

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Beulah Lodge Rest Home Limited

1 Beulah Road, Tunbridge Wells, TN1 2NP

Tel: 01892543055

Date of Inspection: 13 September 2012

Date of Publication: October 2012

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Beulah Lodge Rest Home Limited
Registered Manager	Ms. Rebecca Histed-Lince
Overview of the service	Beulah Lodge Rest Home is a residential care home for up to 21 older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 September 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with at least six people who used the service or their relatives. They told us that people using the service were treated with respect by staff. We saw that people had personalised their rooms with their own belongings. People said they were involved in their care and told us "it's my choice" about what they wanted. People using the service, their relatives and the staff were asked for their views about the service, and actions had been taken as a result of this.

People and their relatives were mostly positive about the care they received, and felt safe in the home. They told us they talked to the staff about any problems they had. One person told us they were "really quite happy, no complaints at all really" and another said the service was "fantastic" and had a "lovely atmosphere". People told us that if they were unwell the home responded to their needs.

The home was clean and tidy and there were no unpleasant smells. One person told us that the environment "could do with improvement." We saw that some areas of the home showed signs of wear and tear, but others had been recently decorated or refurbished. There was outdoor space and a summerhouse that people told us they enjoyed using.

People were positive about the staff and told us they were "all very kind and caring". The home had had staffing vacancies over the summer, but these were now filled. People using the service told us that staff had been "very busy" but their needs had still been met.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People's diversity and values and human rights were respected. People and their relatives told us they were treated with respect by staff, and that staff "treat them like individuals". The interactions we saw between staff and people using the service were friendly and respectful. All the rooms in the home had an ensuite sink and toilet. There were shared bathroom facilities, which had locks to promote people's privacy.

We observed that staff knocked on people's doors before entering their rooms. People's names were on their room doors to aid orientation and promote independence, and we saw that several people had chosen to have their preferred name displayed on their bedroom door.

People who use the service were given appropriate information and support regarding their care or treatment. The people we spoke with and their relatives told us that they had been able to visit the home before moving in, and one relative confirmed that they had been given opportunity to bring in the person's own furniture and belongings to help them settle in. We saw that people had personalised their rooms, and had brought in their own possessions.

People expressed their views and were involved in making decisions about their care and treatment. Staff told us that most people chose to get up early and eat breakfast in their rooms. The people we spoke with confirmed that they chose when they wanted to get up. Some of the care records we saw had been signed by the person using the service that they were in agreement with their care plan. The three people we asked told us they were involved in their care and one person said "it's my choice" about what they wanted. However, we saw that there was a "bath rota" for people using the service, which may not promote individual choice. The manager told us that people liked having a routine, and that it was a prompt for staff. She said people were offered a bath, which some would decline, and others would bathe more than once a week.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The people we spoke with, and their relatives, spoke positively about the care and support they received. Some relatives told us they had raised issues about specific aspects of care in the home, and their concerns had been addressed. One person told us they were "really quite happy, no complaints at all really" and another said the service was "fantastic" and had a "lovely atmosphere". Several people described the service as a "home from home", and a relative said that the home "suits (my relative) down to the ground."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We reviewed four sets of care records which showed that people had had an assessment of their needs, which included an assessment of risks, and a care plan had been developed to reflect this. However, although we saw that the care plans had been reviewed some of the information in the records was old (2008) and others were undated, so it was not clear which was the current information. Staff told us that care plans were reviewed monthly, but this had been delayed because new care records were being introduced. The manager told us that she was in the process of implementing a new format for the care records so that the information was clearer and easier to find, and was less time consuming for staff to complete.

We saw that key information was communicated between staff using a handover book and a communication book. This showed that staff responded to people's needs, for example if someone fell or needed a doctor's appointment. However, although information about changes in people's care was documented and handed over between staff, the care plan in the individual's records was not always changed to reflect this, which may result in people's care needs being missed.

People and their relatives told us that the home looked after them, and their healthcare problems were treated appropriately. They told us that if they were unwell the staff either provided or arranged the care they required. The care records showed that this was the case. A relative described an occasion when the home had responded to a medical emergency and dealt with it appropriately. Records showed that all the people in the home were registered with a GP.

There was an activity programme and things for people to do in the home. We saw that some of the people using the service had their own activities listed in their room. These

included bingo, and music and movement. There was a 'library' in one of the lounges, and several people told us that they enjoyed reading. The manager told us that two people who used the service periodically tidied up the bookshelf and got rid of damaged or unused ones. The manager told us that they had had a firework display at the home, and people told us that they had been on a trip to the London Eye. A visit was planned to Buckingham Palace at the request of one of the people using the service.

There were some people with complex needs in the home. The manager was clear about their care plan, and demonstrated that she had an ongoing discussion of their needs and how the home met them, with the relatives and professionals involved.

The Deprivation of Liberty Safeguards (DoLS) were only used when it was considered to be in the person's best interest. The care records we looked at included end of life care plans, and an assessment of people's capacity. The manager told us that she assessed the capacity of all the people using the service, and there were currently no people in the home who were subject to DoLS.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The people we spoke with and their relatives said they felt safe in the home. They told us that they felt able to raise their concerns, or talk to the staff about any problems they had. One person told us they felt able to raise a complaint with the owners and manager as they had a "personal touch".

The home had policies in place to safeguard people and keep them safe. All four staff we spoke with were clear about the appropriate action they would take if they had any safeguarding concerns. They all said they had had safeguarding training and this was confirmed by the training records. The manager told us that she had not had to report a safeguarding concern, but staff were clear about their roles and responsibilities under the safeguarding guidelines.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

One person told us that the environment "could do with improvement", and we saw that some areas of the home showed signs of wear and tear. However, the home looked clean and tidy and there were no unpleasant smells. Staff told us that rooms were redecorated before new people moved in and this was confirmed by one of the relatives we spoke with, who said their relative had also had a new carpet fitted. There was a back garden which included a summerhouse with a heater, which we saw people using. Some people told us that they loved being outdoors, and now they could spend time outside at anytime of year.

We saw that the manager had carried out a health and safety audit of the home, which included an assessment of environmental risks and activities within the home, for example when people used the lifts and the stairs. This identified any risks and the actions that were taken to manage or reduce risks.

The provider had taken steps to provide care in an environment that is suitably designed and adequately maintained. We saw that the service had carried out the necessary monitoring and servicing which included gas, electricity, water monitoring and emergency lighting. We saw that the home had maintenance and servicing agreements for some of its equipment such as bath hoists and lifts. The manager told us that a maintenance man provided services to the home when required. We saw that there were cleaning schedules that had been checked off by the manager. We saw that where problems were identified they had been addressed.

The Environmental Health Officer carried out a routine inspection of food hygiene in May 2012 and gave the home the top rating of "5". We saw that food was stored appropriately, but that the fridges were in need of cleaning.

We saw that fire drills had been carried out regularly in the home, and that fire equipment was routinely serviced. There were several written fire evacuation procedures, and that although staff were able to explain the procedure to us there were slight differences, which may lead to confusion in the event of a fire.

The provider may find it useful to note that we saw that not all of the toilets in the home had an emergency pull cord, for use in the event of the need to call for assistance. We did not see any evidence that this had caused a problem in the past, but there were a number

of people in the home who it was recorded were at risk of falls.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The people we spoke with were positive about the staff and told us that "the staff are all very kind and caring".

The manager told us that several staff had left in August, which had led to the home running below its normal staffing levels on some shifts. Staff told us that there had been shifts when they ran short. The staffing rotas showed that over the past two months some of the morning shifts had had less than the scheduled number of staff. There were always two staff working at night, but there were several weeks where several shifts were covered by one waking and one sleeping member of staff, rather than the scheduled two waking staff members.

The manager told us that they didn't use agency staff to cover vacant shifts, but had a flexible bank of staff. Staff confirmed this and said they usually provided cover by working extra shifts themselves. Staff told us that this had put more pressure on them, and made it difficult to provide care to their usual standard. One member of staff told us that it had been more manageable because the level of need had been lower, as people were more independent. We reviewed the records of falls for the last three months. Although the time was not always clearly indicated, we did not see an obvious increase in incidents or complaints when there were less staff on duty.

We saw that the vacant posts were now filled, with the final two new staff due to start in the week that followed the inspection. All the staff we spoke with said they felt that there were enough staff to provide care when they were at their normal staffing levels.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff were able, from time to time, to obtain further relevant qualifications. Three of the four staff we spoke with said they had completed most of their mandatory training, and this was confirmed by the training records. We saw that the annual development plan included the implementation of an e-learning package, and that all staff were due to have completed the training by the end of March 2013. One of the temporary 'flexi-bank' staff told us they had found it difficult to attend training because they only worked in the home on an ad hoc basis, but this should be easier with the electronic training system. Some of the staff had completed, or were in the process of completing, additional training such as national vocations qualifications (NVQs) in care. The staff we spoke with told us they had had an induction when they started working in the home.

All the staff we spoke with said they had had supervision and an appraisal. Some staff said they found supervision helpful, but another said they tended to deal with issues as they arose.

Staff told us they felt supported in the home, and would go to the manager if they had concerns. There were staff meetings in the home. The staff we spoke with said they felt listened to.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive; and to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted upon. A residents' food survey was carried out in March 2012. This showed that people liked the food served and most people were satisfied with the times of meals. Some people made comments for general improvements, or about their own specific likes and dislikes. The manager told us that they had residents' meetings but people didn't always attend, or if they did they didn't speak out. However, she said that she approached people individually and asked them for their views, and we saw that changes had been made as a result of this.

A relatives' survey was last carried out in August 2011. The feedback was mostly positive, and both general and individual concerns and suggestions were raised. The manager had responded to these, and noted the actions taken.

The home had carried out a staff survey in March 2012. This had identified some areas for improvement which had since been implemented, such as the purchase of a lifting aid and increased staff supervision sessions.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. We saw that accident reports were completed and a summary made each month which included the actions taken and any further action required. Most of the incidents and accidents recorded were falls. Where a person had had several falls, their care was reviewed.

The provider took account of complaints and comments to improve the service. The manager told us that she hadn't received any written complaints. She said she had an 'open door' policy and people approached her directly with their concerns. One of the people we spoke with gave us an example of when this had happened, and how their problem had been addressed.

We saw that the home had an annual development plan, which included improvements to the environment, and staff development. We saw that this had been acted upon, and included issues identified by people using the service and staff. For example, a

summerhouse had been installed so people had a sheltered outdoor area, and a supervision programme had been implemented for staff.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists, primary medical services and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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