

The Beeches Worthing Limited

The Beeches Nursing Home

Inspection report

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Worthing
West Sussex
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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

The Beeches Nursing Home is a residential care home providing personal and nursing care to up to 40 people aged 65 and over with a range of health needs. At the time of the inspection, there were 28 people living at the home. Accommodation was provided over three floors which were accessible via stairs and a lift which was being upgraded. There was also a large communal area and a secure garden.

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

People were safe and well cared for at the home. Staff had a good knowledge of safeguarding, how to recognise abuse and risks, and how to minimise these for people. People told us they were able to discuss any concerns they had openly with staff and management.

Staff were well trained, kind and compassionate. Throughout the inspection we saw warm and friendly interactions between staff and people. Staff knew people well and were respectful of their needs and wishes, promoting independence as much as possible.

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 home was clean and tidy, and there was a relaxed atmosphere. There were activities available during the morning and afternoon. People were encouraged to maintain any hobbies and interests they had. Visits were also enabled in line with the current government guidelines. One relative told us, "They have been really good at arranging visits, there's always something going on and [relative] seems to enjoy it."

People's needs were assessed and reviewed regularly. People were involved in decision making regarding their care and were supported to access external professionals, such as opticians, when this was required.

The home was well-led by a registered manager who was visible and active throughout the inspection. A number of audits were undertaken to monitor quality of care and drive improvement. People, relatives and staff were given frequent opportunities to give feedback and felt confident that any concerns would be appropriately addressed.

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 9 April 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test

the reliability of our new monitoring approach. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 ●

The Beeches 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

The Beeches Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, a registered nurse, care workers and the chef. We observed care to help us understand the experience of people who could not talk with us.

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

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at staffing data and environmental safety documents. We spoke with two further relatives. We sought feedback from the local authority and three 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

- People were protected from harm and abuse. People told us they felt safe. One person said, "Yes, I'm safe. I like it here, they look after me well."
- Staff had received training in safeguarding. Staff demonstrated a good knowledge of safeguarding and told us how they would recognise signs of abuse and who they would report them to both internally and externally.
- Staff worked appropriately with the local authority safeguarding team and made notifications to CQC when there were any potential safeguarding concerns. Clear records were kept in relation to this.

Assessing risk, safety monitoring and management

- Risks had been appropriately identified, assessed, monitored and reviewed. Staff had clear guidance on how to protect people from known risks while supporting people to maintain as much independence as possible.
- Where people were identified as being at increased risk, for example, of falls, action had been taken to minimise these. Some people were at risk of choking. Appropriate guidance had been sought from professionals and this was acted upon. People's care plans included guidance on the level of support people needed.
- The home was well maintained and the environment was safe. There was a designated maintenance person who acted upon any repairs or faults that were reported. All lifting equipment had been regularly serviced and other necessary checks on utilities had been completed to ensure people's safety.
- Appropriate fire safety checks had been completed and all equipment had been regularly serviced. Personal Emergency Evacuation Plans (PEEPs) had been developed for each person detailing the support they would require in the event of a fire or other emergency.

Staffing and recruitment

- We observed safe levels of staff to meet people's needs appropriately. One person told us, "[Staff] pop in and out all of the time. If I press my bell, they come quickly, I'm not left waiting". A relative added, "They check in regularly in a nice way, if there's a problem they'd be there straight away."
- The registered manager used a dependency tool to ensure enough staff were on each shift, this was flexible and reactive to people's changing needs.
- Safe recruitment practices were used. This included gathering a detailed employment history, character references and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any previous conviction and whether a person is barred from working with vulnerable adults.
- Registered nurses' Personal Identification Numbers (PIN) were kept under regular review to ensure they

were up to date and could continue to practice under the Nursing and Midwifery Council (NMC).

Using medicines safely

- Medicines were managed safely. The home has robust procedures in place to ensure the safe ordering, storage, administration and disposal of medicines. One relative told us, "Yes, I feel they manage [relatives] medicine safely, it's always locked away." Medicines that required stricter controls by law were stored correctly in a separate cupboard.
- Staff had received appropriately training to safely deliver medicines. These staff members had their competency checked regularly to ensure they remained safe to administer medicines.
- People who could take medicines independently were encouraged to do so safely. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Medicine Administration Records (MARs) were completed accurately. The nursing staff and registered manager undertook regular audits to ensure that any issues were quickly identified and addressed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. We did feedback that on occasion we observed staff with masks that had slipped or weren't fitted securely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- A system was in place to record and monitor accidents and incidents. These were analysed on a monthly basis to identify any themes in the kind of incidents occurring. We saw how this led to action being taken when concerns were identified. For example, action was taken to support people who were experiencing increased falls to minimise this. This was noted to be effective in the most recent audit where falls had decreased significantly.

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.

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

- An assessment of people's needs was carried out prior to them moving into the home. This informed initial care planning and provided information about the ways in which people wanted to be supported. One relative told us, "Communication was brilliant even before [relative] got here. They asked lots of questions about [relative] to get as much information as they could."
- Assessments and care plans were personalised, detailing people's individual needs and expected outcomes. We saw people being given choice in how their care was delivered and this was also documented in daily notes. People's needs were regularly reviewed to ensure their wishes were current.

Staff support: induction, training, skills and experience

- Staff spoke positively about their training and support. They told us it gave them the skills and knowledge required to carry out their work. One staff member told us, "The training is good, most of it is done in house and now we have the option of doing it online too which makes it easier."
- Staff supervisions were up to date and a clear timetable was in place to monitor these being completed. Supervisions were shared between different staff, for example the senior carers did those for the care assistants. One staff member told us, "As a team we're doing really well supporting each other."
- New staff had an induction period, in which they had opportunity to shadow more experienced staff and get to know the people they supported. We observed new staff being appropriately supported during the inspection.

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

- People were supported to eat and drink in accordance with their needs. People spoke positively about the food served. Comments included, "The food is good, there is usually a choice of two at lunchtime, even if you don't like either option you can have something else. The lasagne is amazing", "The food is lovely, I've always got my biscuits too" and "We had homemade cakes yesterday. It was very nice."
- We spoke with kitchen staff who had good knowledge of people's dietary needs. They had clear documentation in the kitchen with details of people's individual needs and this was reviewed daily. They met regularly with staff to ensure they were up to date with people's likes, dislikes and dietary requirements.
- People's needs in relation to nutrition were included in their care plan. Food and fluid monitoring charts were used where there was a need to monitor intake.
- We observed people having lunch and this was a positive experience. People were given choices of both food and drink, which was readily available. People who preferred to eat in their rooms were supported to do so.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and were referred to appropriate health professionals as required. One person told us, "[Staff] always contact the doctor for me if I need them to."
- Staff supported people to attend appointments regularly, such as GPs and dentists. People's care plans provided clear instructions about how to follow advice given by external professionals.
- Visiting professionals spoke positively about the home. One professional told us, "The staff are all very attentive, gentle and caring and are brilliant at responding to any of my requests such as asking them to do daily walks with the residents. If a certain piece of equipment is needed, they will do their utmost to get it."

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

- The service was clean and tidy, well decorated and appropriately maintained.
- The building was suitable to meet people's needs and included areas where people could socialise or spend time on their own if they wished. People were able to access a secure garden both independently and with support of staff if required.
- People's bedrooms were personalised with their belongings such as pictures and other items important to them.

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).

- People's capacity to make specific decisions was regularly and appropriately assessed.
- Where people lacked capacity, and their care plan included restriction on movements or freedoms, necessary DoLS applications had been made.
- Care plans included clear guidance for staff on how to support people to make decisions. Records showed people's choices and wishes had been respected by the staff team.
- Staff demonstrated a good knowledge of the MCA and we observed them consistently asking people's permission and consent before providing support.

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

- There was a relaxed and happy atmosphere in the home, and we observed warm interactions between people and staff. People spoke positively about staff and their caring attitude and told us they were treated with kindness. One person told us, "Staff are nice and helpful, they always pop in." A relative told us, "Staff are always welcoming. It's a lovely home."
- Staff knew people well and took time to sit and chat with them throughout the day. Staff knew what was important to people and how to offer people comfort and reassurance. One member of staff said, "Getting to know people is a priority here, it's about what they need and want."
- People's background information about their personal history was detailed in their care plan. This meant staff were able to gain an understanding of people and engage in meaningful conversations with them.
- People were able to follow their chosen lifestyles and religions. A weekly visit from a local church had been arranged so people could continue to practice their faith. The registered manager told us that at present they did not have anyone of a domination other than Christian however they had accommodated different needs in the past.

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

- We observed staff giving people choices whilst they were engaging with them. They also explained what they were doing whilst supporting people.
- Relatives told us they were involved in decisions and regular reviews of people's care plans. For example, where people had bed rails in place, the appropriate representatives had been consulted when required. One relative told us, "The care is so person-centred to [relative]. They involve me in everything that is going on. The nurses will always ring me to discuss or inform me of changes."
- People's records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, showing people different items of clothing so they could make a choice about what to wear.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to protect people's privacy and dignity. We saw staff knock on doors and announced themselves before entering people's bedrooms. One person always preferred to have their door closed and this was honoured.
- We received positive feedback from people and relatives about staff respecting people's privacy and independence. One relative told us, "They always knock before coming into [relative's] room, they are supportive without being overbearing."

- Throughout the inspection we observed that people's independence was promoted. Staff encouraged people to do as much for themselves as they wished but were on hand when people needed support. We saw when people needed help with personal care, it was handled very discreetly by staff.

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

- People and their relatives were involved in creating their care plans and discussing their support needs. One person told us, "I am involved in my care plan, I can't be rigid due to my needs and staff are always flexible with me. They support me with what I want, when I want."
- Support plans covered a range of people's needs, including for example moving and handling needs, oral hygiene and nutrition. They were regularly reviewed and updated as needed when there was a change in a person's needs.
- People had information about their previous history included in their care documentation. This helped staff provide personalised care. Staff knew people well and it was clear they understood what was important to them. One new member of staff told us how a priority of the induction was time to get to know people, about their likes and dislikes and build connections with them.

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.

- People's communication needs were detailed in their care plans. Records showed that referrals had been made to external professionals, such as opticians and audiologists, to promote people to maintain the best level of communication possible. We saw staff supporting people effectively with their communication needs. One relative told us, "They got [my relative] a white board to write notes on and it made a world of difference. It was their idea and it works well."

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 engage in activities within the home. We observed people enjoying a quiz and live entertainment during our visit. One person told us, "I have my hair done and the girls paint my nails." Another person said, "[Staff] ask me what I would like to do each day, there's always something going on."
- Those who preferred to spend time in their rooms were regularly visited by staff to ensure they were not at risk of social isolation. People's preferences around activities were detailed in their care plans.
- People were supported to stay in contact with relatives and loved ones during the pandemic, with visits being enabled in line with guidance. One relative told us, "They have been flexible to allow me to visit [relative]. They have a good range of activities and [relative] always seems to enjoy them."
- The registered manager told us activities had been difficult to maintain during the pandemic but were a

priority for them. We saw a full activities timetable which included trips out into the community and a weekly visit from the local church. People were being supported to visit local attractions such as the local pier for ice cream.

Improving care quality in response to complaints or concerns

- The registered manager kept a record of any complaints raised. We saw these had been dealt with appropriately in accordance to the home's policy, with full investigations undertaken and responses sent to the complainant.
- There was clear information on display in the home about how to make a complaint. One relative told us, "I haven't had the need to, but would know who to speak to. The office door is always open and they're very receptive."

End of life care and support

- People's end of life wishes had been discussed with them and detailed in their care plans. This included any specific needs, for example, religious beliefs and any interventions the person wished to have or to decline.
- Staff had good knowledge of end of life care and had undertaken specific training in this area. We saw evidence of healthcare professionals being involved when appropriate and suitable use of anticipatory medicines.

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 requires improvement. At this inspection this key question has now improved to good. 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

- At the last inspection, the home was in between a paper care planning system and an electronic one. This had led to gaps and discrepancies in how to meet people's current needs. At this inspection, the electronic system had been embedded and improvements had been made. The care plan information was accurate and relevant to people's needs.
- There was a compassionate and caring culture in the home. People told us they were happy living at The Beeches and a relative said, "The staff are so attentive, not just to [relative] but also to us when we visit. [Relative] is very happy there."
- Staff told us that morale was good and we saw this led to a happy environment for people to live in. There were several long-standing staff and newer staff told us it was a lovely team to join. One member of staff said, "I'm never on my own, we all work together, it's a lovely team."
- The registered manager had an open-door policy, and people spoke about how approachable they are. Following feedback from staff, a dedicated time slot for them to come and discuss any concerns with the registered manager, had recently been implemented.

Continuous learning and improving 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

- There were opportunities for staff to develop and gain new skills. For example, the kitchen staff were completing an additional course to specifically learn about providing food in a health and social care setting. Another staff member told us how they had been encouraged to enrol on nurse training.
- Regular staff meetings were completed. There were general meetings then more specific ones for nurses and management. We saw details of discussions around practice and how improvements could be made.
- The registered manager showed a good knowledge of the duty of candour and had notified the relevant agencies of significant events as appropriate.

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

- There was a clear staffing structure with clear lines of accountability and responsibility. There was always a registered nurse and senior member of staff available to monitor standards of care and respond appropriately to incidents or concerns.
- The registered manager was very visible in the home which enabled them to constantly monitor practice and seek people's views. People knew who the registered manager was and we saw people speaking with

them throughout the day.

- Systems and processes were in place to monitor the quality of care delivered. The registered manager carried out regular audits and took action to address any shortfalls identified. The home was also supported by the previous manager who reviewed and monitored the policies and procedures in the home to ensure these were up to date and any improvements needed were made.
- The provider of the home had regular contact with the service by way of daily visits to check on performance. The registered manager and staff spoke about this being supportive.

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

- People and their relatives had been given the opportunity to give feedback. This had been analysed by the registered manager and action taken where concerns were raised. One person told us, "If I need anything, I know I can talk to someone and it will be sorted."
- The staff team regularly received thank you cards and gifts from people and their relatives. One card received on the day of our inspection read, "We would like to express our sincere and grateful thanks to you all for the exceptional loving care and attention given to our [relative] during their stay with you".
- Complaints received had been appropriately investigated in accordance with the home's policies.
- The registered manager and staff team had a good understanding of equality issues and acted to ensure people were protected from discrimination.

Working in partnership with others

- People benefited from a staff team who worked in partnership with other professionals to make sure they received the care and treatment required.
- Professionals spoke positively about the engagement they had with staff. One professional told us, "I have always found the nursing team to be professional, polite and caring and are well led. The care given to the residents is of a very high quality and respectful." Another said, "I always find the manager and staff to be helpful. They clearly know their resident's needs very well."