Tamby Seeneevassen

Beechwood Nursing Home

Inspection report

41-43 Esplanade Road
Scarborough
North Yorkshire
YO11 2AT

Tel: 01723374260

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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?	Requires Improvement

Summary of findings

Overall summary

We inspected Beechwood Nursing Home on 2 February 2016. The visit was unannounced. Our last inspection took place on 11 December 2014 and there were no identified breaches of legal requirements.

Beechwood Nursing Home is registered to provide accommodation to up to 32 people who require nursing or personal care. On the day of the inspection visit the service was caring for twenty five people. The home is situated in a residential area of the seaside town of Scarborough.The home is fully accessible for those with mobility needs. There are several communal areas for residents to use.

At the time of this inspection the home had a registered manager but this person had left their post and was no longer employed by the service. 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. The service was managed by the area manager on the day we carried out the inspection visit.

Overall, medicines were safely handled, though there were a number of areas for improvement which did not impact directly on the safely of people's care. People told us they felt safe in relation to their medicines and their care.

Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe.

The home was clean and staff understood infection control procedures.

Staff were safely recruited and trained. They had regular supervision and appraisal to support them in their role.

We found the service was meeting the legal requirements relating to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

The home met people's nutritional needs and people reported they had a good choice of food. People had a good experience at mealtimes.

People had access to health care professionals when they needed this. The service referred to specialists when necessary and advice was incorportated into care plans. People were supported to attend health care appointments when they needed this.

During our visit we saw people being well cared for. We observed staff speaking in a caring and respectful manner to people who lived in the home. Staff demonstrated they knew people's individual characters, likes

and dislikes. Staff were aware of and knew how to respect people's privacy and dignity.

The service had assessed people's needs around their social, recreational and spiritual lives. However, for some people, staff had insufficient information about them as individuals to support them to offer personalised care.

The registered provider investigated and responded to people's complaints, according to the provider's complaints procedure.

The service was not consistently well led, as records and systems did not fully support the area manager to monitor and mitigate the risks around people's care. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A new manager was in place, who was planning to submit an application for registration with CQC. We saw the provider had a system in place to assess and monitor the quality of the service and they acted on this to improve people's care. Staff told us they were supported and encouraged in their role.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were generally safely handled to protect people.

People were protected from the risks of acquiring infection because the home was clean and hygienic.

Risks to people's safety were assessed and acted on and risk plans included how to maximise freedom.

People were protected by sufficient, safely recruited staff, who were well deployed within the home.

Is the service effective?

Good

The service was effective.

Staff were well trained and supported to meet people's needs.

People's mental capacity was assessed and people were protected around their mental capacity.

People were consulted about their meals, their nutritional needs were met and they had free access to food and drink.

People had access to healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness, respect and dignity.

People were cared for with compassion during their final days.

Is the service responsive?

Good

The service was responsive to people's needs.

People received care which had been discussed and planned with them.

People's social and non clinical needs were not always recorded insufficient detail for the service to be sure it could offer personalised care. However, people told us they were satisfied with this area of their care.

People's views, concerns and complaints were listened to and acted upon by staff.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Records did not sufficiently support the service to assess, monitor and mitigate the risks to people's welfare.

There was no registered manager working at the home. However, the area manager was carrying out the role of manager on the day of the inspection visit.

The culture of the service was supportive of people who lived at the home and of staff.

Staff understood their roles and responsibilities and lines of communication between them and the manager were effective. Staff were supported to improve their practice across a range of areas.

There was a quality assurance system in place to monitor and improve the quality of care.

Beechwood Nursing 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 2 February 2016 and was carried out by one adult social care inspector. The inspection was unannounced.

Prior to our inspection we reviewed all of the information we held about the service. Before the inspection the provider to completed 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.

We spoke with two people who lived at the home, two visitors and four members of staff including the area manager. We also spoke with a health care professional who was visiting the home during the inspection visit.

We looked at all areas of the home, including people's bedrooms with their permission where this was possible. We looked at the kitchen, bathrooms, toilets and all communal areas. We spent time looking at three care records and associated documentation. This included records relating to the management of the service; for example policies and procedures, audits and staff duty rotas. We looked at the recruitment records for two members of staff. We also observed the lunchtime experience and interactions between staff and people living at Beechwood Nursing Home.

Good

Is the service safe?

Our findings

People told us that they felt safe at the home. One person said, "I feel very safe here. I can press the call bell any time and staff will come." One relative told us, "Yes, I think they are safe." People told us that the staff managed their medicines and they were confident that this was done safely. One visitor told us that their relative was nursed safely in bed where they needed to spend most of their time and that the risks around eating and drinking had been talked through with them.

We checked the way in which the service handled medicines. The service had received an external pharmacy audit the day before the inspection and we saw the report for this. The audit highlighted a number of areas which could be improved for people's safety. For example, people's allergies were not always recorded on MAR charts, however they were recorded on care plans.

The service had a policy and procedure on covert administration to ensure that this would be handled safely and in line with the Mental Capacity Act (2005) if the need for this arose.

At the time of the inspection visit, the service did not use homely remedies such as simple linctus nor non-prescription pain relief. However the registered manager told us that they were planning to introduce the option for homely remedies and sent us a policy for this following the inspection.

Some medicines were prescribed 'as directed'. This was not sufficiently clear. The area manager told us that they were discussing this with the local GP surgery so that prescriptions gave clear direction on administration.

Medicines were only handled by registered nurses. However, not all nurses had received up to date refresher medicines handling training. The manager had booked refresher training for nurses so that their medicine handling would remain in line with best practice guidelines.

Despite the shortfalls about medicines handling we found that medicine handling was generally safe. Each person who needed their medicine to be administered by staff had a medication administration record (MAR). MAR charts showed each medicine to be taken as well as the dose and time of day. All records had a photograph of the person to ensure they were easy to identify which reduced the risk of administering medicines to the wrong person. Stock balances were recorded on MAR charts and the pharmacy audit found that balances tallied. MAR charts were regularly checked and audited by management to identify if there had been any errors. Records showed that where errors had been identified, appropriate action had been taken.

We spoke with a nurse on duty about medicines handling. They were able to talk through the medicines handling arrangements, and understood how the policy and procedure of the home protected people.

Some medicines needed to be stored and managed in a particular way. These were called controlled drugs (CDs). The pharmacy audit found the storage of CDs was safe and all medicines were accounted for and

recorded correctly.

Most medicines were stored in a monitored dosage system (MDS). There were a number of medicines such as bottled and boxed medicines which were not in MDS. These were signed for on the MAR charts and a stock balance was kept to protect people from the risk of error.

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training. The staff training records we saw showed staff had completed safeguarding training and future training dates had been identified.

Care plans showed people had their risks assessed appropriately and risk assessments were updated regularly and where necessary reviewed. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. Risk assessments showed that people were supported to take responsible risks as part of their daily life with the minimum necessary restrictions. They included consultation with people or their representatives. Assessments of risk were evident in the care files which clearly showed what support people may need in the event of an emergency.

Accident and incident records showed that the manager had analysed these and had put action plans in place to address issues as they arose. External professional advice had been sought to reduce risk and their advice had been incorporated into care plans.

Staff demonstrated their knowledge of the home's emergency procedures and said they had taken part in fire drills. Staff said they were trained in first aid awareness and felt confident to deal with emergencies. They knew how to report accidents and incidents. Staff showed a good awareness of risk management and could describe individual risk management plans for people at the home.

We found staffing levels were sufficient to meet the needs of people who used the service. On the day of our visit the home was caring for twenty five people. There were usually two care staff with one nurse on duty each night, one nurse and five care staff each morning and one nurse and four care staff each afternoon. Staff told us that they had sufficient time to carry out their duties without being rushed and people who lived at the home told us that staff did not rush them. The registered manager told us that they arranged staffing rotas to take account of skill and experience mix so that people received a safe service.

The registered manager told us that where there was a shortfall, for example, when staff were off sick or on leave, existing staff usually worked additional hours. They said this ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home.

We saw that staff had been recruited safely. We looked at the recruitment records for three care workers and could see that all the necessary checks had been carried out before they were employed including a check by the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions. The provider had taken steps to check the background of care workers in order to protect people who used the service.

We noted the home was generally clean throughout, though there were some areas where we noted hard surface damage which could pose an infection control risk. We noted sanitising gel was available throughout the home. Staff understood the principles of infection control, they told us about the

importance of hand washing between offering care to people and the safe use of aprons and gloves. They told us, and records confirmed, that they had attended training in infection control.

Good

Is the service effective?

Our findings

People told us that they enjoyed the meals at Beechwood Nursing Home. One person told us, "The food is very good, there is a lot of home baking." People told us that the staff accompanied them for health care appointments whenever possible so that they had support in this area of care. A relative told us, "They are good at getting the doctor in and noticing if they are not as well as they have been."

We looked at staff training records which showed staff had completed a range of relevant up to date training sessions. Staff told us they thought their induction training had been comprehensive and covered for example moving and handling, health and safety and safeguarding. Staff also told us that a number of people they cared for were living with dementia or had behaviour which may challenge. They had completed training in these areas in order to meet the needs of those people.

Staff told us they had regular opportunities to give their point of view about the service, we were told this was in either their supervision meetings or during their annual appraisal. Staff told us they were supported by the area manager through regular supervision. Records we looked at confirmed that supervision took place and covered areas such as career development, training needs and welfare. Staff told us they felt this was effective and helped them to enhance their confidence and knowledge which in turn allowed them to provide appropriate care for people.

Staff understood it was important to support people to make choices about their care. During our visit we observed staff gaining permission from people before they supported them with care. We saw evidence in the care plans that people had given consent for their photograph to be taken, to the sharing of their information and their involvement in their care and treatment.

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. The application procedures for this in care homes and hospitals 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.

Mental Capacity Assessments were completed where necessary. This meant that people were protected around capacity and a plan was in place for each person to support them to make the decisions they were able to.

The area manager and staff were aware of the principles of the MCA and DoLS procedures. However, we found an example of a DoLS application and best interest meeting being held where a person was unable to make a decision for themselves. There was a lack of clear information about the decision that needed to be made and what the outcome of the decision was. Also we saw that a DoLS application had been made but although the area manager told us that this had been granted, the record had not been included in the file. Although the area manager was aware of the decision and there was no detrimental impact on the person, the records were not clear.

People's needs in relation to eating and drinking had been assessed and food likes, dislikes and allergies were recorded. Where necessary,food and fluid charts were in place, though we noted that there were occasionaly gaps in the records for these and postioning charts which meant that staff did not always have a clear record of the clinical care each person had been given.

We observed lunch being served to people in the home and saw that people who required support with eating their meal were assisted by staff in a respectful manner. We saw staff were attentive and that the meal looked appetising. Staff did not assume that people needed help which showed that people were being supported to maintain their independence.

Those people who required expert assessment had been referred to specialists such as the Speech and Language Therapy Service (SALT) as necessary. Those who required specialist diets had these recorded in care plans for staff to follow. People's weight was regularly monitored so that the service could assess whether people had gained or lost weight and whether the care plan needed to be changed to meet their needs.

We saw evidence in the care plans that people received support and service from a range of external healthcare professionals. This included the tissue viability nurse (TVN) who monitored and gave advice around people's skin condition. When professionals visited this was recorded and care plans were changed accordingly. We saw when a required referral was identified by staff that this was made without delay. We spoke with a visiting TVN who told us that the service referred to them appropriately and that the nurses followed the care plan set down by them. They told us that the home was in touch with them when people's skin condition changed and that they felt the service worked well with them.

Good

Is the service caring?

Our findings

People told us that all the staff showed them compassion and empathy and that staff gave them time and listened to them. For example one person told us, "The staff are really kind and helpful." Another person told us, "They are all wonderful." A relative had written, "The staff have given endless care and encouragement. " Another relative had written, "We are very happy with the care and affection shown…. All the staff are very helpful and patient."

We spent some time with people in communal areas and observed there was a relaxed and caring atmosphere. People were comfortable and happy around staff and there was kindness between them as they chatted. We saw that staff encouraged people to express their views and listened to their responses.

The way staff spoke with people demonstrated that they understood individual needs and abilities. All were respectful in their interactions with residents and any visitors. Staff took time and care when they carried out care tasks and activities. Staff explained what they were doing and why and ensured that each person was comfortable when assisting them. We observed that staff visited people who spent most of their time in their bedrooms to ensure that they were comfortable, to offer drinks or snacks or carry out personal care activities.

Staff we spoke with told us that they enjoyed working at Beechwood Nursing Home and had respect and affection for people they were supporting. One member of staff told us. "We have time to talk with people and find out what is important to them." One member of staff told us, "We take an interest in people's lives and we get to know their relatives and visitors too and welcome them all here."

The staff and people we spoke with told us that the home encouraged visitors and we observed that a number of visitors were greeted by staff in a friendly way. Visitors told us that the staff always offered them refreshment and that they were made to feel welcome. A health care professional told us, "The atmosphere is usually positive and friendly."

Staff told us about the way people were cared for in their final days. They emphasised the need for close liaison with palliative care professionals, attentive monitoring to ensure people did not suffer pain and how important it was to ensure people had company at their beside. We saw plans in place for pain relief and close monitoring. When people had Do Not Attempt Resuscitation plans in place these were correctly completed with consultation recorded. Nurses had received syringe drive training so that they could offer this form of pain relief when needed.

Good

Is the service responsive?

Our findings

People told us that the staff knew them well and responded to their needs. One person told us, "If I had anything to complain about then I would talk about any problem with (the area manager)." Another person said, "They know all about me and they have been very helpful at getting me things I need." Another person told us, "The staff spend time with me, chatting and going with me if I want to go out to get some shopping."

Each person's care plan contained some detail of social, cultural and recreational needs. However, the detail in care plans around life histories and holistic assessment was inconsistent. Some care plans did not contain very much detail on people's interests, goals or aspirations. The area manager told us that they were planning to improve the personalisation of care plans using the keyworker role. Staff told us that they had time to ask people what they would like to do but acknowledged that the service could offer a more personalised approach.

Despite this people were provided with a range of activities such as a regular singer, a motivation entertainment, which included games, quizzes, crafts and reminiscence and was particularly aimed at those people with memory impairment. A regular complimentary therapist visited who carried out aromatheapy hand massage. One person continued a hobby which involved a regular visit to a musical venue in the town. Another person told us that they regularly went into town with staff for shopping or to visit a coffee shop. The area manager told us about a person who had taken up a knitting hobby, reporting that after this their wellbeing had improved.

Staff regularly recorded information about people's wellbeing and any concerns in daily written records. This meant staff had information to help them to offer care which was responsive to people's needs. Staff could tell us about people's care needs and how these had changed. Records confirmed what they told us. Some people gave us a clear account of the care they had agreed to. Others told us they knew about their care plans but did not know what was written in them. Some people had signed care plans and we saw that written plans were regularly reviewed. This showed that people were consulted about their care.

People told us they would feel confident telling the staff if they had any concerns and felt that these would be taken seriously. The service had a complaints procedure and the area manager told us they followed this to ensure people's complaints were appropriately dealt with. There were no records of complaints for us to look at. We spoke with a person who had raised an informal concern, and they told us that it had been quickly and kindly addressed and that they were happy with the outcome.

The area manager told us, and records confirmed, that there were regular resident meetings to gain people's views about such areas as menus, activities and daily routines. People were consulted on an individual basis when their care plans were reviewed.

Requires Improvement

Is the service well-led?

Our findings

Records for staff and people who lived at the home were not always accurate or correctly filed so that they could easily be found. We found that there were shortfalls in the recording and policy surrounding medicines. The service had not ensured that all DoLs decisions and best interest decisions had been accurately recorded and there were shortfalls in the records related to people's social and recreational needs. This meant that the registered provider did not have appropriate systems and records to fully assess, monitor or mitigate the risks relating to people's health, safety and welfare.

This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that the area manager was approachable and easy to talk to. They told us, "I can go to either (the clinical lead or the area manager) with anything. The area manager has a good way with the staff." Another person told us, "They have meetings where they ask you what you think of things, but you can talk with them when you want to ."

The area manager had been overseeing the day to day running of the service until a new manager could be appointed. The home had a manager registered with the Care Quality Commission but they were no longer employed to work at the home. This meant that the service effectively had not registered manager in post. The area manager spoke knowledgeably about the service and had a clear understanding of the requirements of the Regulations.

The area manager told us they carried out a range of audits on areas of quality and safety within the home. We saw checks on the passenger lift, electrical wiring, gas safety and water temperatures along with environmental audits. We also saw audits for medicine handling, catering and infection control. We saw that care plans had regularly been reviewed and that some had been updated with a new more comprehensive format. The area manager told us that the results of monitoring checks were discussed in meetings and all staff were made aware so that any shortfalls were addressed to improve the overall quality of the service. Records of staff meeting confirmed this.

People told us that efforts were made to hear and act on their views. There was a sense that the lines of communication between people and management were enabling and supportive and that there was an open culture. One person told us, "The manager comes round and will talk things through with you." Our observations of the area manager during the inspection confirmed that they were a friendly and visible presence and that people, staff and visitors all appeared comfortable to approach them. Staff told us that the area manager was approachable and supportive. They told us that they actively sought their views in meetings and that suggestions were appreciated and encouraged. Staff told us they felt valued and that their opinions were respected.

The area manager and staff all spoke about looking for ways to improve the quality of life for the people who lived at the home. For example, they spoke about developing a more personalised approach through

developing life history work and taking time to understand people's individual interests and goals.

Staff understood the scope and limits of their roles and responsibilities which they told us helped the home to run smoothly. They knew who to go to for support and when to refer to the area manager. They told us that mistakes were acknowledged and acted on in an atmosphere of support.

The manager told us how they updated their knowledge and practice with information from organisations recognised for advising on best practice. For example, the service was beginning to follow the Gold Standard Framework as a guide (about giving the right person the right care, in the right place at the right time, every time). This had the potential to contribute to the personalised approach to care planning, however, work towards this goal was just beginning.

Notifications had been sent to the Care Quality Commission by the service as required.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not keep appropriate records to fully assess, monitor and mitigate the risks relating to people's health, safety and welfare around medicines, deprivation of liberty safeguards and individual care plans.