

Allington Healthcare Limited

# Beckfield House Residential Home

## Inspection report

Station Road  
Heighington  
Lincoln  
Lincolnshire  
LN4 1QJ

Tel: 01522790314

Website: [www.beckfieldhouse.com](http://www.beckfieldhouse.com)

Date of inspection visit:

20 August 2019

30 August 2019

Date of publication:

12 November 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Beckfield House Residential Home is a care home in the village of Heighington. It is registered to provide accommodation and personal care to 27 older people, some of whom may be living with dementia. At the time of our inspection, 21 people lived at the service.

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

People's medicines were administered as prescribed. However, the provider's medication policies and procedures were not always followed. Care plans did not always guide staff how to manage risks associated with people's healthcare needs. Though staff were knowledgeable about the risks and the support people needed. Some areas of the service and equipment could not be appropriately cleaned due to being worn. We have made a recommendation about monitoring equipment. Quality assurance systems had not identified or resolved shortfalls in a timely manner.

People were happy with the care provided as staff were caring and respectful. People said, "I like it. It's friendly, cosy, like a home from home really. [Staff] are all very pleasant." Staff respected people as individuals and supported people to maintain their independence. People told us staff maintained their privacy and dignity.

There was enough staff to meet people's needs. Recruitment, induction and ongoing training processes helped ensure only suitable staff were employed and that they had the required skills and knowledge. Staff were supported by the management team and received supervision, appraisals and attended team meetings.

People were offered a variety of meals and staff worked to ensure people had options they liked. People were supported to access healthcare services and staff followed professional advice. People's rooms were personalised, and signs were used to help people find their way around. Activities were available for people and visitors were welcome at any time.

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

Relatives and staff were happy with the management of the service; they could approach them at any time, felt supported and were confident any issues would be quickly addressed. People, their relatives and staff were involved in the development of the service.

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

### Rating at last inspection

The last rating for this service was good (published 22 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to the management of medicines and the monitoring and addressing quality shortfalls at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Beckfield House Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The first day of the inspection was completed by one inspector and one assistant inspector and completed by one inspector on the second day.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. 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 contacted the

local authority and 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 all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service, two relatives, two care staff, the cook and the activities co-ordinator. We also spoke with the registered manager, the deputy manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We 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 completed a tour of the environment to look at the cleanliness of the service and the facilities available for people. We also looked at a range of documentation including two people's care files and medication records for three people. We looked at a selection of documentation for the management and running of the service and two staff files.

#### After the inspection

We were sent further information which included care plans and medication protocols.

# 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Not all prescribed medicines were stored securely. People's prescribed topical creams were not stored securely in their bedrooms.
- Processes did not ensure people's medicines were in date. One person was prescribed an anti-depressant that could only be used for 30 days once opened. An opened date had not been recorded, so staff could not be sure if the medicine was still safe to use.
- The provider's medication policy and procedures were not always followed. Two staff were required to review and sign hand-written medication administration records (MARs) to ensure information was correct. Two people's MARs had not been appropriately signed. We raised this with the management team but found this had not been resolved by the second day of the inspection.
- Protocols were not always in place to guide staff how to administer 'as and when required' medicines, also known as PRN. Protocols were not in place for pain relief medicines. This meant staff could not consistently identify when people needed pain relief medicine and what dose they required.

The failure to ensure the proper and safe management of medicines placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager acted during the inspection. Undated bottles were removed on the second day of the inspection and guidance regarding the administration of pain relief was put in place until person-centred protocols could be implemented for each person.

Following the inspection, the registered manager advised us they had reviewed their medicines processes and topical cream storage and put best practice guidance in place for pain relief medicines.

### Preventing and controlling infection

- Items of equipment used to support people were seen to be damaged in places and therefore could not be properly cleaned. The registered manager told us that they had requested replacements for these items.

We recommend the provider review their systems for monitoring the cleanliness and suitability of equipment used to support people.

- Staff were trained in infection prevention control and wore gloves and aprons appropriately to help control and prevent the spread of infections.

#### Assessing risk, safety monitoring and management

- Risks relating to people's healthcare needs had not been recorded. However, staff were knowledgeable about how to manage the risks, for example, risks associated with catheters. We discussed with the registered manager ways to record risks and management strategies in people's care plans.
- Risks to people's safety and wellbeing were appropriately managed and recorded in their care plans.
- The provider maintained the safety of the building and equipment through regular checks, servicing and maintenance.

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

- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns to relevant professionals.
- Staff understood the provider's whistleblowing policy and were confident problems would be dealt with promptly.

#### Staffing and recruitment

- Staffing levels met people's needs and people were supported in a timely manner. The registered manager monitored and adjusted staffing levels to reflect changes in people's needs.
- The provider's recruitment processes helped ensure only suitable staff were employed.

#### Learning lessons when things go wrong

- Accidents and incidents had been responded to appropriately. The registered manager monitored and analysed accidents and incidents to learn from them.



## Is the service effective?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and their preferences were considered when arranging their care.

Assessments were used to develop care plans which supported staff to provide care in line with people's personal routines.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to support people safely. New staff completed an induction programme and mandatory training and all staff completed regular training to ensure they were able to meet people's needs.
- Staff received regular support, supervision and appraisals. A staff member said, "It's amazing, any problems I have, [Management team names] are always willing to help me however they can."
- Staff's skills and knowledge were monitored through competency assessments. Though some medicines competency assessments had been incorrectly completed. We raised this with the registered manager who confirmed they would review this.

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

- Most people were positive about the food and were offered several options. One person said, "The food is very good, they have a nice variety. I don't like semolina, so I got peaches and ice cream."
- People were encouraged to help themselves to drinks. A variety of cold drinks were available for people and extra support was provided during periods of hot weather to help ensure people stayed hydrated.
- Staff provided appropriate support for each person with eating and drinking. Support ranged from cutting up meals to helping people eat and drink.
- Staff monitored people's weight and relevant healthcare professionals were involved when required. Staff were knowledgeable about people's dietary needs.

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

- Care plans did not always contain important information and did not support staff to provide effective care. However, Staff were knowledgeable about people's health needs and the support they required. We raised this with the registered manager who updated care plans to ensure they contained enough detail.
- Staff were kept informed of any changes to people's health and wellbeing through handover meetings and communication diaries.
- People's healthcare needs were met in a timely way. Staff supported people to access healthcare services and followed professional advice. One person said, "When I have been really poorly [staff] are quick to have

paramedics out and [staff] are very attentive."

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

- Pictorial signage was used to help people find their bedrooms, toilets, bathrooms and communal areas.
- People's rooms were personalised to their tastes. People were supported to decorate their rooms with furniture, pictures and items of interest.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought people's consent and people were supported to make their own decisions. Care plans reflected this.
- Staff recognised restrictions on people's liberty and appropriate action was taken.
- Where people lacked capacity to make specific decisions, best interest records did not always show who had been involved in the decision-making process. We discussed with the registered manager ways to ensure records contained enough detail.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were caring and had a compassionate approach. A relative said, "Staff have been more than caring, and provide genuine love and attention."
- People had positive relationships with staff. One person said, "One staff member is absolutely perfect, though I can't remember their name, I think its [Name]."
- Staff were friendly and very helpful. One person said, "They can't do anymore for me and they're there if I need them."
- Staff were passionate about their roles and providing good care. A communal room was changed to a bedroom to enable a person to return home from hospital and be cared for by familiar staff and people were made cakes for their birthdays.
- Staff respected people as individuals and were trained in equality and diversity. People were supported to practice their religion and celebrate religious festivals.

Respecting and promoting people's privacy, dignity and independence

- People told us staff maintained their privacy and dignity and staff understood how to do this. One person said, "They respect my privacy and always knock on my door."
- Staff promoted people's independence through providing encouragement and appropriate support where it was needed. A staff member said, "We're always asking people what they can and can't do and asking what they would like us to do for them."
- Personal information was stored in a lockable cupboard, though we found this was not always locked which compromised people's privacy. We discussed this with the management team and this was resolved by the second day of the inspection.

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

- People were encouraged to make decisions and choices about their care. Staff supported people with their routines and offered them choices.
- Staff worked with people and their families to ascertain how they liked to be cared for and this was recorded in their care plans.
- People had support from their families or advocates if they needed help with making decisions.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

### Meeting people's communication needs

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

- People's communication needs were not always considered. Menus and activity boards did not contain pictures to help people understand the choices available. Care plans did not clearly record the support people needed to communicate. We raised this with the management team who provided pictures of different meals and activities.

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

- Staff provided person-centred care. Staff were knowledgeable about people's needs, personal routines, histories and preferences. Though care plans did not always contain important information. We raised this with the registered manager who updated the care plans to ensure they contained appropriate information.
- People confirmed staff provided care in line with their wishes and personal preferences. A staff member said, "No two people will be the same and no days are the same. We take each day as it comes and amend our routines to work for people."
- People had choice and control of their care. Staff ensured people were offered choices and they respected people's decisions.

### End of life care and support

- Staff liaised with healthcare professionals to ensure people had the right medicines and equipment in place to help maintain their comfort and dignity.
- Staff worked with healthcare professionals to create detailed end of life care plans.

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

- People were supported to pursue their hobbies and interests. Activities included music, dominoes, walking and attending local community groups. Staff were encouraged to bring in their pets which promoted conversation. We observed people smiling and talking when stroking a dog.
- Staff encouraged people to participate in activities but respected their decision if they chose not to.
- People were supported to maintain their relationships with families and friends and could have visitors when they chose. People could meet privately with their visitors.

Improving care quality in response to complaints or concerns

- Complaints were addressed in line with the providers policy and procedure. Staff resolved any issues where possible or passed on concerns to the registered manager.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. 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.

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

- The governance systems in place identified issues relating to medicine management. However, the provider failed to take action to address these issues.
- Audits had not identified the lack of detailed care plans for people's healthcare needs.

The failure to operate effective systems to monitor and improve the quality of the service placed people at risk of receiving a poor-quality service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Infection control issues were identified within the service via the provider audit system. We were told by the registered manager that new equipment had been ordered to replace these items.
- Senior managers visited the service regularly and were kept informed of important information about the service.

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

- Staff felt supported and were positive about the management team. A staff member said, "[Registered manager's name] is amazing. They're very hands on, very approachable. I can call them at home and they will come in on a weekend if needed."
- The service had a supportive, open culture. A staff member said, "I would recommend it. The team we have at the minute are easy to get on with and we work together well and care about what we're doing."
- Staff were rewarded for their hard work. The provider gave the staff gifts to thank them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Meetings were held to ensure staff were kept informed and they were encouraged to suggest ideas. A staff member said, "I suggested we should have jugs of juice in the lounge, this was in place the next day. We are listened to and if things haven't changed we usually get an explanation as to why."
- People, staff and professionals were included in the development of the service. Questionnaires were sent out and responses analysed to help identify how the service could be improved. Senior managers spoke regularly with people and their relatives about the quality of the service.

- The registered manager monitored and analysed accidents and incidents to look for patterns and trends to learn from them.

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

- The registered manager understood their legal obligation to let people know when things went wrong and had processes in place to respond appropriately.

Working in partnership with others

- The registered manager and staff worked closely with professionals and local groups to build effective working relationships.
- The registered manager and staff worked to integrate the service in the local community. Events were organised, and the local community were invited.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not always managed in line with best practice, which meant people were at risk of receiving their medicines incorrectly. Regulation 12 (2)(g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to monitor and improve the quality of the service were not effectively operated, which meant people were at risk of receiving a poor service. Regulation 17 (2)(a).