

Rushcliffe Care Limited

# Beaumanor Nursing Home

## Inspection report

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Date of inspection visit:  
25 September 2019

Date of publication:  
23 October 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Beaumanor Nursing Home is a care home providing personal care and accommodation for up to 53 people. There were 43 people using the service at the time of our inspection.

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

People felt safe living at Beaumanor Nursing Home. Staff knew the process to follow if they felt someone was at risk of abuse and knew their responsibilities to keep people safe from avoidable harm. Risks associated with people's care had been appropriately assessed and regularly reviewed. Robust procedures were followed when new staff were recruited and there were, on the whole, enough staff on duty to meet people's needs in a safe way. The registered manager made sure lessons were learned when things went wrong, and the staff team followed the providers infection control policy.

People's care and support needs were assessed when they first moved into the service and the staff team supported people with their nutrition and hydration. Staff received the training they needed to be able to support the people in their care. People had access to healthcare professionals when they needed it. The premises were fit for purpose, comfortable and homely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The staff team made sure they obtained people's consent before supporting them with their care and support.

The staff were kind and caring, they treated people with dignity and respect and supported them to make decisions about their care and support.

People's plans of care had been developed with them or with someone who knew them well. They included information about the person and what, and who was important to them. People's end of life wishes had been explored.

Systems were in place to regularly monitor the service provided. The staff team felt supported by the registered manager and their thoughts on the service were sought. People using the service and their relatives were asked for their opinion of the service through day to day conversations, meetings and the use of surveys. The registered manager worked in partnership with others to provide people with the care and support they needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 2 May 2017).

## Why we inspected

The inspection was prompted in part due to concerns received regarding the use of moving and handling equipment. A decision was made for us to inspect and examine this risk. The information CQC received about the incident indicated concerns about the management of falls from moving and handling equipment. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. The provider has acted to mitigate the risk, and this has been effective. Please see the safe section of this full report.

## Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Beaumanor Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Beaumanor Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority who monitor the care and support people received and Healthwatch Leicestershire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this

information to plan our inspection.

#### During the inspection

We spoke with eleven people living there and four visitors/family members. We also spoke with the registered manager, two members of the senior management team, four registered nurses and a further seven members of the staff team. We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included three people's care records and associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, both for the staff team and the people using the service, staff training records and the recruitment checks carried out for a new staff member employed since our last visit. We also looked at a sample of the providers quality assurance audits the management team had completed.

#### After the inspection

The registered manager provided us with further evidence to demonstrate compliance with the regulations.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Prior to our visit we were informed of an incident involving a fall from moving and handling equipment. We looked into the concern as part of our inspection. The provider had acted to mitigate the risks, and these had been effective. The incident was investigated. Equipment used was checked and the staff team received updated moving and handling training. We found no evidence during this inspection that people were at further risk of harm from this concern.
- Risks to people had been identified, assessed and managed. Risks assessed included those associated with the moving and handling of people, the risk of falls and people's nutrition and hydration.
- Safety checks had been carried out on the environment. Checks had been carried out on the hot water to ensure it was delivered at a safe temperature, and checks had been carried out on equipment used to ensure it remained in good condition and safe to use.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Beaumanor Nursing Home and felt safe with the staff who supported them. One person told us, "I feel safe because there's someone here at night." Another explained, "I feel safe because there's always people around and the doors are locked at night."
- The staff team had received training on the safeguarding of adults and knew how to keep people safe from avoidable harm. One explained, "I would whistle blow to my manager or the head nurse. They would act."
- Effective safeguarding systems were in place and the management team were aware of their responsibilities for keeping people safe.

### Staffing and recruitment

- People felt there were on the whole, suitable numbers of staff available to meet their care and support needs. One person told us, "I called for help at night and they came and reassured me that I would be alright." Another explained, "I don't think there are always enough staff in the home, night time is improving with response times though." A visitor told us, "There's always staff around."
- Staff told us there were currently enough staff on shift to enable them to meet people's needs appropriately. One explained, "We've got the right amount of staff around."
- The registered manager monitored the staffing levels at the service. They explained management was flexible regarding staffing numbers to ensure people's needs continued to be met in a timely manner.
- Recruitment processes remained robust. People were supported by staff who had been through the required checks to ensure their suitability to provide safe care and support. This included checks on nursing staff being registered with the Nursing and Midwifery Council, to ensure they were safe to practice.

#### Using medicines safely

- People received their medicines as prescribed by their GP, in a timely manner and in a safe way. Records were completed to show medicines were administered regularly.
- Protocols were in place for people prescribed medicines 'as and when required' such as for pain relief. These gave clear instructions about when and why the medicines were to be given.
- Medicine records contained a photograph of the person to aid identification.
- We saw the nurse allocated to administer medicines, did so consistently and methodically.

#### Preventing and controlling infection

- The staff team had received training on the prevention and control of infection and followed the providers infection control policy.
- Personal protective equipment (PPE) such as gloves and aprons were readily available and used throughout our visit.
- The premises were clean, tidy and odour free.

#### Learning lessons when things go wrong

- We saw when things had gone wrong, lessons were learned. For example, following a moving and handling incident, staff training had been revisited and a nurse working on nights was due to attend a moving and handling train the trainer course. This would enable them to monitor and train the night staff, in line with the day staff, in the appropriate handling of people.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's individual care and support needs had been assessed and their diverse and cultural needs had been explored prior to them moving into the service. This ensured people's needs could be met by the staff team.
- Assessments covered people's health and social care needs, their life history, preferences in daily living and the hobbies and interests they enjoyed.
- The staff team were supported by a range of health care specialists and care, treatment and support were provided in line with national guidance and best practice guidelines.
- Information regarding things such as recognising the symptoms of urine infections, preventing falls and the condition sepsis was displayed around the service for people's information, and provided staff with the knowledge they needed to support people effectively.

Staff support: induction, training, skills and experience

- Staff had received an induction into the service when they first started working there and training relevant to their roles had been provided. One staff member explained, "I had four days induction it was very useful. I also shadowed (another staff member)." Another told us, "I've had moving and handling, safeguarding and infection control training, It's very good here."
- Staff confirmed they were supported through the provider's appraisal and supervision process. One explained, "I have supervisions with [registered manager], she listens."
- Registered nurses working at the service had been supported by the management team to meet their requirements for revalidation and maintain their professional registration. One nurse explained, "The manager is very supportive. She will sit me down and go through things with me."

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

- People were supported to maintain a healthy balanced diet and were encouraged to eat and drink well. Lunchtime was relaxed and unrushed and people received the support they needed in a way they preferred.
- The chef had information about people's dietary needs. They knew about the requirements for people who needed a soft or pureed diet and for people who lived with allergies. People's cultural needs were considered when meals were planned.
- For people who were at risk of losing or gaining too much weight, their weight was monitored regularly to enable staff to identify any sudden changes. Referrals to GPs and dieticians were made where needed.

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

- People had regular access to healthcare professionals. One person explained, "Any problems and they call the doctor for me."
- Staff understood how to identify when people needed intervention from a health or social care team. Records showed people received support from healthcare professionals and staff continued to support people in line with the recommendations and guidance provided.
- When people were transferred to hospital, key information was made available to the medical staff, so their needs could continue to be met.

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

- People's needs were met by the design and decoration of the premises and the environment was comfortable and tastefully decorated.
- Corridors were in the process of being decorated to enable people to walk with purpose. One corridor had already been decorated to recreate a 'woodland walk' and another to recreate 'under the sea'.
- People had access to suitable indoor and outdoor spaces. There were spaces available for people to meet with others or to simply be alone.
- The service had a safe, well maintained and accessible garden area. Raised beds had recently been provided by a local charity. One area of the garden was dedicated to colour, wild life and birds. Another area was dedicated to fruit and vegetables being grown, and another was in an enclosed court yard with herbs and spices being grown for aroma therapy and cooking.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was working within the principles of the MCA. The staff team had received appropriate training and those spoken with understood their responsibilities within this. One staff member explained, "If people have capacity [to make decisions] they can say no, it is their right. If they don't have capacity, then a decision is made for them in their best interest."
- Mental capacity assessments and best interest decisions had been completed for individual decisions people were unable to make for themselves. Any restrictions on people's liberty had been authorised, monitored and reviewed.
- People told us staff always asked for their consent before providing their care and support and this was confirmed during our visit.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People using the service and their relatives experienced positive caring relationships with the staff team. People told us staff were kind and caring and they looked after them well. One person explained, "I like [staff member] they torment me, and I torment them back, we have a lovely rapport." Another told us, "If anyone is upset they come and talk to them and try to find out why and what they can do to help sort it out for them."
- We observed caring interactions throughout our visit. People were reassured when feeling anxious and were spoken to in a kind and considerate way.
- We saw staff engaged people in conversations. There was lots of laughter and good-humoured conversations between people and staff. For example, at lunchtime one person had food around their mouth, the staff member stated, "[Person], you've tomato all over, shall I clean your face for you?" [Person] said, "Ooh yes please love." The staff member wiped their face with a wipe and both were smiling at the interaction.
- The staff team had the information they needed to provide individualised care and support. They knew people's preferred routines, their likes and dislikes and the people who were important to them.
- People's diverse needs were discussed with them when they first started using the service. Where people had expressed their chosen religion, this was recorded within their plans of care to ensure staff were aware. Local churches visited regularly providing church services and spiritual guidance.

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

- People were supported to make decisions regarding their day to day routines and express their views about their personal preferences. A staff member explained, "I always ask people what they want, it's really important they are able to make their own decisions when they can."
- Advocacy services were made available to people who were unable to make decisions regarding their care and support, either by themselves or with the help of a family member. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their privacy and dignity maintained. Staff gave us examples of how they promoted people's dignity when they supported them. One explained, "I always close the door and the curtains and cover them [people using the service] with a towel."

- One of the people using the service explained, "They [staff] respect my dignity, I'm happy with the door open."
- We observed staff knocking on people's doors and waiting, before entering their rooms. We did note people's wishes regarding whether they preferred their door to be kept shut or open, was displayed on their door. However, these wishes had not always been adhered to. For example, one person had requested their door be shut at all times. We found their door to be open. We shared this with the registered manager who assured us this would be addressed with the staff.
- People were supported to be as independent as possible. One person told us, "I try and do what I can and what I can't, the staff will help."
- A confidentiality policy was in place and the staff understood the importance of keeping people's personal information confidential.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Plans of care had been developed for each person, utilising information from their initial assessment, and from information supplied by the person and/or their relatives at the time of admission.
- The plans of care were comprehensive and covered areas such as mobility, the person's nutritional needs and the personal care they required. Plans seen had been reviewed monthly or sooner if changes to the person's health and welfare had been identified.
- People's plans of care also included information about their past lives, their spiritual needs and the hobbies and interests they enjoyed. Whilst not everyone could remember having these conversations we heard staff members talking to people about the things they enjoyed throughout our visit.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. This included large print documents and pictorial aids.
- A local newspaper sent weekly audio tapes of local news for people, and access to Vista (a leading charity for people with sight loss) was also available.
- Staff knew people well and knew how each person communicated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities. Activity hours had recently been increased from 25 to 35 hours a week. Three activity coordinators were employed and provided people with opportunities to engage in activities on a group or one to one basis. One person told us, "They've done my nails for me, we made some buns, but they burned, (they laughed) and we have quizzes too which we enjoy." A relative explained, "There's lots of activities going on to keep them out of mischief."
- Activities provided included, bingo, pizza making and gardening. External activities including boat trips were also arranged and enjoyed.
- The service had recently won an award from the local authority to develop their garden space. With the

help of local charities, a space has been developed to enhance people's wellbeing and mental health. Flowers and vegetables have been grown and local children have visited to cook and eat the produce with the people using the service. This provided a time for people to reminisce on rationing and share recipes.

Improving care quality in response to complaints or concerns

- A formal complaints process was in place. People knew who to talk to if they were unhappy about anything and told us they would feel comfortable making a complaint. One person told us, "Whatever problems I have, I voice them, and they get sorted out."
- When a complaint had been received, this had been handled in line with the providers complaints policy and investigated and responded to appropriately.

End of life care and support

- People's wishes at end of life had been explored and people experienced a comfortable and dignified death. A comment in a thank you card read, "Thank you for all the care and support you gave [person] but mostly the love and help you gave my [relative] at such a difficult time."
- For people not wanting to be resuscitated, Do Not Attempt Resuscitation forms were in place within their records informing the staff team of their wishes.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A registered manager was in place and people spoke positively about them and the staff team. One person explained, "We get on well with the manager." Another told us, "She [registered manager] runs a tight ship, but fair with it."
- The staff team felt supported by the registered manager. One staff member explained, "Our manager has been a really big help and taught us everything we know." Another told us, "[Registered manager] is amazing!"
- Staff understood their roles and responsibilities and the registered manager was accountable for the staff and understood the importance of their roles. The staff team were held to account for their performance where required.
- Systems were in place to monitor the quality and safety of the service. Weekly and monthly audits had been carried out on the paperwork held including people's plans of care, medicine records and records of pressure ulcers, weights and falls. Records showed where issues had been identified, appropriate action had been taken.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events. They were also aware of their responsibility to have on display the rating from their latest inspection. We saw the rating was clearly on display within the service and on the providers website.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and management team worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

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

- People and their relatives had been given the opportunity to share their thoughts of the service being

provided. This was through informal chats and meetings. The use of surveys had also been used. The results of the 2019 surveys were in the process of being analysed. The results of the 2018 surveys, had been analysed and a 'You Said...., We Did' action plan had been produced. This was displayed for people's information. For example, one person said the meals were poor. Following this, the menu was revisited and updated. Another person said some of the floors were dirty. Following this the floors in question were replaced.

- The staff teams' thoughts of the service were also sought through the providers appraisal and supervision process and team meetings.

#### Continuous learning and improving care

- The registered manager was committed to continually improving the service. When things went wrong, lessons were learned, and action taken to further improve the service provided. For example, following an incident occurring, it was identified records were not always accurately completed. The registered manager held support sessions with the staff to remind them of the importance of accurate documentation. Completion of documentation has since improved accurately reflecting the support each person received.

#### Working in partnership with others

- The registered manager worked openly with stakeholders and other agencies. This included liaising with social work teams and other professionals when appropriate, to ensure people received care that was appropriate for their assessed needs.
- The registered manager with the support of the activity's coordinator and chef, had recently worked with sensory garden designers, local nurseries, schools and charities to develop the service's garden. This resulted in people using the service, relatives, staff, supporters, local companies and charities being involved in both its creation and ongoing maintenance. By working with others, the people using the service benefited from a new garden area where they could walk, sit and chat and take ownership of the work carried out.