

Pearlcare (Richmond) Limited

Beechy Knoll Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out this inspection on 25 January 2017. The inspection was unannounced. This meant no-one at the service knew we were planning to visit.

Beechy Knoll Care Home is a residential care home based in Sheffield. The home provides care for older people and people living with dementia. The home is situated close to local amenities and transport links. The home is registered to provide accommodation and personal care for 40 people and on the day of our inspection there were 26 people using the service.

It is a condition of registration with Care Quality Commission that there is a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There had not been a registered manager at the service since September 2016. The current manager was recruited in October 2016 and was in the process of applying to CQC for registration. The manager was present on the day of our inspection.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements had been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

People told us they felt safe living at Beechy Knoll. Comments included, "I feel very safe here" and "[Staff are] Nice people now and they look after me now."

People living at Beechy Knoll and their relatives told us staff were mostly caring, and their privacy and dignity were respected. We saw and heard positive interactions between people and staff throughout the day of our inspection.

We found effective systems were in place to ensure medicines were managed, stored and administered in a safe way. However, improvements were still required in the administration of topical medicines, such as prescribed skin creams and with 'as and when required' medicines.

Staff knew how to protect people from harm and what they would do if they had any safeguarding concerns. They were confident any concerns would be taken seriously by management.

Safe recruitment procedures were followed to ensure that all the required information and documents were in place before staff commenced employment. Staff received regular supervision to support them in their job.

There were enough staff employed to meet the needs of people living at Beechy Knoll. The manager reviewed staffing levels regularly and reassured us she would be able to increase staffing levels as and when required.

The service did not always follow the requirements of the Mental Capacity Act 2005 Code of Practice and Deprivation of Liberty Safeguards as not all people's care plans clearly recorded whether the person had the capacity to make significant decisions about their care and treatment.

People were provided with a nutritious diet. People told us they enjoyed the food served at Beechy Knoll.

Some activities were provided. An activities co-ordinator was in the process of being employed. People living at Beechy Knoll told us that more activities were being made available to them and this was an improving area.

The heating and hot water system was not consistently effective throughout the building. People told us there was not always hot water and some windows were draughty. Some rooms were intensely hot.

Some parts of the premises were not clean and this increased the risk of cross infection.

More quality assurance systems needed to be introduced to look at the quality of the service provided. Those that were in place were not fully effective at identifying shortfalls in order to improve practice.

The service did have a policy and procedure file, a statement of purpose and a service user guide. However, all were out of date. This meant they may not reflect current legislation and good practice guidance.

People living at Beechy Knoll and staff working there told us the manager was approachable and supportive. We saw there were plans in place for on-going improvements, including more training for staff and introducing a quarterly questionnaire to gain feedback.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in; Regulation 12; Safe care and treatment, Regulation 15; Premises and equipment, Regulation 11; Need for consent, Regulation 9; Person-centred care and Regulation 17; Good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People living at Beechy Knoll were not fully protected from the risks of cross infection.

Not all medicines were stored and administered safely. The recording and administration of topical medicines was not carried out correctly.

Staff told us they had safeguarding training and understood what they needed to do to if they suspected a person may have been abused.

Staffing levels were appropriate to meet the needs of people who used the service and the service had an effective recruitment and selection procedure in place.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The heating and hot water system was not consistently effective throughout the building.

The service had not met the requirements and principles of the Mental Capacity Act 2005.

There were some gaps in the staff training matrix where training was out of date, in particular with regard to health and safety, fire safety training and dementia.

Staff told us they were now in receipt of regular supervision, and yearly appraisals were being booked.

People told us the food was good and there were different options available to choose from.

Is the service caring?

Good ●

The service was caring.

Most people living at Beechy Knoll and their relatives told us the service was caring.

Staff knew what it meant to treat people with dignity and respect and we saw people had their privacy and dignity respected by staff.

Is the service responsive?

The service was not always responsive.

Care records were not person centred. They did not show any evidence of the person concerned and/or their relative being involved in creating or reviewing their care records.

Comments from people were mixed about the activities available to them. However there was a general consensus that the situation was improving.

The service had a complaints policy and procedure, which needed updating to include the details of the current management structure.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

More quality assurance systems needed to be introduced to look at the quality of the service provided. Those that were in place were not fully effective at identifying shortfalls in order to improve practice.

The service's policy and procedure file, statement of purpose and service user guide were out of date. This meant they may not reflect current legislation and good practice guidance.

People living at Beechy Knoll and staff working there told us the manager was approachable and supportive.

We saw there were clear plans in place to improve the overall management of service.

Requires Improvement ●

Beechy Knoll Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 January 2017 and was unannounced. The inspection team was made up of one adult social care inspector, one pharmacist inspector and one 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR had been completed and returned within timescales.

Prior to the inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

Before our inspection we contacted members of Sheffield City Council contracts and commissioning service and the NHS Sheffield Clinical Commissioning Group. They told us they had been jointly monitoring the service and trying to support the provider to improve as they had concerns regarding the quality of support provided to people who used the service.

During the inspection we spoke with nine people who lived at Beechy Knoll and three relatives who were visiting. We met with the manager, deputy manager, regional manager and compliance manager. We also spoke with six members of staff. We spent time looking at written records, which included five people's care records, two people's financial records, four staff files and other records relating to the management of the service. We checked the medication administration records for five people.

Is the service safe?

Our findings

We checked progress the manager had made following our inspection on 8 and 9 August 2016 when we found breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. During this inspection we found improvements had been made in this area.

We asked the manager how they calculated how many staff were required on each shift to meet the needs of people living at Beechy Knoll. The manager showed us a completed dependency assessment for each person living at Beechy Knoll, which we saw was reviewed each month. The dependency assessment tool calculated how many hours of support a person needed each day to meet their health and social care needs. This gave the manager the total number of hours of support required each day. We saw the service was over staffed at the time of our inspection based on the outcome of the dependency assessment tool.

The manager told us there were four care workers and one senior care worker employed each day between 7am and 4pm. This reduced to three care workers and one senior care worker between 4pm and 9pm. We were told there were three care workers employed to cover the night shifts between 9pm and 7am. One the day of our inspection two care workers had telephoned to say they were too sick to work. The manager told us this was unusual. Agency care workers had been contacted and cover provided. The manager told us they used the same small group of agency care workers to ensure they got to know the people living at Beechy Knoll. The service also employed ancillary and domestic staff. The manager and deputy manager were employed in addition to care staff. This was a change from the previous inspection when the deputy manager was also part of the staffing rota as a senior carer.

People living at Beechy Knoll told us, "I feel very safe here," "My buzzer is checked every week, this is my only way of getting them" and "They always answer my buzzer but their speed depends on what they are doing." A relative told us, "The buzzer system is good. It works and is always accessible for [name]."

Staff we spoke with told us they thought there were enough staff employed now to meet people's needs. Comments included, "[I was] close to leaving as staffing levels were shocking and staff were demoralised. [We are on] more of an even keel now. Staffing levels have improved and we do get cover when needed," "We have time now to do things [activities] with residents," and "Feels a lot better than it was. More time to do medicines round as more staff on floor."

We checked progress the manager had made following our inspection on 8 and 9 August 2016 when we found breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. During this inspection we found improvements had been made in this area, however further improvements were still required.

People living at Beechy Knoll told us, "They give me my tablets but I don't even know what they're for" and "They're very good at making sure I take my medication." Comments from relatives included, "They previously just left her medication on the side but now she regularly takes it and they make sure she takes it," and "Very happy that she's getting her meds now. I'm no longer finding tablets on the floor."

We saw medicines were stored securely and access was restricted to authorised staff. Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Staff routinely completed balance checks of controlled drugs to ensure they were correct.

Room temperatures where medicines were stored were recorded daily and were within safe limits. We checked medicines which required refrigeration and found temperature records were maintained in accordance with national guidance. However, temperatures had been recorded which were outside of the recommended range for storing medicines on four days in January 2017. Staff had not taken any action or reported this to the manager. This meant we could not be sure these medicines were fit for use.

Everyone had photographs and allergy details completed on their Medication Administration Record (MARs) this helps to prevent medicines being given to the wrong person or to a person with an allergy. There were no gaps in people's MARs, which meant staff had signed to say the person had received their medicines when they should have.

We checked the stock balances of medicines in the trolleys and store cupboards and found they were not always correct which meant staff were unable to account for them.

Some people were prescribed topical medicines to be applied to the skin, for example creams and ointments. Topical MARs and body maps were in place to guide care staff when and how to apply these creams; however people did not always receive them as they had been prescribed. For example, one person should have had a lotion applied as a soap substitute every day when washing. Their topical MARs indicated this had not been applied at all between 02 January and 25 January 2016. In addition, we found three unopened bottles of this lotion in the medicines room; one of which had been dispensed in October 2016. This suggested it was not being applied as often as it should be.

Some people were prescribed medicines to be given 'when required'. We found protocols were not always in place to guide staff on when and how to safely administer these medicines. In addition, staff did not record their reasons for administering 'when required' medicines. This meant they were unable to tell whether the medicine had had the desired effect.

Two of the people living at Beechy Knoll were taking medicines to thin the blood. We saw there was a robust system in place to ensure these people had regular blood tests and received the correct doses of these medicines to keep them safe.

Prior to this inspection we spoke with Sheffield Clinical Commissioning Group (CCG) infection prevention and control nurse. They had completed an unannounced visit in September 2016 and found multiple concerns regarding infection control throughout the home. These concerns included; dirty carpets and stained fabric seat covers; cleaning equipment inappropriately stored in the sluice room; and equipment such as wheelchairs and walking frames inappropriately stored in bathrooms and dining rooms. During this inspection we saw some improvements had been made in these areas. The dining room had just been refurbished, carpets had been cleaned or replaced and a storage space was being created for equipment. We saw there was a separate locked cupboard, where all cleaning equipment was stored. Comments from people living at Beechy Knoll and their relatives included, "Can't fault them with the cleaning" and "It's always very clean here." Staff told us, "We used to run out of cleaning equipment but we don't now. [Manager] is really good like that. There is always enough stock."

However, there were still improvements required in this area. The most serious concern raised during the

infection control visit was regarding the sluice room. The sluice had a slop hopper where staff could empty commode pots and a deep sink which was then used to wash the commode pots. Staff were washing their hands over the same sink as there was wall mounted soap and paper towels directly above. This practice was unsafe as hands were being washed in a sink that could be contaminated with faecal matter. In addition, the pots were not being decontaminated properly and there was a significant risk of cross infection of equipment that was used between multiple residents. The provider was required to install a heater disinfectant in order to decontaminate pots and urinals as this is a requirement of the Department of Health guidance that manual decontamination must cease. We spoke with the regional manager about this as she had been present during the infection control visit. She told us the request for the necessary equipment had been made to the facilities manager, but this hadn't been installed to date. There was no evidence anyone had done anything to chase up this outstanding action. During this inspection we were shown a copy of an email requesting an update on this issue.

We saw the toilet by the office had equipment stored in it. This meant the area could not be cleaned thoroughly and there was a risk of cross contamination passing from people using the toilet to the equipment.

As the service had not complied with assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated this was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

We looked at the arrangements in place to manage risk, so people were safe. On people's care records we saw risk assessments were in place. We saw these had all been reviewed since our last inspection. However, one person's care record had a falls risk assessment which had been reviewed monthly. Although it identified the person was consistently at high risk of falls there was no direction to staff as to how to reduce the risk. We saw where it was recorded a person had fallen the staff had taken appropriate action, including referring the person to the falls clinic and using a monitor. However, at the time of our inspection the risk assessment had not been updated to reflect this change. Improvements were required in this area.

People living at Beechy Knoll told us they felt safe. Staff we spoke with understood what abuse was and how to recognise it. One member of staff told us, "I know these residents, I would know if something was wrong." They went on to give examples of what this meant in practice. Staff were confident any concerns they had would be taken seriously by management.

Staff told us they had received training in safeguarding vulnerable adults from abuse. The training records confirmed that staff had completed this training or were in the process of completing the safeguarding training workbook.

Since the previous inspection seven separate safeguarding concerns had been raised with the local authority. Two of these were raised by CQC as a result of the medicines errors and unsafe environment found at the previous inspection. CQC were notified of the other five by the manager. Two of these were regarding further medicines error and disciplinary action was taken as result. Two were regarding possible neglect as one person had missed a medical appointment and another had experienced delays in receiving specialist equipment. The final one was regarding unexplained bruising. In all cases appropriate action had been taken by the manager reduce the risk of repeat events.

The manager showed us a file they kept which contained copies of all safeguarding concerns. However, the outcome of each alert and any lessons learnt as a result were not formally recorded. The service did not

have an up to date safeguarding policy and procedure. We spoke to the manager about this who told us this is something she would implement.

We looked at four staff files. Each contained acceptable references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. All the staff files we looked at confirmed that recruitment procedures in the home helped to keep people safe.

The service was responsible for managing small amounts of money for people living at Beechy Knoll. The manager kept an individual financial record for each person. We checked the financial records and receipts for two people and found they detailed each transaction, the money deposited and the money withdrawn. The records were signed and up to date. This showed procedures were followed to help protect people from financial abuse.

Is the service effective?

Our findings

We checked progress the manager had made following our inspection on 8 and 9 August 2016 when we found breaches of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Premises and equipment.

The heating system within the home was not consistently warm. In some parts of the home the heat was intense and in other areas radiators were lukewarm or cold to touch. People told us, "The window leaks and it's draughty, I keep a towel there to help," "The heating is not great, certain areas get very cold" and "[We] can't always get hot water." We spoke with the regional manager about this who told us there were on-going problems with the heating as it was an old building with multiple boilers in place.

We saw there was a conservatory garden room, which was cold. We were told it was being used as a staff room while the home was being refurbished. Outside there was a staff smoking area, this was unsightly with overflowing cans of cigarette butts on view. There was another smoking area at the side of the building and this also had overflowing cigarette butts in clear view. This did not give a welcoming or clean appearance to some of the outside areas.

We were shown a 'cinema room' on the first floor. It had previously been a bathroom. There was a very large screen and projector with film memorabilia displayed on the walls. However, there was only space for two chairs placed very close to the large screen. This meant the room wasn't fit for purpose. We spoke to the manager about this and she agreed the equipment needed moving to a much larger space so it could be used properly and enjoyed by people.

We saw the physical environment throughout the home continued to not always reflect best practice in dementia care. There was some signage around the building identifying key areas such as the whereabouts of the lift and reception. In the main reception area there was a board with pictorial and written details about the day, date and weather. There was also a rack for daily newspapers. This only contained half a newspaper and it was several weeks out of date. People's bedrooms were not clearly distinguishable as to who occupied them.

As parts of the premises were not clean or maintained this continued to be a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Premises and equipment.

We checked progress the manager had made following our inspection on 8 and 9 August 2016 when we found breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. During this inspection we found some improvements had been made in this area.

The manager showed us the training record for all staff working at Beechy Knoll. Most of the training was delivered via a workbook which staff were expected to read and then answer questions to test their understanding of the subject. The answers were sent off to be marked and the member of staff needed to read the workbook and complete the test again if they did not pass the first time. We saw staff had now been

given workbooks in most areas and some had been sent off for marking. There were still gaps in the matrix where training was out of date, in particular with regard to health and safety, fire safety training and dementia. Improvements were still required in this area.

Senior care workers had received appropriate training in the safe handling of medicines, and we saw records showing they had recently undergone supervision of their competency to administer medicines. However, staff were not assessed against standard competencies or outcomes which meant supervision was not consistent and varied from one staff member to another.

Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. The service did not have a supervision policy and associated procedure. However, the manager told us every member of staff should have six formal contacts with management every year. These were broken down to one direct observation of the member of staff's practice, one appraisal and four supervisions. We saw this was planned out for staff for the year ahead. Staff told us they were now in receipt of regular supervision and appraisals were being booked. The staff records we looked at confirmed this.

We checked progress the manager had made following our inspection on 8 and 9 August 2016 when we found breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe Care and Treatment. During this inspection we found improvements had been made in this area and people were now supported to access health and social care services.

Care records showed people had access to a wide range of health and social care professionals. We were told care staff supported people to attend appointments. Relatives told us people were supported to see health and social care professionals. Comments included, "[Staff are] brilliant at calling the GP, they don't hang about at all. They actually have a GP that calls every Thursday," "I've recently had some visits to the hospital due to [previously] missed appointments and [name of staff] accompanied me and took along my records" and "[Name] had a minor stroke recently and the response from the carers was first class; and they immediately telephoned for the paramedics and the ambulance."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are 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 were being met. There was a keypad code required to move between floors and another to access the main reception area where the front door was. This meant people's liberty at Beechy Knoll was potentially being restricted. There were people residing at Beechy Knoll who were living with dementia and we saw one person's care record contained an urgent seven day DoLS authorised in October 2016. We were told this person continued to reside at Beechy Knoll but no follow up action had been taken to extend the DoLS.

Several of the care records we looked at indicated the person may not have capacity to decide where to live and were therefore possibly being deprived of their liberty. There were no records of these people being referred to the local authority for assessment. We spoke to the manager about this who agreed action needed to be taken to ensure people were referred to the local authority for assessment where appropriate.

It was not clear on some of the care records we looked at whether the person had capacity to make day to day decisions. One care record held a mental capacity assessment form which was signed but not dated. It was not regarding any specific decision. In another care record the person's relative had signed the consent to care plan and photo identification forms. The care plan stated, "[Name of relative] and staff make best interest decisions for her." However, there was no record of any best interest discussions as to how this decision was reached.

One person was receiving their medicines covertly (disguised in food or drink). We checked care records and found appropriate assessments had been undertaken in accordance with the Mental Capacity Act. However, the person's medicines care plan had not been updated when they were discharged from hospital. Staff had signed the MAR to indicate one of the medicines had been refused when in fact it should have been given covertly according to the most recent care plan. This meant there was a risk to the person's health because they had not received the medicine as the doctor had instructed.

As the registered provider wasn't acting in accordance with the MCA, and care and treatment wasn't always provided with the consent of the person this was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regulation 11, Need for consent.

Comments about the food from people living at Beechy Knoll and their relatives were mostly positive. Comments included, "Nice food, I like it," "The food is always very good. Mum has a good appetite and thoroughly enjoys the food," "The food is very good and the choice is OK. They now and again ask if I want something specific," "Food is lovely," "The food is very nice and there's plenty of it" and "The food is fine. I have all my meals in my room through choice. I don't need any help to eat". One person did tell us their food was often cold as the plates weren't warmed prior to serving.

We observed lunch being served. There was one large dining room and two smaller ones available to people to eat their meals. In addition people could eat in their rooms if they wanted to. The large dining room had just been refurbished with new flooring, wall paper and furniture. It looked clean, light and airy. All the tables set up for lunch had clean tablecloths, paper serviettes, condiments and table decorations.

Some people living at Beechy Knoll required support and/or encouragement to eat and drink. We saw staff take their time to support people. They sat down next to the person and explained what they were going to do before they did it. Everyone was offered a choice of dessert from a dessert trolley; one option was 'arctic roll.' We saw one person had support from a member of staff to cut into the roll while another person was left to be independent as the member of staff knew this is what the person preferred. We could see that people with specific dietary requirements such as diabetes were catered for.

Is the service caring?

Our findings

We checked progress the manager had made following our inspection on 8 and 9 August 2016 when we found breaches of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Dignity and respect. During this inspection we found improvements had been made in this area.

Comments from people living at Beechy Knoll and their relatives were mostly positive about the care provided. These comments included, "Staff are very thoughtful now. They are good now. I like the staff now," "All the previous staff have changed their attitudes. [Name of member of staff] has totally changed since the others left. She'll have a laugh and a joke with the residents now," "Staff at night rush me a bit, they could care a bit more however [Name of member of staff] is wonderful on nights," "The staff are quite good," "The staff are very nice and obliging," "The staff are great, very nice people," "The care staff are good, I'm treated very well," "Since [the current manager] came, she's agreed to let me go for a shower on my own instead of being hoisted in and out of the bath. I used to hate that" and "The staff were awesome when [Name of person] passed away. They were very good with [person's family]." One person told us, "Some staff don't care a damn."

During our inspection we saw staff always knocked on people's doors before entering, however they didn't always introduce themselves and say why they were there. Staff did not wear name badges to identify themselves to people.

We heard staff called people by their first names or preferred names. When we spoke with staff they talked about people with obvious knowledge of their backgrounds, likes and dislikes, as well as their current individual needs and behaviours. They clearly knew people well. We heard friendly chatter between staff and people living at Beechy Knoll. The manager told us a keyworker support system had been introduced and everyone living at Beechy Knoll now had an allocated keyworker.

Staff were able to tell us what it meant to treat people with dignity and respect. They were able to describe what this meant in practice, For example, showing people options of what to wear or what to eat to support them to make an informed decision. One member of staff we spoke with told us they would always discuss with the person's family what the person's preferences were if the person wasn't able to tell them themselves.

We saw staff treat people with compassion. When offering support staff got down to people's eye level to explain what they were about to do and offer reassurance. We saw one person was walking along the corridor and appeared upset. We heard a member of staff gently talking to them to find out what was upsetting them. They were able to calm the person down and shift their attention to doing something else.

We saw there were posters on display for visitors and people who used the service to explain how they could access support from an advocate and other useful contact numbers, however these continued to be tucked away upstairs beside the medicines room and were therefore not easily accessible to all. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

Staff we spoke with told us they would recommend Beechy Knoll to their friends and family if they the type of care it provided. Not all staff we spoke with would have recommended the home in the past. One care worker told us, "I would recommend this place now as long as it carries on improving."

Is the service responsive?

Our findings

We checked progress the manager had made following our inspection on 8 and 9 August 2016 when we found breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care.

Care records we looked at contained some information regarding the person's life history and preferences. Information had been added since the last inspection. At the front of each file there was a section named 'My Day'. This included clear information and guidance for staff as to how the person liked to spend their day; including personal preferences and areas of daily living where they required support from staff. However, this didn't always correlate with what we observed. For example one person's care record stated they liked to be supported to the dining room for their lunch, however we saw and we were told this person now ate lunch in their room.

None of the care records we looked at contained any evidence of the person and/or their relative being involved in reviews. The reviews that had taken place since our last inspection were often found to be recorded with only brief entries, for example 'no change, remains the same' with no further evidence of any discussions detailed in the care records. In addition the original information the person was being reviewed against was several years old and therefore likely the person's needs had changed in some areas.

We spoke with the manager about this who agreed every person's care records needed updating. She showed us a new format they were introducing and this was in the process of being completed for one person. The format was person-centred.

As people didn't have a collaborative assessment of their need and preferences for care and treatment this continued to be a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care

We checked progress the manager had made following our inspection on 8 and 9 August 2016 when we found breaches of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Receiving and acting on complaints. During this inspection we found some improvements had been made in this area,

None of the relatives of people living at Beechy Knoll we spoke with knew about the complaints procedure; however they all stated they would not hesitate to bring any concerns to the appropriate person's notice and they now had all the relevant contact numbers. Comments included, "I had no awareness of the complaints procedure and still don't really, another member of staff helped us," "I would complain to the carers or the management depending on how cross I was," "Previously reported Mum's mistreatment by staff and I do feel happier and I'm quite happy to leave her here now" and "Wouldn't hesitate to complain to [Name of current manager]."

The service had a complaints policy. We saw the complaints procedure was included in the 'Service User

Guide.' This gave addresses and telephone numbers of who to contact to make a complaint and who to contact if people were unhappy with the original response. The procedure needed updating to include the name of the current manager, this was currently left blank. We spoke to the manager about this who told us this would be updated.

We asked the manager if there had been any complaints since the previous inspection and we were told there hadn't been.

Comments from people living at Beechy Knoll and their relatives were mixed about the activities available to them. However there was a general consensus that the situation was improving. Comments included, "There's no activities as such, just the TV and listening to music," "I don't do any activities but that's my choice," "I'm not very energetic, I just like watching the TV and resting" and "I get a monthly newsletter [from a national organisation] but it's never in large print so one of the carers reads it to me."

The manager told us they were in the process of recruiting an activities coordinator. We saw written records showing the person had recently been interviewed and was about to be offered the post dependent on references and DBS check. Staff told us they had time to spend with people living at Beechy Knoll.

Throughout the day we saw staff had time to sit and chat with people in the communal areas. During the morning of our inspection we saw a lively chair based exercise group being led by a care worker. Six people were involved. However one person told us, "There's a lack of activities, this morning is not usual."

We saw there were five different shows planned for the year ahead. These were advertised throughout the building. People and staff told us the recent Christmas show had been very well received and people were keen for more. People told us, "There's a lack of activity but specific efforts are being made to target this" and "There's a genuine desire to provide more interaction, had a winter show and there's five more planned for throughout the year."

Is the service well-led?

Our findings

We checked progress the manager had made following our inspection on 8 and 9 August 2016 when we found breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

The registered manager in post at the time of our last inspection had left the service. The current manager had been in post since October 2016 and was in the process of applying to CQC for registration.

Relatives of people living at Beechy Knoll told us, "[Name of current manager] is reasonable and approachable. However, she just sits at the desk all the time, she's not hands on," "[Name of current manager] is a lovely lady but I don't see much of her" and "We've had one relatives' meeting so far since [Name of current manager] came, the next one's due on the 8th February." Meetings for people living at Beechy Knoll had been set up bi-monthly for the year ahead. The dates were clearly displayed on posters throughout the building.

Staff told us, "Management do take notice now, [Name of manager] listens to us and appreciates our comments." We saw records of two staff meetings held in November and December 2016. Staff we spoke to told us they found these meetings useful and informative. We were told staff meetings took place monthly.

We asked if people living at Beechy Knoll and the staff that worked there were asked for their views on the service provided and to make suggestions for improvement. Some services seek feedback through questionnaires. We were told quarterly questionnaires were to be introduced, starting January 2017. These were to be sent out to people living at Beechy Knoll, relatives, staff and visiting professionals.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The manager told us a medicines audit was undertaken and showed us monthly medicines audits, the last of which had been carried out in December 2016. This audit had identified some problems with excess stock and inappropriate items being stored in the medicines trolley, however an action plan had not been put in place to ensure this was followed up. In addition, the stock check element of the audit had not been completed so the stock balance discrepancies we found had not been identified.

We were told daily 'walkarounds' the home were undertaken to monitor progress and identify areas for improvement. However, these were not currently recorded anywhere. There were no other audits being undertaken at the time of our inspection, however we saw plans were in place to introduce more over the coming month.

The service had a policy and procedure file, a statement of purpose and a service user guide. However, all were out of date. This meant they may not reflect current legislation and good practice guidance.

As systems were not established and operated effectively to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 this was therefore a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17, Good governance.

We checked the maintenance records for the premises and equipment were satisfactory and up to date. The service held records of up to date safety checks on small electrical items (PAT tests), gas safety and fire safety. It had been recommended that a gas cut off point should be installed in the kitchen. We were told this was in progress. The care records we looked at contained personal environment evacuation plans for people in the event of fire. We were told fire safety refresher training was being organised for staff.

The service kept an accident and incident log book. We saw that the information held here correlated with information held on the person's care record. The action taken immediately following the accident was recorded, alongside the subsequent investigation and any further follow up action, such as a referral to the falls clinic. We saw there was overall analysis of the accidents and incidents recorded which identified any trends and any actions that could be taken to reduce the risk of them happening again. For example, in October 2016 the highest levels of incidents had happened in people's bedrooms between 8pm and 6am.

The manager was aware of her obligations for submitting notifications in line with the Health and Social Care Act 2008. The manager confirmed that all notifications required to be forwarded to CQC had been submitted. Evidence gathered prior to the inspection confirmed that a number of notifications had been received.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People didn't have a collaborative assessment of their needs and preferences for care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider wasn't acting in accordance with the MCA, and care and treatment wasn't always provided with the consent of the person.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service had not complied with assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Parts of the premises were not clean or maintained.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

Systems were not established and operated effectively to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.