stored appropriately; The temperature of medicines storage areas was checked daily and maintained at safe levels; creams, eye drops and liquid

medicines had the date they were opened recorded on them.

- Medication Administration Record (MAR) sheets contained information about people's allergies, the medicines they were prescribed, including photos of the tablets and well as a photo of the person. Stock received into the home was recorded to enable clear monitoring.
- Protocols were mostly in place for 'as required' medicines to ensure staff had access to guidance about the administration and monitoring of these medicines. Following the inspection, the registered manager had completed an audit of the protocols and confirmed these had now been implemented where needed.

Preventing and controlling infection

- Staff received training in infection control and food hygiene. We saw personal protective equipment such as gloves and aprons were readily available around the home, as was hand sanitiser.
- The home was visibly clean and tidy.
- Systems were in place to monitor, control and prevent infection control risks.

Learning lessons when things go wrong

- When something goes wrong the service responded appropriately and uses any incidents as a learning opportunity.
- Incidents and accidents were monitored and reviewed regularly by the registered manager and senior management team to identify any patterns or trends. They were analysed for any necessary action and learning was discussed with staff. Staff confirmed that learning from incidents and accidents was shared with them.
- Monthly management meetings took place with the provider which enabled the management team to share learning from incidents/accidents and complaints in the provider's other homes and to reduce the risks in future practice across the provider's services.

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

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

- The home was not purpose built but did provide adequate space for people to enjoy time with one another or on their own.
- People had their own rooms that they had personalised and could, if they chose to, spend time in the communal lounge.
- Further work could be done to ensure that the environment was more conducive to those people living with dementia.
- A member of the senior management team told us they were aware the environment needed this work and was intending to undertake an audit and develop an action plan to address this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to moving into the home, the registered manager undertook a pre-admission assessment involving the person and any other relevant people. This ensured they could meet the person's needs.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment.
- The registered manager was clear that any specific training needs would be delivered prior to a person moving in if this was required and provided an example of when this had taken place.
- Once this information was gathered and the person moved in, additional nationally recognised assessment tools were completed and the information helped to inform the development of people's care plans and risk assessments.

Staff support: induction, training, skills and experience

- People were supported by a well-trained staff team who felt supported by the registered manager.
- Relatives felt staff were experienced in caring for their relation. One relative said, "They (staff) are good at calming (person) down. They've found brilliant ways to manage her skin."
- Staff had the skills and knowledge to support people living in the home. New staff members completed an induction when they started working in the home and were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- A variety of training was in place for staff which covered mandatory subjects such as health and safety and safeguarding, as well as other areas of need for individuals such as Percutaneous endoscopic gastrostomy (PEG) management. A PEG is a tube which is inserted into the stomach via the abdomen to provide a person

with nutrition.

- Staff told us they found the training helpful in their role and were able to talk to us about what they had learned from this. Staff were encouraged and supported to undertake vocational qualifications.
- Staff were supported through supervisions, observations of practice and appraisals.

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

- People were supported to eat and drink enough with choice of a balanced diet. People had choice and access to sufficient food and drink throughout the day; food was well presented and people told us they enjoyed it but could ask for something different if they wanted to.
- Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for and people received appropriate support or supervision during meals.
- People's nutritional status was monitored, and action taken where a person was losing weight.
- Staff were knowledgeable about people's differing dietary requirements. Kitchen staff were kept informed by nursing staff of people's needs, like and dislikes. They used this information to ensure people received meals that would provide them with good nutrition and that they would find appetising.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by a team of staff who worked well together and had communication systems to support this.
- Handovers took place between shifts to ensure communication about people's needs and any changes took place.
- Systems were in place to ensure information about people's needs was shared if they were transferred between services.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access other health professionals as this was needed. People's records confirmed the involvement of GP's, opticians, dentists and other specialist services such as tissue viability nurses, older person mental health teams and speech and language therapy.

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 Act 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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff's understanding of the Mental Capacity Act 2005 was good. They understood and recognised people's rights to make their own decisions where they were able to. Every person we spoke with told us

staff always asked their permission before caring out any tasks. We observed staff gaining people's consent throughout our visit.

- Mental capacity assessments had been completed when required but on some occasions the recording of the decision to be made was too wide ranging and not decision specific, in line with the legislation. The registered manager told us they would address this.
- It was evident when talking to people and their relatives that they were involved in decisions and that the principles of the MCA were applied day to day.
- Applications for DoLS had been submitted to the supervisory body responsible for assessing and approving these. At the time of our visit two people had conditions associated with their DoLS which were being met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives said staff were kind, caring and respectful. Comments included: "The permanent staff are very good. I get on well with them"; "They (staff) are brilliant, kind and caring"; "They (staff) care". A relative told us, "They (staff) go out of their way to make it feel like home, nothing is too much trouble". An external healthcare professional said, "I have always found the staff to be knowledgeable, kind and caring towards the patients and provide consistently high levels of care."
- Our observations of staff interactions with people showed that people were treated with kindness, compassion, dignity and respect. Staff recognised when people may be becoming anxious and spent time with them offering reassurance. People were clearly relaxed and comfortable in the company of staff.
- We overheard conversations between people and staff that demonstrated staff knew people well and understood their likes, dislikes and preferences.
- The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. There was evidence that people's preferences and choices regarding some of these characteristics had been explored with people and had been documented in their care plans. We saw no evidence that anyone who used the service was discriminated against and no one told us anything to contradict this.
- Staff were provided training in equality and diversity and were confident that no discrimination would be tolerated.

Supporting people to express their views and be involved in making decisions about their care

- People had their needs reviewed on regular basis and they and their relatives were involved in making decisions about their care. People and relatives confirmed this, and one relative said "They (staff) always communicate well and involve me."
- Staff were seen communicating effectively with people. This helped to ensure people were involved in any discussions and decisions as much as possible. Staff recognised when people may be becoming anxious and could communicate verbally. They spent time with people offering reassurance and supporting them to make choices.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff respected their privacy and dignity and helped them with whatever they needed.
- Observation demonstrated people's independence was supported as much as possible. People were encouraged to mobilise independently where they were able and staff observed and provided guidance

where needed.

- People's rights to privacy and confidentiality were maintained. Care records were stored safely and securely. Conversations took place discreetly where needed. Staff were observed knocking and waiting before entering people's rooms.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager told us that people's care plan had been transferred to an electronic care planning system and that whilst these provided basic detail, she was aware they required further personalised information.
- Care plans we reviewed mostly contained information to guide all staff on how each person needed their needs to be met in line. In discussion with staff, it was clear they understood people well and knew how they liked to have their needs met. For example, they were able to tell us in detail how one person wished to have their personal care supported.
- Care records indicated that staff responded to changing needs and sought input of other professionals. An external health care professional told us the service, "have made referrals in a timely manner and have been responsive to following speech and language therapy recommendations given. There was a designated person to answer any questions I had and they took appropriate steps regarding downgrading a deteriorating patient."

End of life care and support

- People were encouraged to discuss their end of life wishes in their care plans.
- The registered manager told us they had recently reviewed their end of life care plans using a audit tool. Six steps is a programme which aims to enhance end of life care. As a result of this, care plans had been further developed to contain more detail about people's wants and wishes during and after the end of their lives.
- We reviewed an end of life care plan where the person's needs, wishes and wants were clearly documented and they and their family had been involved in developing this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider and registered manager were aware of the need to support people's varying communication needs. Survey results had been displayed in pictorial format, brochures had been produced in large print and we were told where needed the provider had sourced the support of an interpreter for one person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop relationships with those close to them, social networks and the community.
- By working closely with a person, their family and the provider's domiciliary care agency, one person was supported to attend a family members wedding. We were told they returned to the home feeling fulfilled and with a feeling of peace and calmness having said the important goodbyes.
- Local schools visited the home as part of the activities programme to improve age and disability awareness as well as provide people with opportunities to engage with those outside of the home.
- A variety of activities were made available for people; Some external entertainers visited the service and staff also arranged everyday activities for people; Some people joined in the activities while others chose not to. One person said; "We have lots of entertainment. I like the music. Staff will sit and chat with us when they can as well".
- In response to quality assurance surveys the service contacted the local churches and requested regular visits to ensure people's religious and spiritual needs were met.

Improving care quality in response to complaints or concerns

- People told us they had no complaints and if they did, they would discuss these with the registered manager and/or staff. They told us they were confident they would be listened to. One person said "If I needed help I would speak to the lovely carers here and the manager, but I have never had anything to complain about. I believe that they will listen to me".
- Records of complaints were maintained and reflected these had been managed appropriately and action taken to address them.

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

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

- Feedback we received was consistently positive and reflected an open and person-centred service. One external health care professional told us, "I think they are one of the best care homes in our area." An external social care professional said, "I have seen the care extend well to families of its residents. During my visits I have observed a warm rapport delivered by all staff at the home: from the receptionist to the cleaning staff. All appeared to be happy in their work and more than willing to adapt their work to accommodate needs."
- Monthly provider, registered manager and deputy manager meetings took place to enable the providers management team to share good practice and learning across the service. This allowed management the opportunity to reflect on current practice within the service as well as and to drive discussion about how to constantly improve provision of care.

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 registered manager demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- CQC were notified of all significant events.
- The previous performance rating was displayed in the home's entrance hallway making it available to all visitors and people. This information was also included on the home's website with a link to the full report.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was well-run and well-led. People lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice.
- People, relatives, professionals and staff all spoke well of the registered manager who worked in the home most days which meant they knew people living in the service well.
- A social care professional told us, "Leadership has been hands on and positive. I note the manager of the home is so familiar with all of the residents she is able to pick up the phone and respond to queries from relatives without having to confer with her team. There has been a consistent and established staff group for

some time."

- Staff at all levels understood their roles and responsibilities and were confident in the registered manager.
- The service had effective systems in place to communicate and manage risks to care quality, which staff understood and used.
- A range of quality assurance processes were in place, including multiple audits of the service. These audits included incidents and accidents, falls, weight, medicines, infection control, care plans and other more specific audits such as people's clinical observations.
- In addition, the provider's senior management team carried out inspections at the service and checked audits were taking place. These had been effective in identifying concerns and driving improvements.
- The service had a central action plan which all levels of management contributed to and monitored.

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

- The service involved people, their families, friends and others effectively in a meaningful way. For example, they used surveys and we saw these led to positive changes for people. For example, protected meal times had been introduced to ensure people received and ate these while they were hot.
- People and staff were encouraged to air their views and concerns, which were listened to and acted on to help improve and shape the service and culture. People and relatives told us communication with the registered manager and staff was good.

Working in partnership with others

- The service works in partnership with a number of organisations such as the local authority, older person mental health team, local hospice and other health professionals. This enabled them to ensure staff had the skills and support to deliver good quality care to people.