

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: 01 October 2013

Date of Publication: October 2013

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

Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to 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 provides accommodation, care and support 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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Care and welfare of people who use services	5
Cleanliness and infection control	8
Management of medicines	10
Requirements relating to workers	12
Assessing and monitoring the quality of service provision	13
About CQC Inspections	15
How we define our judgements	16
Glossary of terms we use in this report	18
Contact us	20

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 1 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with seven people using the service or their relatives. They were positive about the service. One person told us they received "good care", "the staff are great" and that it "couldn't be better". Another person using the service said they "couldn't fault the home" and that the staff were very positive. A relative we spoke with said they had "no criticisms of the home" and that the staff "seem to have a laugh and a joke with people".

The care records we looked at showed that people had had their needs assessed and care plans developed from this. Where people had healthcare needs appropriate advice and treatment was sought.

There were processes in place for the management of infection control within the service.

The service had processes for managing and administering medication safely and securely.

The service monitored the quality of the service, and responded to any concerns raised.

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

Care and welfare of people who use services

✓ Met this standard

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 interactions we observed between staff and people using the service were friendly and respectful. We saw that some of the people in the service were chatting and spending time with one another. One person using the service told us they received "good care", "the staff are great" and that it "couldn't be better". Another person using the service said they "couldn't fault the home" and that the staff were very positive. A relative we spoke with said they had "no criticisms of the home" and that the staff "seem to have a laugh and a joke with people".

We saw that all the people using the service had their own room with an en-suite sink and toilet, and shared bath and shower facilities. We saw that people had personalised their rooms, and had televisions and telephones if they wished.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The manager told us that they or the Deputy Manager would assess all people before they came to the home. They told us that the person, or often their relatives, visited the home before the person moved in. This was confirmed by the people we spoke with or their relatives. We saw that the care records were person centred and included a personal profile which included details of the person's interests and their history. They showed that people had had their needs assessed, which included risk and moving and handling assessments. Care plans had been developed in response to the assessments. We saw that the daily record of care included tick boxes so staff could quickly see if nurses or doctors had visited, if there had been any changes in medication or care, with space for additional comments.

The care plans included if a person agreed with the care plan. The manager told us that they read through the entire care record with people, and when this was completed the person signed to confirm that they had understood and were happy with this. The manager said that this did take time, so had not been completed with all the people using the service yet. We saw evidence that this had been carried out in the sample of care records we looked at.

The manager told us that the monthly review of care plans had previously been completed by care staff, but now they were written up by the deputy manager, typed up and discussed with staff and the person using the service. We saw that this was documented in the care records. The manager reviewed all the care records every six months.

People had their healthcare needs met. The manager told us that most people were registered with a local GP surgery, but some had chosen to stay with their own GP if they had remained within the surgery's catchment area. Staff told us that people had access to opticians, dentists, and podiatrists who visited the service as necessary. This was confirmed by the care records we looked at.

We saw that where people had healthcare needs, staff responded to this. For example, a person in the home had a colostomy bag, and the person and staff had received training from the district nurses in how to manage this. Instructions on how to look after the bag and support the person was included in the care records. Staff told us there was no one currently using the service who had pressure sores, but staff monitored this and raised it with the district nurses or GP if they had concerns. We were told that a person had a sore area on their leg, and the care records showed that a district nurse had been to the home to review this.

There were arrangements in place to deal with foreseeable emergencies. Most of the people using the service moved about independently, either unsupported or with frames, and could access all the floors in the service by using the lift. Staff told us that apart from in the bathrooms, there were no hoists or lifting equipment in the service, as they were not required. We asked how they would lift a person who had fallen on the floor – they said if the person was injured they called an ambulance, and otherwise they encouraged the person to get up themselves, often with the support of a chair. If necessary the service had an inflatable air cushion that could be used to support people.

People had their capacity to consent assessed, and the Deprivation of Liberty Safeguards (DoLS) were only used when it was considered to be in the person's best interest. The manager told us that everyone using the service had had their capacity to make decisions assessed, and this was confirmed in the care records we looked at. The manager told us that most people using the service had capacity to make decisions about their lives and express their needs. They told us that there was no one currently subject to DoLS, which is legislation that protects people who may not have the capacity to make decisions about their lives. We saw an example of an occasion when a person did not appear to have capacity, and the home took appropriate action to ensure that the person's care was reviewed, and a best interest meeting held.

There was information on display about the activities available within the home. People hired by the home came into the service each week to provide sessions for people. These included music and exercise. During our inspection a music session took place with a person brought in by the service. Staff told us they spent time with people when they could and chatted, sang, and jointly completed puzzles. There was a quiet lounge available for people with books, a television and a computer. Staff told us that this was available for people using the service, but wasn't used that often. People using the service and staff said people had gone on trips outside of the service, such as to the local shops or on a day trip to the seaside.

There was a small garden, outdoor seating and a summerhouse at the back of the service. Staff told us that people could access this, and although it was used more in the summer,

the summerhouse meant that people could access it when the weather was wet or cold. We saw people using the service going in and out of the garden throughout our inspection.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

There were effective systems in place to reduce the risk and spread of infection.

Reasons for our judgement

People were cared for in a clean, hygienic environment. The manager told us that they had recently introduced a new system of cleaning schedules. We saw that these included all aspects of the home that needed cleaning, and had been completed for one week. This included cleaning and disinfecting areas where necessary. The night staff job list included tasks such as emptying bins, topping up supplies of gloves and aprons, laundry, cleaning bathrooms and the kitchen, wiping hoist straps and sterilising mops. We saw that these had been completed through August and September.

The home looked clean and tidy. The manager told us that a housekeeper worked weekdays and carried out the general cleaning of the home. The housekeeper was off the week of our inspection, and staff confirmed that they carried out the cleaning duties at weekends, and when the housekeeper was away.

People were protected from the risk of infection because appropriate guidance had been followed. Staff told us that disposable gloves and aprons were always readily available, and we saw stores of these throughout the service. We saw that there were hand sanitisers on the walls throughout the service.

Staff told us that they had completed infection control training, and this was confirmed in the sample of staff records we looked at. The provider may find it useful to note that the service did not monitor the vaccination status of staff, for example with regards to Hepatitis B, as recommended in Department of Health guidance.

Appropriate arrangements were in place for safely washing people's clothes and bedding, to minimise the risk of cross-contamination. Staff told us that most people had their clothes washed by the service. There were no dedicated laundry staff, but care staff washed clothes, bedding and towels throughout the day and night. We saw that people using the service had their own laundry basket for non-soiled clothing that needed washing. The service had a washing machine with a sluice cycle for effectively washing soiled laundry. Staff described the process for washing soiled laundry in the home. They told us that soiled laundry was placed and secured in red dissolvable bags, which were put in a red soiled laundry trolley to be taken to the washing machine. The red dissolvable bags were placed directly into the machine without being opened, and washed on a sluice cycle, which reduced the risk of cross-contamination. The provider may find it useful to note that

most of the staff we spoke with were clear about this process, but one member of staff was not clear that the bags should not be reopened before going into the washing machine.

The manager told us that they had a contract for the disposal of general and clinical waste, and we saw that there were general and clinical waste bins in the grounds of the building.

We saw that the home had last had its kitchen and food preparation facilities inspected by the local council in May 2012, and received its top food hygiene rating of "5" or "very good".

An infection control audit had not been carried out since 2009. The manager showed us that they had followed up on issues identified at the last audit, such as improved handwashing facilities, and the washing machine had been replaced. The service had reviewed its infection control policy more recently in September 2013.

Records showed that the service had processes in place for managing the risk of legionella, a bacterium that can grow in water systems. The manager showed us they had recently updated the legionella risk assessment and were reviewing the hot water testing in the home. The manager told us that the flushing of unused sinks was now part of the housekeeper's role. Records confirmed that all the taps had been descaled in August 2013. We saw that the manager carried out routine monitoring of hot water temperatures.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were safely administered. The manager told us that staff only administered medication when they had been trained and assessed as competent. The staff we spoke with said they had had training, and been assessed before they administered medication. This was confirmed in the sample of staff records we looked at. The staff we spoke with clearly described the process for the handling and administration of medication. There was a red tabard on the medication trolley, which staff told us they wore during the administration of medication to indicate to other staff that they should not be disturbed, or asked to help with other tasks. All the staff we spoke with said if they made a mistake whilst administering medication they would report it to the manager immediately, and contact the GP for advice.

Appropriate arrangements were in place in relation to obtaining, storing and disposing of medicine. We saw that medication was securely stored in appropriate medication cabinets. The temperature of the medication room and fridge was recorded each day, and was within an acceptable range. The Deputy Manager was the lead for medication in the home, and arranged for its supply and disposal. They told us that medication was prescribed by the GP, and supplied by a community pharmacy. We saw that as far as possible medication was provided in blister packs which separated people's medication by person, time and day to reduce the risk of errors. Medication was checked and documented when it was delivered to the home. Medication that was unused or needed to be disposed of was documented, and returned to the community pharmacy.

We saw that there were appropriate procedures and storage for the secure management of controlled drugs. The manager told us that they do not use a lot of controlled drugs (CDs). They were ordered and disposed of through the community pharmacy. There were separate registers of CDs coming into and going out of the home, and when they were administered to people using the service. We saw that in the controlled drugs register staff counted and recorded how much of a particular CD was available before and after it had been administered, so that there was a continuous check. However, the provider may find it useful to note that the quantity of CDs were only checked when they were administered, and not if the medication had stopped or was not being used. We saw that one medication had (correctly) not been administered since 6 September 2013, so there had been no check of the stock of this medication for more than three weeks. This meant that if any

discrepancies were found, it would be difficult to investigate. We checked the stock with the manager and confirmed that the store of medication correctly tallied with the records. The manager told us that the medicine was due to be disposed of.

Appropriate arrangements were in place in relation to the recording of medicine. The sample of medication charts we looked at were completed correctly and had no gaps. Staff told us that the Deputy Manager checked the charts three times a week, and identified if there were any gaps which were then followed up with staff. The records confirmed that this occurred, and the action that had been taken to rectify this.

The sample of care records we looked at had a completed medication risk assessment, which included whether the person was able to or wanted to administer their own medication. Staff told us that there was no one in the service who self-administered their own medication. However, staff said that one person had their own inhaler, but we saw that this was not included in the medication assessment that said the person didn't administer any of their own medication. The manager acknowledged that this was an oversight and that they would update the record.

The service had a policy for homely remedies that was last updated in August 2013. This included over the counter medicines such as paracetamol and simple linctus, and provided clear instructions for staff about when and how they could be given, potential side effects, and when a doctor should be contacted. Staff told us that homely remedies were rarely used as most medication used within the service was prescribed, which included over the counter medicines.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The manager told us that they had no staff vacancies at the time of our inspection. The staff we spoke with said that it could be busy in the home, but most of the time there were enough staff. They said that agency staff were not used, as permanent staff tended to cover for any gaps.

There were effective recruitment and selection processes in place. We saw that each staff member had a staff file. The manager told us that an employment checklist was completed for all new staff, and this was stored at the front of each individual's employment file.

Appropriate checks were undertaken before staff began work. The manager told us that all the staff employed by the service had recruitment checks completed before they started working in the service. This included a police check, proof of identification, references, a full employment history and a health questionnaire. We looked at a sample of four staff files – two were of staff who had recently started working in the service, and two had worked there for several years. All four records included the necessary recruitment checks.

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 who use the service and others.

Reasons for our judgement

The manager told us that they had a quality monitoring policy and a quality assurance file and plan. This included questionnaires sent to residents, relatives and staff; home meetings with residents; and staff meetings. There was an annual development plan for the year, and it included progress and items noted as completed. It included improving IT systems, improvements to the house internally and externally, staffing and management. The manager told us they had created a matrix for all the checks and reviews that needed to be carried out so that they could be assured that everything was done. We saw this on display in the manager's office, and it had marked off checks that had been completed, and when others were due. We saw that there were periodic unannounced visits to check on the quality of the service provided at night, and that any issues identified had been addressed.

In the entrance of the home there was information for the people using the service and their relatives. This included a Residents' Guide, the most recent inspection report from the Care Quality Commission, and a Statement of Purpose which included the complaints policy. A relative told us they thought the staff and manager were responsive to people's needs. We saw that questionnaires had been sent to residents, relatives and staff which asked about changes in the home, and options for trips and food. We saw that this had identified action points and progress, such as the development of the Residents' Guide.

The staff we spoke with told us they felt they could speak out and express their views. They told us that there were staff meetings in the home, and that these had recently been changed so that there were separate meetings for day and night staff so that it was easier for staff to attend. We saw that the most recent staff meetings had been on the 14 June and 19 September 2013. The topics discussed included health and safety, activities for people using the service, training, new staff and residents, and general issues within the service. They showed that issues had been followed up from previous meetings and feedback where necessary.

The service had a process for recording, monitoring and learning from accidents and incidents. The accident records showed that most of the incidents that happened in the

home were falls. The immediate action taken was recorded on the forms, and they were reviewed by the manager. Every six to eight weeks, the manager reviewed all the accidents that had occurred since the last review to identify if there were any patterns or themes, and recorded if there was any further action necessary. We did not see any specific themes in the sample of reviews we looked at.

□

The provider took account of complaints and comments to improve the service. There was a complaints policy and a log of complaints. Information about how to complain was in the entrance of the service. We saw that there had only been one written complaint during the last year, which the service had responded to appropriately. The people we spoke with said they felt they would be able to complain about the service if they needed to.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
