

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

The Beeches Nursing Home

22 St Georges Road, Hayle, TR27 4AH

Tel: 01736752725

Date of Inspection: 16 November 2013

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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
Meeting nutritional needs	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Beeches Nursing Home
Registered Manager	Mrs. Marian DeLancey
Overview of the service	The Beeches is registered to provide nursing care for up to 28 adults. The home is owned and managed by Mr and Mrs Pool and is in Hayle. The accommodation includes 22 single bedrooms and 3 double rooms.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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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 16 November 2013, 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, talked with staff and reviewed information sent to us by other regulators or the Department of Health. We reviewed information sent to us by other authorities.

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

What people told us and what we found

We visited The Beeches Nursing home on a Saturday. Twenty seven people were resident at the time of our inspection and we spoke with six people who used the service and three relatives about the care people were provided with. People who used the service told us "I'm on top of the world". "the care I receive is wonderful" and "staff are so kind". Relatives told us "they (staff) are brilliant" "it's warm, it's cosy, staff are kind, its welcoming and I'd recommend it."

However, the people who lived at The Beeches House predominately had dementia type illnesses and therefore not everyone was able to tell us about their experiences. To help us to understand the experiences of people, we used our Short Observational Framework for Inspection tool (SOFI). The SOFI tool allowed us to record how people spent their time, the type of support they received and whether they had a positive experience.

We undertook observations of staff interacting with people who used the service. We saw staff respond and approach people in a kind and calm manner. We saw that staff showed, through their actions, conversations and during discussions with us empathy and understanding towards the people they cared for. We saw that people's privacy and dignity was respected by the way that staff assisted people.

People were protected from the risks of inadequate nutrition and dehydration.

People were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard. We found there was enough qualified, skilled and experienced staff to meet people's needs.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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.

Reasons for our judgement

We spoke with six people to seek their views about the care and support they received, and to three relatives. People who used the service told us staff were kind, helpful and polite towards them. Some comments we received from relatives included "When I leave her I don't worry about mum as I know she is well cared for" and "they (staff) can't do any better the care is wonderful".

We spoke to two people who had recently moved to The Beeches. They told us the move to the home was completed sensitively, and that any concerns or anxieties they had regarding the move were listened to by staff and addressed. This showed the management team had carefully considered how to introduce people to the home in a planned manner, which would allow people to settle into their new environment with the least distress possible.

We saw from records that the person or their family were asked by staff to provide them with family history to help them gain a fuller picture of the person. This included a life story about the person and informed the staff team about the person's hobbies and interests. As staff had gained life history this would help them understand a person's past and how it could impact on who they are today.

We saw people made choices regarding how they spent their day, for example what they ate, the activities they took part in and where they chose to sit.

We observed staff showed, through their actions, conversations and during discussions with us empathy and understanding towards the people they cared for and spoke fondly of each person. We saw staff were helpful, people were treated respectfully, and their right to privacy and time alone was upheld. We saw staff did not enter the person's bedroom without permission. This indicated the staff were conscious of protecting people's privacy and dignity.

All the bathroom and toilet doors had a lock fitted to ensure the privacy and dignity of

people when these rooms were in use. The locks were able to be opened from outside in an emergency situation to ensure the welfare and safety of people who used the service.

The atmosphere in the home was calm with quiet conversation and activity taking place between the people who lived in the home and the staff team. We saw staff treated people in a friendly and respectful way and were attentive and quick to recognise when assistance was needed. People made decisions about the time they got up in the mornings and the time they went to bed in the evenings. We saw, and were told by staff, that people had unrestricted movement throughout the home.

We reviewed four care plans that were in place for people who used the service. Care plans are essential to plan and review the specific care needs of a person. They are a tool used to inform and direct staff about a person and their individual care needs. Relatives told us they were involved in the development of their family members care plan. This ensured the person's interests and likes/dislikes were known to staff so they could cater for their individual needs.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During our inspection we talked with six people who used the service about the care they were provided with. People told us the care staff were kind and helpful. All of the relatives told us staff kept them up to date at all times as to how their family member was managing and if there had been any changes to their care for example medication changes. Relatives were complimentary about the care their family member was provided with and three relatives told us they "did not feel that the care provided could be improved".

We saw people looked well kempt, with nicely laundered clothes and their hair and nails were clean and cared for.

We saw that staff showed, through their actions, conversations and during discussions with us empathy, fondness and an understanding towards the people they cared for. We spoke with staff about their role and found they were knowledgeable about people's care needs.

We saw and people told us, they chose whether to spend time in the communal areas of the home or in their own bedrooms. We saw staff continually provided people and assisted them with drinks of their choice throughout the day.

With the exception of one person, people told us they had enough to do to occupy their time. They told us they socialised with other residents at the home, received visitors, read and played on their game computer. We were told a carer was employed to undertake planned activities four days a week. We saw the notice board displayed the November activity poster. Activities for the month included music, keep fit, Christmas fayre, "royalty quiz", and monthly planned church services. Peoples told us they were looking forward to seeing the staff "Muppet show" performance and some people had a role to play as the "heckler". Staff and people were enthusiastic about watching or partaking in the show. During the inspection we saw a variety of activities occurring. These included people socialising, receiving visitors and listening to music. People we spoke with said they chose whether or not to join in with the activities.

We reviewed the care plans of four people who used the service. Care plans are essential

to plan and review the specific care needs of a person. They are a tool used to inform and direct staff about a person and their individual care needs. Relatives told us they were involved in the development of their family members care plan and felt it accurately reflected in what areas they needed assistance and support with to meet their needs.

Staff we spoke with were aware of the care plans and said they provided them with sufficient information regarding people's care needs.

We looked at four care plans and found they provided guidance to staff in how to provide personal and physical care to people. The care plans considered the persons current abilities and where they needed support and assistance and how this would be provided. This provided staff with a consistent approach to the persons particular care needs.

We noted that people's care plans were reviewed monthly. If changes to the persons care had been identified these were recorded on the care plan clearly. We observed a staff handover between the morning and afternoon shift. We saw and heard staff who had a good understanding of the current care needs of the people they cared for and took on board any changes needed when providing future care to a person.

We saw risk assessments were in place regarding the needs of people in relation to moving and handling. Risk assessments are a tool to identify any hazards and the action that staff must take to reduce the risk from the hazard. Specific equipment that people required to assist with moving and handling was identified within the risk assessment.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

As the people who lived at The Beeches Nursing Home predominately had dementia type illnesses to help us to understand the experiences of people, we used our Short Observational Framework for Inspection tool (SOFI) over a lunchtime period. The SOFI tool allowed us to record how people spent their time, the type of support they received and whether they had a positive experience.

People were asked by staff where they would like to eat their meals, some chose the dining/ lounge area, or a second lounge or their own bedroom. Due to the layout of the main dining / lounge area there were not many tables for people to sit at to eat their meals. People tended to be in their chairs with a portable table brought to them. We saw meals were served on trays with doylies placed under the plated food, cutlery, napkins and condiments were placed on the trays. Lunch time was observed to be a social occasion. Staff needed to support 15 people with their meals and we saw staff sat next to people they supported and engaged them and others in the room in conversation. Due to the numbers of people who needed assistance with their meal, staff told us they had a routine in how this was to be carried out to ensure that all those people who needed support with their meals received it. We did not see anyone's meal being rushed so that staff could then help somebody else.

People were provided with a main meal or the option of a salad or jacket potatoes and at desert time people were given a choice of puddings to eat.

We heard people saying when their meal arrived "ooh that looks nice" and staff encouraging people to "eat as much as you can." We heard one person comment after they had finished their meal saying that the food was "lovely". One person did not show interest in their food, we saw staff sit next to the person and offer encouragement and the person then ate their food.

We spoke with the cook on duty on the day of our inspection. They told us the meals were planned on a two weekly rotating menu. They told us the menus had been recently reviewed. The menu showed people were offered a nutritious, wholesome and varied diet. The cooks planned the meals taking into account people who used the service preferences and any dietary needs. The cook told us whilst there was a catering budget in place, when people requested additional items these were always purchased and menu

choices made by people who used the service or the kitchen staff were always respected.

Nutritional risk assessments were in place for people who used the service and if concerns were identified regarding the nutritional or fluid intake for people who used the service a monitoring chart was completed. This highlighted when people had not eaten or drunk sufficient amounts and action was taken. We saw in a person's care notes that a food and fluid chart had been recommended for one person the previous day following an external health assessment. We saw that the food and fluid chart had been implemented immediately and at staff handover this was discussed so that all staff were aware of the new change to this person's care.

The weights of people were recorded regularly as a check to ensure people were eating sufficient amounts.

In discussion with the cook they told us their training was up to date. They showed us records of fridge freezer temperatures, stock lists, and the Safer Food Better Business pack was completed. An Environment Health Inspection occurred in March 2013 and the home was awarded a "5 star" (very good) rating.

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

Staff described the manager as "a very good manager" and "is approachable and I can go to her with any issues." The registered provider, nursing and care assistant staff plus domestics and cooks were present during the inspection.

On the day of our inspection there were 27 people living at The Beeches nursing home. People who lived at the home were complementary of the staff that supported them. Comments included, "they're very good", "the staff are so lovely" and "kind, pleasant and helpful".

The provider might like to note that two people raised a concern to us that when they needed assistance with toileting sometimes this was delayed as the nurses/ care staff "were very busy". We spoke with and spent time with one person who had called for attention and was asked if they could wait and staff would return in five minutes as they were busy. The person accepted this. However staff had not returned within that time and so the person called their alarm again. It took a further five minutes for staff to attend. The staff member approached the person pleasantly and then was able to assist them with their care. Another person told us that as staff were delayed this had on occasions lead to accidents and found this "distressing and embarrassing".

Both people wanted to ensure that this was not seen to be a complaint but an acknowledgement of how busy the staff team were. We discussed this with the nurse in charge and she acknowledged that this did at times occur, especially in the mornings. We were told staffing had increased in the mornings, but the levels of dependency for the people residing at the home had also increased. At the staff handover this was discussed in respect of particular people's care.

Visitors to the home described the staff as, "helpful" , "wonderful" , "they keep me informed and up to date" and "I no longer worry about X now as I know she is getting such good care from a lovely staff team". Relatives also told us they received a "lovely welcome".

We observed staff provided care and support for people in a calm and unrushed manner. People were given time when being assisted within the communal areas of the home and at mealtimes. A relative told us their family member stayed in their room and stated that

staff regularly checked on them to ensure they were ok.

We looked at the care rota for the home and found it correlated with the staff that were on duty. This was important as it ensured staffing requirements were in place as required. The current rota for the 27 people who used the service at the weekend was one nurse and six carers on duty from 7am to 2pm. After which one nurse and five carers were on duty from 2pm to 8pm (or 9pm). Domestic staff and a cook were also on duty. We noted that the rota showed from Monday to Friday there were two nurses on duty plus six carers in the morning and five in the afternoon/evening. The nurse in charge explained the reason for the increase in nursing staff during the week was that one nurse could be "on the floor" providing care and the other nurse undertaking administration tasks, medication rounds and answering queries from medical professionals. At night there was one nurse and two carers on duty.

The staff we spoke with told us they thought there was enough staff on duty to meet the needs of people who used the service. We saw a 'care assistant allocation list' this identified which carer was responsible for particular tasks on a shift and therefore would not lead to duplication of tasks being completed and avoid confusion. Staff said this worked well.

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.

Reasons for our judgement

This inspection was unannounced. The staff assisted us throughout the inspection and the registered provider attended for part of the inspection.

All the staff we spoke with were positive in their comments about the registered manager and the registered provider. They told us they felt the management team provided them with support and would listen to suggestions about how the home was run and if there were ways to improve the service. Staff we spoke with could not identify any areas for improvement for the people who used the service or themselves.

We were told that an annual quality monitoring survey was undertaken. This had been audited and we were told that most people surveyed were satisfied with the service. In our conversations with relatives no concerns about the service were raised and relatives told us they did not think the service could be improved.

People who used the service were complimentary about the home and could not identify areas for improvement. We were told that 'house meetings' used to occur, but due to peoples complex health needs this no longer occurred. However it was evident from looking at care records and from speaking with people that they were consulted in how their care was being provided and had the opportunity to raise any concerns if needed.

We were told staff meetings took place formally approximately six monthly. The last one was held in October 2013. However if a particular issue arose then a meeting would be arranged. Staff we spoke with told us staff meetings were held and they could approach the registered manager who was supportive and responsive to new ideas.

Staff told us they met with their line manager, which provided an opportunity to discuss and monitor their work practise and identify any further training needs. Staff told us they "enjoyed" working at The Beeches and felt the staff team and registered manager worked well together and that they provided each other with good support. Staff told us their training was up to date or was planned to attend refresher training.

The Beeches is registered with the Gold Standard Framework which is reviewed and assessed yearly. They also achieved the Investors in People award in June 2012. We saw that all the homes policy and procedures had been reviewed this year and were therefore updated to reflect the current practises of the home.

We saw records were available to demonstrate the regular servicing and maintenance of equipment and appliances within the home. The environmental health officer visited in September 2013 and awarded a "5 star(very good) rating" for the home. A visit from the fire officer in January 2013 did not identify any issues. The provider might like to note that the last weekly fire alarm test was completed on the 16 September 2013. This needed to be addressed to ensure all staff were aware of the fire procedure.

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, acute 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 other services less often. 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.

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 may have 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. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ 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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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