

Cornwallis Care Services Ltd

Beech Lodge

Inspection report

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Date of inspection visit:
01 June 2021

Date of publication:
18 June 2021

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

Beech Lodge is a care home that provides accommodation and personal care for up to 28 adults some who are living with dementia. At the time of the inspection 27 people were living at the service.

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

People and their relatives told us they were happy with the care they received and people said they felt safe living there. A relative said; "We are so pleased with the care and support she has received all the way though the pandemic." One person said; "I feel safe here and have a job to do which I enjoy." People looked happy and comfortable with staff supporting them. Staff were caring and spent time chatting with people as they moved around the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who completed an induction, training and were supervised. Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction and activities with staff. Staff knew how to keep people safe from harm.

The environment was safe, with upgrades ongoing and people had access to equipment where needed.

Staff received appropriate training and support to enable them to carry out their role safely, including fire safety and mental health training.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

Records of people's care were individualised and reflected each person's needs and preferences. Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. People's communication needs were identified, and where they wanted, people had end of life wishes explored and recorded.

People were involved in menu planning and staff encouraged them to eat a well-balanced diet and make healthy eating choices. Special diets were catered for.

People were supported by a service that was well managed. Records were accessible and up to date. The management and staff knew people well and worked together to help ensure people received a good service.

Staff and a relative told us the registered manager of the service was 'hands on', approachable and listened when any concerns or ideas were raised. A relative said; "They (the registered manager) always keep in touch, lovely place." One staff member said; "Couldn't wish for better." "They (the registered manager) are lovely and very approachable."

People and their families were provided with information about how to make a complaint and details of the complaint's procedure were displayed at the service.

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

Rating at last inspection

The last rating for this service was requires improvement (published 4 May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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

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

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 ●

Beech Lodge

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out this inspection.

Service and service type

Beech Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the registered manager, senior care workers, care workers and auxiliary workers.

We reviewed a range of records. This included three people's care records and four medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and induction records.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to have robust systems for the management of medicines and there were gaps in guidance for staff on how to mitigate identified risk. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made on how risks were identified, assessed, monitored and reviewed. Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm. For example, when people were at risk of losing weight or at risk of falling.
- People were protected from risks associated with their health, safety and welfare. People's needs, and abilities were individually assessed prior to moving into the service. Risk assessments supported staff with how to support and protect people whilst minimising any restrictions placed upon them. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Where people were assessed as being at risk of pressure damage to their skin, skin integrity care plans were in place. Care plans gave clear instructions for staff as to how often people should be re-positioned to help prevent skin damage. Records showed these checks were being carried out in line with each individual's assessed needs and specialist advice was sought when needed.
- Where people experienced periods of distress or anxiety due to living with dementia staff knew how to respond effectively. Care plans documented information for staff on people's health needs, so they could respond quickly to prevent situations from escalating.
- The environment was well maintained with ongoing updates currently being carried out. Equipment and utilities were regularly checked to ensure they were safe to use.

Using medicines safely

At our last inspection medicines were not robustly managed. This was a breach of part of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014

- The management of medicines had improved since the last inspection. People received their medicines safely and on time. Staff were trained in medicines management.
- There were no gaps in medicines administration records (MARs) and when people were prescribed 'as

required' medicines there were protocols in place detailing the circumstances in which these medicines should be used.

- There were suitable arrangements for ordering, receiving, storing and disposal of medicines. Temperatures of the medicines fridge and medicine room were recorded daily.
- Medicines were audited regularly with action taken to make ongoing improvements.

Staffing and recruitment

At our last inspection the provider had failed to provide consistent sufficient staffing levels to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. People who were able to, and staff told us there were enough staff on duty to meet people's needs.
- The staff covered additional hours, so people had staff they knew and trusted. This was to support appointments or staff absences. Agency staff were used, however these were regular staff employed by the company's own staffing agency who knew the service well.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.

At our last inspection the provider had failed to ensure recruitment processes were established or operated effectively. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service (police), undertaken before new staff started work.

Systems and processes to safeguard people from the risk of abuse

- The service was well managed which helped protect people from abuse.
- Staff had undertaken updated safeguarding training and knew about the different types of abuse and how to report it.
- The provider had safeguarding systems in place and staff understood what actions they needed to take to help ensure people were protected from harm or abuse. People and relatives confirmed people were safe. A relative said; "I have no concerns about her being safe and she is well cared for here."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, we recommend that the provider ensure all used PPE is discarded appropriately.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to consistently act in accordance with the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards when people lacked capacity to consent to care. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made and received to deprive people of the liberty within the law.
- People were asked for their consent before any care was delivered. People, who were able to, had signed their care plans to indicate they agreed with their planned delivery of care.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure the staff had a robust training system to operate effectively. This was a breach of part of regulation 18 (Staffing) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- There was a system in place to monitor training and ensure it was regularly refreshed and updated, so staff were kept up to date with best practice. Training sessions were currently online.
- Staff were provided with opportunities to discuss their individual work and development needs. Staff received one to one meetings to enable them to raise any issues and share ideas. Staff told us they were well supported by the registered manager.
- Staff new to the care sector were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently.

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

- Management and staff worked with external healthcare professionals to deliver care in line with best practice. During the pandemic the registered manager said the local healthcare team had been very supportive and had helped ensure people received the care required.
- People's individual needs had been assessed before they moved in. Currently the registered manager assessed people via video calls or phone calls to protect others in the service. Each new admission had to receive a negative test before admission and then was isolated within the service.
- Assessments of people's individual needs were detailed and expected outcomes were identified and their care and support regularly reviewed.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate health professionals as required.
- Staff supported people to see external healthcare professionals regularly, such as GPs. Home visits by dentist had been on hold during the early part of the pandemic but the service was able to contact professionals in an emergency. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.
- People's care records highlighted where risks had been identified. For example, where people needed extra support when accessing the community, this was provided.

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

- People were provided with healthy meals which they enjoyed. People told us; "The food is very good" and "I always have a choice."
- Staff were aware of any specific dietary requirements for people, for example, if people needed a soft diet. People were involved in menu planning.
- Care plans included information about people's dietary needs and their likes and dislikes. People who needed their nutrition to be monitored had records in place which were used to help identify any concerns.
- Drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, through personal choice, had drinks provided and these were refreshed throughout the day. One person said; "Staff always come to see me with a drink in hand."

Adapting service, design, decoration to meet people's

- The physical environment was continuously being reviewed, updated and improved. Recent improvements included new carpets and a lift.
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

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. 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

- There was a relaxed and happy atmosphere in the service and staff were friendly and supportive. People were positive about staff and their caring attitude and told us they were treated with kindness and compassion. People said; "Yes they are very caring" and "Can't fault them." A relative commented on a care home website about Beech Lodge; "They have kept us updated with information around visits due to COVID. Their care is consistent, and each member of staff is approachable, warm and caring."
- Staff enjoyed spending time with the people they supported and took time to sit and chat with people throughout the day. Staff knew what was important to people and how to offer people comfort and reassurance.
- Where people were unable to express their needs and choices, care plans detailed their ways of communicating.
- Care plans also contained background information about people's personal history. This meant staff were able to gain an understanding of people and engage in meaningful conversations with them.

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

- People were supported to make as many decisions as possible about their daily living. People able to, said they could speak with staff about anything they wished to discuss.
- People were able to choose how they spent their time. Some people chose to spend time in their own rooms, while others preferred the service's shared lounge areas.
- Staff put people at the centre of the service and reflected the provider's values. Staff valued people's views and encouraged us to talk with as many people as we could during our visit.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care people could manage for themselves and what they needed help with.
- People were able to decline aspects of planned care and staff respected people's decisions and choices in relation to how their support was provided.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff clearly understood the importance of protecting people's privacy, dignity and independence. We observed staff respecting people's privacy, dignity and independence throughout the inspection. For example, ensuring that doors were closed when providing personal care.
- People were supported to maintain and develop relationships with those close to them. Records showed

family members had been updated when changes in people's needs were identified. One relative commented how this had been particularly important during the pandemic when they had not been able to visit.

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 require improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to provide meaningful activities for people. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People were supported to maintain relationships which were important to them, with friends and relatives. During the pandemic when people have not been able to receive visitors this was via telephone or video calls. A change in government legislation meant visits could now take place. The service had two designated visitor areas inside the service and all visitors were tested before entry and supplied with PPE.
- The service employed a 'Health and Well Being' worker to provide and arrange suitable activities for people. These were either one to one or group activities. Pictures displayed showed a variety of activities had taken place, including outdoor activities during the lockdown periods of the pandemic. Mostly walking or dog walking in the extensive garden outside.
- There was a programme of activities arranged based on people's preference and choice. Most people were not able to say what activities they wished to partake in. Activities were designed to be person centred. They encouraged social interaction, provided mental stimulation and promoted people's well-being.
- One person informed us they assisted in the kitchen daily and their care records held risk assessments and information on the work they carried out.

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

- Care records were kept on an electronic care planning system. Care records were individualised, covered people's specific needs and held information about people's preferences and personalities. This guided staff to support people in the way they wished to be supported.
- Care records were in place covering a range of areas including mobility, nutrition and behaviours. These were regularly reviewed to ensure they were an accurate reflection of people's needs.
- Daily records provided a record of the care people had received, how they had spent their time and their health and emotional well-being.
- The service was responsive to any changes in people's needs. People's needs were reviewed on a regular

basis and any changes were recorded accordingly. Handover meetings were people focused and provided staff with information about people's changing needs and how to meet them.

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.

- People's care records outlined any communication need and documents could be provided in other formats if required.
- Information had been provided to some people in an easy read format to help aid their understanding. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with the Accessible Information Standard.

End of life care and support

- The service provided end of life care to people, supporting them to the end of their life while supporting family members and friends. During the pandemic arrangements had been made for relatives to visit people safely in the service with COVID testing and full PPE provided.
- People were supported to make decisions and plans about their preferences for end of life care. People's health was reviewed regularly to identify those people who were very poorly, so their advanced care plans could be implemented, and people received the care they wanted in their final days supported by staff who knew them well.
- Staff were skilled and experienced in end of life care and understood people's needs. There was positive links with external professionals, such as GPs and community nurses when needed.

Improving care quality in response to complaints or concerns

- Complaints were recorded and action taken to address them. There were no ongoing complaints at the time of the inspection.
- People's concerns and complaints were listened and responded to.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed to ensure systems to assess, monitor and improve the service was sufficient. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service had a strong emphasis on teamwork and communication sharing. The registered manager and staff said this had been particularly important during the last year of the pandemic and the COVID outbreak they had at the service.
- Organisational audits were in place and used to develop the service by reflecting good practice.
- Policies and procedures held were designed to supported staff in their practice.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care. They also worked in close association with the district nurse team and the local authority during their COVID outbreak.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback in relation to how the service was run, and our own observations supported this. The registered manager started in post after the last inspection.
- People, staff and a relative were very complimentary of the service and the registered manager. One person said; "She is very good and approachable."
- There was a warm, friendly and family atmosphere in the service. A relative told us, "We, as a family, couldn't wish for better."
- There was a person-centred culture which kept people at the heart of the service.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Staff told us they enjoyed their roles. Comments included; "The manager is amazing" and another said; "The best manager I have ever had."

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

- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The registered manager had an oversight of what was happening in the service and was very visible in the service and took an active role in the running of the service.
- The management team understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention. Regular audits took place, and these were completed by the management team.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service.
- There was good communication between all the staff employed. Important information about changes in people's care needs was communicated to staff.
- The management and staff worked to drive improvements across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.

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 demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- CQC were notified of all significant events.
- Audits were carried out to monitor the quality of the service provided.

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

- Systems were in place to enable people, staff and relatives to give feedback.
- Communication between people, staff and families was good. A relative confirmed they were contacted in a timely manner when necessary. They went on to say how this had been particularly important during the pandemic as they had not been able to visit the service.
- Staff told us the service was well managed and they felt valued. Staff told us the registered manager was very approachable and always available for advice and support. One staff member said of the registered manager; "She will always listen to us and then will change things if needed."

Working in partnership with others

- The registered manager told us how they had worked alongside the local GP surgery and the local authority during the pandemic, the lockdowns and during a COVID outbreak in the service. The registered manager worked collaboratively with professionals and commissioners to ensure people's needs were met and people had the relevant support and equipment was made available.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made. These included GPs to provide joined-up care and support.