

Orange Care Limited

The Beeches Nursing Home

Inspection report

22 St Georges Road
Hayle
Cornwall
TR27 4AH

Tel: 01736752725

Date of inspection visit:
02 July 2019

Date of publication:
26 July 2019

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 is a residential home providing personal and nursing care for up to 28 predominantly older people. At the time of this inspection there were 26 people living at the service. Some of these people were living with dementia or were receiving end of life care.

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

Some people were not able to tell us verbally about their experience of living at The Beeches. Therefore, we observed the interactions between people and the staff supporting them.

People felt safe using the service. Staff had been trained to understand how to manage risks to people and how to report any concerns they had about people. Staff were recruited safely in sufficient numbers to ensure people's needs were met. Where equipment was needed to be used this was done safely.

People's nutrition and hydration needs were met. People generally received their medicines as prescribed. However, we found some gaps in records. We discussed this with the registered manager who took immediate action to address this.

People's needs had been assessed and the registered manager ensured this information was made available to all staff. 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.

People were supported by a staff team that were both caring and compassionate and treated them with dignity and respect. People received person centred care and support based on their individual needs and preferences. Staff knew about people's life history, and their communication needs.

People's health needs were being met. The service worked in partnership with a range of healthcare professionals and followed their advice.

People were offered opportunities to engage in activities and events they were interested in. The registered manager understood their regulatory responsibilities and shared information with stakeholders in a timely way.

The provider and registered manager reviewed records regularly to identify ways to improve the service.

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

Rating at last inspection: At the last inspection the service was rated as Good (report published 29

December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

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.

Inspection team

The inspection team consisted of one inspector and a specialist advisor. A specialist advisor is a qualified health professional. The team also included an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Beeches 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

We reviewed information we had received about the service since the last inspection. 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

We spoke with ten people who used the service, six staff members, the registered manager, the deputy manager, and a visiting healthcare professional. We reviewed the care records of five people and medication

records of six people, who used the service, records of accidents, incidents, compliments and complaints. We reviewed staff recruitment, training and support as well as audits and quality assurance reports.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew and understood their responsibilities to keep people safe and protect them from harm.
- Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately.
- People told us they felt safe, commenting, "I feel very safe" and "[Relative] We as a family have been very happy with the level of care. When we leave we know [Person's name] is safe."

Assessing risk, safety monitoring and management

- There were processes in place to undertake risk assessments and identify the potential risk of accidents and to mitigate those risks through regular review.
- Staff understood what support people needed to reduce the risk of avoidable harm.
- The environment and equipment were safe and well maintained. The fire alarm system was checked and serviced in line with manufacturing guidelines and people had personal emergency evacuation plans (PEEPs) in place to tell staff and emergency services what support they needed.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included instructions for staff on how to identify indicators, so they could respond quickly.

Staffing and recruitment

- Staff knew people well and provided them with continuity of care. For example, they covered one another for days off and holidays. This meant people were always cared for by staff they knew and trusted.
- There were enough clinical and care staff with the appropriate skills, knowledge and experience to meet people's needs and provide effective care. People told us there were enough staff. One person said, "Always someone around when you need them [Staff]. The service had not needed to use agency staff for the last two years as there was a consistent staff team."
- An electronic rostering system alerted managers to potential gaps in the rota and helped to manage a skill mix.
- Staff were recruited safely. Systems were in place to ensure pre-employment checks would be carried out to ensure any new staff employed were safe to work in a care setting.

Using medicines safely

- There were some gaps found in medicines records. We raised these issues with the registered manager who took immediate action by sharing this information with senior staff, reviewing the records and making changes accordingly.
- The service was in the process of transitioning to an electronic MAR system. This was aimed at improving

the way medicines were recorded, administered and monitored to mitigate risks in medicines management.

- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring additional secure storage.
- Staff who administered medicines had received the necessary training to support their responsibilities in dispensing medicines.
- Policies and medicines training were in place.
- People had care plans which described to staff the support they needed in taking their medicines.

Preventing and controlling infection

● People were protected from the risks of infection. Staff told us they had training in infection control practices and we observed hand gels, paper towels and personal protective equipment (PPE) in place. The service had moved away from using plastic protective aprons to linen tabards which could be laundered. This was to support the reduction of plastic use.

● There was an infection control champion who was responsible for ensuring good practice was cascaded to staff.

● The home was clean and odour free and the provider had policies and procedures on preventing and controlling the spread of infection.

● The service was observed to be clean, this included, sluice areas and bathrooms. People's rooms and communal areas were cleaned regularly. When equipment had been cleaned it was labelled with an, "I am clean" tape.

● People had their own slings for hoists which meant it reduced the risk of cross infection.

Learning lessons when things go wrong

● The registered manager monitored and analysed accidents, incidents and falls to identify any trends or patterns and ensure, where necessary, appropriate action had been taken to minimise the risks of a reoccurrence. For example, it had been identified through audit that the way medicines were dispensed could be improved following a pattern of errors. This had resulted in the service implementing an electronic recording system which was due to be launched .

● There was an open culture in the home where learning from mistakes, incidents and accidents was encouraged. Information from any outcomes from complaints, investigations or updates was shared with the staff through individual or group meetings.

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 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

- People were assessed before they moved to the home to ensure their needs could be met and any planned outcomes to support their health could be achieved.
- The electronic care record system captured the level of complex needs for people and supported staff in care planning.
- Care plans were developed for people's individual needs and staff had guidance on how to meet those needs. The plans were regularly reassessed to ensure they continued to be reflective as people's needs changed.
- Protected characteristics under the Equality Act 2010 were considered.

Staff support: induction, training, skills and experience

- During induction staff worked alongside experienced members of staff and were provided with information about the service, including policies and procedures. The provider's induction reflected best practice recommendations.
- Staff were provided with opportunities to discuss their individual work and development needs including one to one supervisions and annual appraisals. Staff were provided with group staff meetings, where they could discuss any concerns or issues and share ideas. A staff member told us, "it's a very supportive home to work in."
- Staff were complimentary about the training and support they received. One staff member told us they found the training to be, "Very good" and, "If we feel we need more training or training in a certain area [the registered manager] listens and tries to get it arranged for us." Nurses were provided the time and opportunity to maintain their professional development as a requirement of the registration.

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

- The service had recently employed three chefs who had reviewed and designed a new more flexible menu with daily choices available for people. For example, one person said, "I often fancy something different. Like today when it's hot. I prefer a snack and not a big meal. Never a problem." There was also a vegetarian option for people.
- The staff consistently encouraged people to drink and keep hydrated. During the afternoon a range of iced water mixed with fresh fruit were offered to people. The chef told us, "We have introduced this because it makes water more palatable and attractive. It also reduces the sugar intake found in most juices." We observed people enjoyed the range of flavours available to them.
- On a daily basis specific member of the staff team were responsible for overseeing nutrition, hydration and menu choice. They could be identified by wearing a different coloured uniform and this helped to prevent

cross contamination and ensure people's diet and hydration needs were being met.

- There were colour coded coaster mats used for people's drinks. This helped staff discreetly identify where a person needed additional support. For example, orange meant a person needed to be prompted to drink, Red for total support and green for independence. People living with dementia were supported to have regular finger food to support their nutritional needs.
- Electronic records identified when people were nutritionally at risk and they were referred for specialist advice when concerns, such as swallowing difficulties were identified.
- Staff members were aware of people who needed to have a thickener in their drinks to ensure they were able to swallow these to reduce the risk of choking. However, we observed several tins in three different rooms were not secure. We raised this with the registered manager who took immediate action to secure these and informed staff of this. Meals which were softened or liquidised were provided where needed and in a way which was appetising, with attention being paid to colour and consistency.

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

- The service had built good relationships with other healthcare professions to ensure people received safe consistent care. The GP visited regularly and when requested. The service liaised with the local hospice and palliative team to support end of life care. A health professional told us the service was very responsive and sought advice if they needed it.
- Care plans documented people's medical and healthcare needs. Staff monitored people's health and made sure people accessed other services when their physical or mental health changed.
- People received regular health checks including opticians, hearing, podiatry and dental needs to ensure their health and wellbeing needs were being met.

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

- The Beeches Nursing Home is an older building with a rear extension. There had been some development since the previous inspection including upgrading the conservatory and internal decoration. Several dining tables had been added to the dining area, so people had more choice of where to eat. Communal areas were welcoming and homely.
- People's rooms were decorated with personal belongings to ensure they felt comfortable with familiar items around them.
- The service was surrounded by lawns and flower beds. Two people were using the patio area on the day of inspection. There were suitable parasols available, so people could sit in the shade if they chose to.

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

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 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.

- The registered manager was aware of the requirement to notify the Care Quality Commission following the approval of DoLS applications. Since the previous inspection the registered manager had sent us notifications of approved applications as well as reviews and further approvals.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.
- People's care plans identified whether they had the capacity to consent to living at the service and to specific aspects of their care. People's care plans were clear when people lacked capacity to make decisions, so staff understood when they had to make day to day decisions in people's best interests.

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 remained Good. 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

- Staff were committed to ensuring people's needs were well met in a welcoming and friendly environment. A staff member said, "It's so important we get it right by getting to know residents well. Including their interests and lives before they came to live at The Beeches." People told us they were 'very happy' with the care they received. Comments included, "The staff are amazing, all of them" and "'The staff are kind and caring', 'I'm treated with respect'
- Staff showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected.
- A relative told us they were, "Very pleased with the care and attention" their family member was receiving. They told us they felt confident with the staff team and felt they were very competent in what they do for people.

Respecting and promoting people's privacy, dignity and independence

- Staff clearly understood the importance of protecting people's privacy, dignity and independence. We observed staff respecting people's privacy, dignity and independence throughout the inspection. For example, supporting people to use equipment, eating lunch and ensuring that doors were closed when providing personal care. This was supported by "Do not disturb" signs.
- People told us they trusted the staff and found the care they received was very good.
- We saw the positive impact of dignified care in people's presentation and the time staff had taken to ensure those people cared for in bed were comfortable and had familiar things around them.

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

- When people moved to the service they or their families were encouraged to be involved in making decisions about how their care and support needs were to be met. One relative told us, "We all worked together and sorted out what was best for [relatives name]. We are kept up to date and asked our views. Where families had legal responsibility for their relatives care and welfare they were able to access the person's daily notes electronically. One relative who lived away found this to be a 'very good system'. This was because it gave the family member the knowledge that their relative was having their individual needs met.
- People and relatives were pleased with how staff treated visitors to the home. People told us their visitors were always offered a drink. There were also facilities available to visitors to make their own hot or cold drinks whenever they wanted to. A relative told us staff made them feel welcome whenever they visited. We observed this during the inspection.

- A service user guide was available to people in their own rooms. This provided information regarding what the service provided and what people could expect, to help them make decisions regarding their care.

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 remained Good. 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

- Staff were responsive to people's needs and requests for assistance. They followed people's personalised care plans to ensure people had the care and support they needed. A staff member told us, "The new system [electronic care planning] has made such a difference. Any changes are done immediately so we are kept completely up to date." People's care plans were regularly reviewed and updated when their needs and abilities changed.
- People's care plans were electronic with staff using hand held devices to view them and update information in real time. This meant the information was constantly updated so staff could respond to presenting needs promptly.

End of life care and support

- The service provided end of life care to people, supporting them to the end of their life while supporting family members and friends. Referrals regularly received referrals from the hospice and palliative care specialist nurse.
- The registered manager and staff demonstrated a strong commitment to supporting people and their relatives before and after death and the service was accredited under the Gold Standards Framework (GSF). The GSF is a national framework of tools and tasks that aims to deliver a 'gold standard of care' for all people nearing the end of their lives.
- A health professional told us, "They [staff] really strive to give personalised patient care. From my perspective this is the closest to hospice care."
- People were supported to make decisions and plans about their preferences for end of life care. People's health was reviewed regularly to quickly identify those people who were very poorly, so their advanced care plans could be implemented, and people received the care they wanted in their final days supported by staff who knew them well.
- Staff were skilled and experienced in end of life care and understood people's needs. Nursing staff were able to make complex decisions around treatment and support and were able to deal with the whole end of life process without the need for additional multi-disciplinary team involvement. Nursing staff had undertaken additional training in providing palliative care to ensure people had a dignified and pain free death.

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.

- Staff recognised the need to ensure there was effective communication, so people could express their needs and choices. For example, the service used a pain monitoring tool for those with difficulty communicating. The care plan of one person who had difficulty communicating due to dementia, included how they might demonstrate they were in pain. This meant the service acted to reduce barriers in communication.

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 we spoke with told us they could choose how to spend their day and felt staff knew them well.
- Activities were provided for people. A new activity coordinator was in the process of developing an activity programme by speaking with people and identifying specific areas of interest. There was a plan in place for a sensory garden, use of a virtual assistant that can respond to requests, play games and assist in communication. A robot cat and dog were ordered. This gives people the experience of a pet without it being a living animal. Known to provide people who like animals or miss their own a positive experience.
- Staff had recorded detailed information about people's interests, past hobbies and what they enjoyed doing with their time.
- Due to the health needs of some people they spent their time in their room or in bed. Staff were consistently calling into the rooms to check on people's welfare and take time to have meaningful conversations to reduce the risk of isolation.
- The service produced a regular newsletter for friends and families providing information about what was going on in the service and any friends, family's meetings and parties.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure. This was displayed on notice boards in the entrance and corridor and made available to each person living at the home within their room.
- One person told us they would complain to the registered manager or one of the nurses if they need to do so. They confirmed they were confident they would be listened to adding, "If I have a quibble I always take it to the manager and I think it gets listened to."
- A relative told us they were confident they could raise any concerns they had regarding the care of their family member.
- There were no current complaints or concerns open. The records showed the registered manager responds to any concerns promptly and actions all concerns raised to the point of resolution.

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 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

- The registered manager and senior staff were visible and available to people. We observed people consistently engaging in conversation with staff throughout the inspection.
- Staff told us they worked as a team and had a desire along with the management team to provide safe and effective care. They told us, "We are a great team and work really well together" and "It works here because we all want the same thing. That's the best for our residents."
- The service had taken steps to improve the environmental impact on the use of plastic. All straws were now plant based and biodegradable.

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 understood their responsibilities under the Duty of Candour and communicated openly with people and their relatives when things went wrong.
- Quality checks were completed in key areas of the service such as medicines, care plans, infection control and accidents and incidents. In addition, external audits took place to ensure independent governance.

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

- The registered manager, deputy manager and senior staff shared their responsibilities in overseeing the staff team. There were staff champions who were leads for specific areas of care. For example, health and safety, infection control and end of life.
- People spoke highly of the registered manager and senior staff including the provider. Their comments included, "Very supportive and knowledgeable" and "We can rely on the manager and nurses to keep us up to date with things. They keep up to date with all the clinical details."
- The service had created a Nurse Preceptor role [An experienced and competent staff nurse] to act as a role model and support person to newly qualified nurses and student nurses.

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

- People and relatives provided feedback through meetings and questionnaires which supported continuous improvement. The most recent questionnaire demonstrated people had a high level of

satisfaction with the care provided.

Continuous learning and improving care

- Records recording pressure mattress settings had some gaps in personal care information. We did not identify people were not receiving the care they required. We discussed this with the registered manager who agreed to review and amend the system with immediate effect.
- The coloured coaster system reported on in the effective domain of this report had been taken forward as innovative practice and used by another service promoted by other professionals.
- The registered manager; deputy nurse managers and nurses kept up to date with best practice guidelines. For example, end of life care and the use of anticipatory medicines to ensure people had a pain free death.
- Staff told us they felt well supported and enjoyed working for the provider. One staff member told us, "A lot of us have been here a long time. The [registered manager and provider] were really supportive of me when I needed it."
- Quality assurance systems were in place and used effectively to monitor key aspects of the service. For example, reviewing staff practice, audits were completed on a regular basis by the management team.
- The provider and registered manager acted on people's views. For example, the most recent survey identified people were sometimes receiving their medicines later than prescribed. The registered manager immediately reviewed the system and made changes to ensure medicines were being administered as prescribed.

Working in partnership with others

- The service worked in partnership with other health professionals to facilitate early hospital discharge and avoid delays.
- The registered manager and senior staff attended training updates to reflect on their practice. They attended conferences and workshops looking at good practice in care. Staff cascaded this information to other staff to further develop their knowledge and share learning.
- The management and staff team had developed positive working relationships with health and social care professionals which assisted in improving outcomes for people.