Contemplation Homes Limited

# Beechcroft Manor Nursing Home

## Inspection report

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15 August 2018

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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

Beechcroft Manor is a nursing home for older people and they are registered to care for up to 18 people. Many people who use the service are living with dementia or have mobility needs. The home is situated in Gosport near to local amenities. A the time of our inspection 14 people were using the service . The inspection took place on 14 and 15 August 2018

At our last inspection in August 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was not a registered manager in place at the time of our inspection. Since the previous registered manager had left a new manager had been employed and was working at the home . 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 (HSCA) and associated Regulations about how the service is run.

The provider had learned lessons from other care service who had locations which failed to comply with the requirements of the Health and Social Care Act 2008 (Regulated Activities) 2014.HSCA.

People told us they felt safe and said they were supported to have choice and control in their lives.

Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

There were sufficient staff available to ensure people's wellbeing, safety and security was protected.

An appropriate recruitment and selection process was in place which ensured new staff had the right skills and were suitable to work with people.

Staff had a good understanding of systems in place to manage medicines and safeguarding matters.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

People we spoke with said they were involved in care planning and were confident that their comments and concerns would be acted upon.

The provider took account of any complaints and comments to improve the service.

Risk assessments were in place for a number of areas and were regularly updated.

Staff had good knowledge and understanding of people's health conditions.

Feedback received from people and their relatives was positive and people were encouraged to contribute their views.

People were positive about the staff who supported them and told us they liked the staff and were treated with dignity and kindness.

People were satisfied with the support they received in relation to nutrition and hydration.

There was an open and transparent culture and encouragement for people to provide feedback.

Staff told us they enjoyed working for the organisation and spoke positively about the culture and management of the service. They also told us that they were encouraged to openly discuss any issues.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains safe. | Good |
| **Is the service effective?**<br>The service remains effective. | Good |
| **Is the service caring?**<br>The service remains caring. | Good |
| **Is the service responsive?**<br>The service remains responsive. | Good |
| **Is the service well-led?**<br>The service remains well-led. | Good |

# Beechcroft Manor 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 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 inspection took place on 13 and 14 August 2018 and was unannounced. We told the provider we would be returning for the second day of inspection.

The inspection was carried out by one inspector.

Prior to the inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people and three relatives. We also spoke with the manager, the clinical operations manager, the service quality manager, two nurses and two care workers. We obtained feedback from two healthcare professionals.

We looked at four care records, four staff files and a range of other documents that related to the overall management of the service which included quality assurance audits, accident and incident reports and complaints records.

Good

# Is the service safe?

## Our findings

People and their relatives told us they felt staff provided safe care. Comments included, "I have no hesitation in saying I think people are safe here" and "They do come along and help me if I am worried about something".

Medicines were managed safely and records relating to the administration of medicines were accurate and complete. Medicines were stored securely. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Medicine stocks were well managed and incorporated regular checks to ensure stocks balanced against records and that sufficient medicines were being held. Protocols were in place to manage medicines prescribed 'as required' (PRN) and included relevant guidance relating to the safe administration of these medicines. Staff were appropriately trained.

Risks to people were identified in their care plans. People were able to move freely around the home and there were systems in place to manage risks relating to people's individual needs. Staff followed guidance to keep people safe. For example, one person was at risk of developing a pressure ulcer. Pressure relieving equipment was in place and staff monitored this person's skin to manage the risk. Staff applied prescribed topical creams to help maintain good skin condition and they used body maps to guide the cream application. The person was also supported to regularly reposition.

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. There were safeguarding procedures in place and records demonstrated showed that all concerns had been taken seriously, fully investigated and appropriate action taken.

Sufficient numbers of staff had been deployed to keep people safe. One person told us, "There is always someone here to help". A relative told us,"I come here a couple of times a week and I am happy with the staffing levels".

Records relating to the recruitment of new staff demonstrated relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the manager to make safer recruitment decisions.

People were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE). An up to date infection control policy was in place which provided staff with information relating to infection control. This included; PPE, hand washing, safe disposal of sharps and information on infectious diseases.

Good

# Is the service effective?

## Our findings

People and their relatives told us staff provided effective care and spoke highly of the quality of food provided. Comments included, "I assume staff are trained well because when I ask them questions they give me good answers", "Oh yes the food is lovely" and "They called the GP when mum wasn't feeling well".

People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. Staff training was linked to the Care Certificate which is a recognised set of national standards. Staff received additional training when it was required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). Staff had received training and understood how to support people in line with the principles of the Act. One staff member said, "We have to assume people have capacity and if we think they don't then we do an assessment and we can have a best interest meeting".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS. At the time of our inspection, no one at the service was subject to a DoLS authorisation. The manager told us they had referred four people to the local authority for assessment.

People's needs were assessed prior to their admission to ensure their care needs could be met in line with current guidance and best practice. This included guidance from healthcare professionals. For example, where people were at risk of choking a speech and language therapist (SALT) had assessed the person and provided guidance for staff. This guidance was incorporated into people's the person's support plan.

People had enough to eat and drink. Care plans contained information about people's dietary preferences and details of how people wanted to be supported. Any allergies or special nutritional information was highlighted in people's care plans. Relatives and people consistently told us food and drink was of good nutritional value.

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans.

People's rooms were furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms.

Good

# Is the service caring?

## Our findings

People and their relatives felt they were treated with kindness. Comments included, "I like it here they (staff) are very good", "Lovely, staff come and talk to me and we get on well", "Mum calls this place home" and "The team are fantastic ".

From speaking with staff, we could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

Across both days of inspection, we observed thoughtful and considerate interactions between staff and people. Staff were discreet and sensitive in responding to people's needs throughout the day, as well as positively engaging people in conversation.

Staff were aware of the importance of respecting people's privacy and dignity. A staff member spoke about said of delivering personal care and explained, "If someone is having personal care then we make sure we speak with them so they don't get anxious" and "We always make sure the door is closed and we try our best to respect their dignity by using blankets and things to keep them covered up".

Staff supported people to be as independent as they were able to be. One staff member told us, "I try and get [person] to brush their own hair because I think it's important to try and keep people motivated."

People were involved in decisions around their care and support. One relative said, "Mum is involved in making decisions about her care. I know this because I have been here plenty of times when the staff have come and asked her about what she wants".

The provider sought people's views on their care through quality assurance questionnaires, the outcomes of those completed were positive.

Staff were aware of their responsibilities to maintain people's confidentiality and we saw that people's care records were stored within the service. The provider had complied with the new General Data Protection Regulation (GDPR).

Good

# Is the service responsive?

## Our findings

People and their relatives were supported to be involved in the care planning process. One person told us, "I say what I want and generally that's what I get".

Records demonstrated people's personal preferences were sought from them, or their relatives where appropriate. Areas included people's life histories and their likes and dislikes.

People's relatives were able to visit their family members at times that suited them and we observed people attending the home throughout the day.

Every person at the home was subject to a pre-assessment prior to admission to ensure that the home was suitable to meet their needs. A relative told us, "We had a good few meetings in person and over the phone to make sure it was the right place for mum and that good communication has continued ever since".

People were supported to receive end of life care that reflected their wishes. Staff had positive relationships with external healthcare professionals and documentation demonstrated they had worked proactively with a nearby hospice. A member of staff told us, "The end of life care is good. People don't struggle and families get to stay here. We have a box for families, it has toothpaste, deodorant and other bits and pieces in it. We bring up kettles and things. It's always with dignity and respect."

There were a range of activities on offer to help stimulate people. Activities on offer included quizzes, ball games, one to one room sessions and aromatherapy.

People were aware of how to complain about the home if they needed to. A relative said, "I am happy with how the issue was dealt with".

Good

# Is the service well-led?

## Our findings

Staff, relatives and people were complimentary about management within the home. Comments included, "She is approachable and is good with the residents", "The door is always open if we need anything. She [manager] hasn't been here very long but things are a lot better than they were in the past"

The provider had effective arrangements in place for monitoring the quality of the service. The clinical operations manager, the service quality manager and the manager were honest about the areas of the home they wanted to develop. On the first day of our inspection they were in the process of reviewing all aspects of care delivery. The service quality manager told us, "We are moving from paperwork to digital care plans. We have a new manager; the moral of staff has been an issue". They also said, "In response to another of our care home locations we have changed the way we look at quality, training and auditing". Staff were positive about the changes that had taking place. One staff member said, "There has been a few changes. The IT and mobile system for care plans is taking time to get used to but I think it is better".

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

The home had an open and honest culture where staff and people felt comfortable to raise any concerns or to ask questions about care. A relative said, "The home is very good, it's been brilliant and friendly. They are professional, they care and I have very good relationship with them, they are very open".