

Skolak Healthcare Limited

Beechill Nursing Home

Inspection report

25 Smedley Lane
Cheetham Hill
Manchester
Greater Manchester
M8 8XB

Tel: 01612050069

Website: www.beechillnursinghome.co.uk

Date of inspection visit:
30 November 2021

Date of publication:
24 December 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Beechill Nursing Home (known as Beechill) is a nursing home providing personal and nursing care for up to 31 people with a range of needs. This included both younger and older adults needing support in relation to physical disability, the misuse of alcohol or drugs, mental health and dementia. At the time of the inspection 31 people were living at Beechill.

There are 23 single rooms and four double rooms across two floors. Each floor has shared bathrooms and toilet facilities.

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

The registered manager had a strained relationship with the local authority. The registered manager had refused representatives from Healthwatch to enter the home. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We discussed this with the registered manager. The registered manager and local authority both said they wanted to work with each other. We saw that recommendations from a recent medicines optimisation team visit were being implemented.

A quality assurance system was in place. But not all audits detailed what had been looked at in the audit. A gap in completing fire alarm checks had not been identified for four months.

People and relatives were happy with the care and support they received at Beechill. They were complimentary about the staff team and said the staff knew them and their needs well.

Risks people may face were identified and guidance provided for staff to manage these known risks were well documented. The home was clean throughout and current government guidance for COVID-19 was being followed for visitors, testing and the use of PPE.

There were enough staff on duty to meet people's needs and staff were safely recruited. Staff said they felt well supported by the management team. People received their medicines as prescribed.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 11 November 2020). There were no breaches of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last eight consecutive inspections.

Why we inspected

We received concerns in relation to the management of medicines, how staff respected people's dignity and the relationship between the home and other professionals, for example the local authority commissioners and quality monitoring team. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We found no evidence that people were at risk of harm from the concerns about medicines management and staff respecting people's dignity. We have found the provider needs to make improvements. Please see the well led section of this report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beechill Nursing Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to the refusal to allow representatives from Healthwatch to carry out a visit and the lack of robust audits.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Beechill Nursing Home

Detailed findings

Background to this inspection

The inspection

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

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

This inspection was carried out by three inspectors.

Service and service type

Beechill 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 inspection

We reviewed information we had received about the service since the last inspection. Prior to the inspection a Direct Monitoring Activity (DMA) call had been completed with Beechill. A DMA call is arranged where our monthly reviews of the information the CQC holds about a service highlights some areas of risks. The general manager had sent information about staff rotas, surveys and audits to the inspector following the DMA call.

We sought feedback from the local authority, professionals who work with the service and Manchester Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, general manager, clinical lead, senior care workers and care workers. We made observations of people's support throughout the inspection. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We spoke with two relatives about their experience of the care provided for their relative living at Beechill.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Incidents and accidents were reported on the electronic care planning system. All incidents were logged on a summary sheet, with details of the actions taken following the incident. Any investigations were stored in one easily accessible file.
- Staff we spoke with knew how to report any concerns or incidents. They would inform the deputy manager, clinical lead or nurse on duty and complete the required accident or incident form.

Assessing risk, safety monitoring and management

- Risks were managed, and staff knew people well. Risk assessments, and guidance for staff to manage the known risks, were recorded on an electronic system. The staff could access this information through handheld devices.
- Where people may become agitated or misused drugs and alcohol, guidance was provided for staff to de-escalate a situation and to support people to manage their drug or alcohol usage. Staff had completed on-line training in these areas, knew people and how they should be supported to manage their agitation. We observed staff de-escalate a potential incident during our inspection.
- We discussed with the general manager and clinical lead how people are supported to manage their alcohol use. The home worked with the GP to make referrals to drug and alcohol services, however most people did not want to engage with these services. The home worked with people to manage the amounts they drank each day. People tended to drink alcohol in their own rooms, as other people living at the home were recovering alcoholics; the home did not want these people to restart drinking alcohol.
- A schedule was in place for the servicing and checking of equipment (such as the lift and hoists) and the environment. However, the fire alarm, emergency lighting system and fire doors had not been checked for a period of 16 weeks up to the 5 November 2021, before being re-started. The fire alarm and emergency lighting had been serviced by an outside contractor during this period. We discussed this with the general manager who said the new maintenance person had not known these tests were part of their role. This had been identified by the service, restarted and a plan of weekly checks back in place moving forward.

Staffing and recruitment

- Staff were safely recruited. Pre-employment checks were made. Where a reference could not be obtained from the previous employer (usually a care agency) a risk assessment was completed.
- We noted that information about any gaps in staff employment were not always accounted for, where as in other instances staff were asked for additional information about their work history. We discussed this with the general manager. An audit had been carried out for all employment files and any missing information was in the process of being obtained.
- There were enough staff on duty to meet people's needs. A relative said, "There's regular staff working

with [Name], so they know him" and a member of staff told us, "There's enough staff; we're a team so the job becomes easier."

Using medicines safely

- People received their medicines as prescribed. Recommendations made from a recent visit by the health and care commissioning medicines optimisation team had been implemented.
- Guidance was in place for medicines administered 'when required' (PRN). People were asked during the medicines round if they needed a PRN, for example for pain relief. A new trolley had been purchased to store people's topical creams safely.

Preventing and controlling infection

At the last inspection we made a recommendation about ensure the government guidance was followed for the wearing of appropriate PPE within the home. At this inspection we found improvements had been made.

- We observed staff wearing the appropriate PPE. The general manager told us all staff had been reminded about the importance of correctly wearing their PPE following a recent local authority quality team visit. PPE was available for people to use when they went out.
- Visitors to the home needed a negative lateral flow test and to wear PPE. A system was in place for checking the vaccine status of visiting professionals. The home took part in regular testing for staff and people living at the home for COVID-19. All members of staff had been vaccinated for COVID-19.
- The home was visibly clean throughout. Cleaning schedules were used to ensure all areas of the home were cleaned.
- The provider had policies and procedures in place to prevent and manage infection outbreaks, including for visitors and people moving to 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 comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff knew people, and their individual needs well. The electronic care planning system included a summary of each person's key information and person-centred daily routine.
- We observed positive interactions between people and members of care staff throughout the inspection.
- Relatives were positive about the support their relative received at Beechill. A relative told us, "Staff know him and I'm happy with care that he gets."

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

- People were supported to give their feedback about Beechill through resident's meetings and surveys. The resident's meetings were held in small groups or on a one to one basis as this had been found to enable more people to share their views.
- A survey was also used to gather feedback from people. This included a range of questions around the home, the staff, the food and menu. The results of the latest survey in October 2021 were generally positive.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with were complimentary about the staff team, saying they felt respected and were treated with dignity and respect. One person told us, "The staff are excellent. What you see is what you get. I've not got a bad word to say. I wouldn't be here if it wasn't for them."
- People's choices and preferences were respected. Some people's bedroom doors were open. When asked, they told us this was their choice and they could close their doors if they wanted to. We observed that most people preferred to have their bedroom doors closed.
- Care plans identified what people were able to do for themselves and people were supported to do be independent where possible. Some people could go out on their own, whereas others needed staff support when going out.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Working in partnership with others

- Prior to our inspection we were made aware that the registered manager had refused Healthwatch representatives' entry to the home to carry out an 'enter and view' visit. Healthwatch have the legal authority to carry out these visits for any publicly funded care. We discussed this with the registered manager, who explained how they interpreted publicly funded care as being if public money was used to buy the care home, not for ongoing funding for the people living at the home. We shared information about the relevant law with the registered manager.

The refusal to allow Healthwatch representatives to carry out an enter and view visit was a breach of regulation 17 (2) (e) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection we noted there was a strained relationship between the home and the Clinical Commissioning Group (CCG). Feedback from the CCG and local authority quality teams indicated this was still the case. We discussed this with the registered manager who felt he, and Beechill, had been treated unfairly by the local authority over several years.
- This had led the registered manager and manager to be defensive with external visits and had also led to external professionals seeing the home as being difficult if the home challenged any observations they made. We briefed the local authority Performance and Quality Improvement Manager on our findings. Both the registered manager and the local authority said they wanted improved relations and to work with each other to meet people's care needs.
- We found that any issues between the registered manager and the local authority had not affected the care staff team. We also saw recommendations from a recent medicine's optimisation visit were being implemented.
- Over 20 care staff and managers had recently attended infection prevention and control training provided by the Community Health Protection Team. We were aware that two further infection control training sessions, as well as an infection control audit had been cancelled. The general manager recognised they needed to be better organised to ensure staff were allocated time on the rota when training is arranged.
- Beechill worked with a range of other professionals, for example GPs and a local pharmacy.

Continuous learning and improving care

At the last inspection we made a recommendation about improving the recording of actions and investigations taken following a complaint, incident, accident or safeguarding referral. At this inspection we found improvements had been made.

- A single easily accessible file was used with a log to summarise all incidents, accidents and complaints and the actions taken. Information about the incident and any investigation carried out was also stored in this one file. The general manager reviewed all incidents and accidents to ensure appropriate actions had been taken to reduce the risk of a re-occurrence.
- A range of audits were completed each month. The general manager had a tick sheet to monitor these had been completed as planned and a brief summary matrix of any outcomes from the audit. Some audits, for example for residential care plans, were not detailed and did not record what had been checked during the audit.
- The general manager was aware of this from a recent external audit and said they were looking at obtaining an audit tool to clearly record what they had looked at. We were told they were currently looking for further external support to enable them to implement any changes identified in the external audits.
- The registered manager told us they also did a monthly check that audits had been completed and any actions identified were addressed. This was in the form of a tick sheet, with no details of what had been reviewed or looked at.
- As detailed in the safe domain, there had been a gap of 16 weeks between fire alarm and emergency light checks, before these were re-started in November 2021. This had not been picked up in the fire audits in August, September and October 2021 by the general or registered managers.

The lack of detail in some audits by the registered and general managers meant they were not always robust. This was a breach of regulation 17 (2) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Support tasks people needed could be added to the electronic care planning system. The management team were still getting to know the system and how it could best be used for Beechill. We discussed with the management team, the use of pre-planned 'to do' care tasks, for example where people needed to be re-positioned regularly, to prompt staff to complete and record these important support tasks.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff feedback was positive about working at Beechill. Staff felt well supported by the management team and said there was always someone available for them to speak with if they needed any advice or support. One member of staff said, "The management give you all the support you need" and another told us, "They (the management team) tell me to leave it with them and I do. Things get sorted."
- Regular staff meetings had re-started following a break due to COVID-19. These included whole staff meetings and smaller meetings for each staff group, for example kitchen staff, team leaders and housekeepers. A one-line summary of any outcomes from the meetings were held. The general manager told us they needed to record more details for the meeting outcomes, so they were more easily checked to ensure they had been completed.
- Relatives told us they were asked about their relative's preferences and life history. They said the staff knew their relative and how to support them. One relative said, "The staff chat about [Name] and his needs" and another told us, "Staff will ask straight away if they have any concerns or for any background about [Name]."

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

- Managers, nurses and members of care staff had clearly defined roles. New roles of team leader had been introduced to support the care staff. Two managers and a team leader were in the process of doing additional learning for infection prevention and control and become the homes' 'champions' in this area. A team leader had been delegated to observe staff competency for the donning and doffing of PPE and for completing a monthly infection control audit.
- The registered manager was aware of the types of incidents that needed to be notified to the CQC. From the incidents file we reviewed, appropriate notifications to the CQC had been made.

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 17 HSCA RA Regulations 2014 Good governance
Accommodation for persons who require treatment for substance misuse	There was a lack of detail in some audits completed by the registered and general managers which meant they were not always robust.
Treatment of disease, disorder or injury	The registered manager had refused a enter and view visit by Healthwatch representatives.