Care Quality Commission

Care Worldwide (Nottingham) Limited

Beechdale Manor 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

Overall summary

This unannounced inspection took place on 3 and 7 December 2015. Beechdale Manor Care Home provides residential and nursing care, support and treatment for up to 65 people, some of whom are living with dementia. On the day of our inspection 57 people were using the service.

The service did not have a registered manager at the time of our inspection. 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.

When we last inspected the service in February 2015 we found there were improvements needed in relation to people's safety. This was because not all incidents had been shared with the local authority for consideration under safeguarding procedures. Improvements were also required in ensuring strategies were in place to reduce the risk of incidents and to ensure care plans were kept

Summary of findings

updated. Improvements were also required in relation to management systems to ensure they were effective in addressing shortfalls in the service. We found at this inspection that improvements were still required.

People felt safe in the service but not all incidents were shared with the local authority for consideration under their safeguarding procedures. Staff did not always update information about people's care with feedback from outside professionals when they should.

Improvements were required in the management of medicines and to ensure people received their medicines as prescribed. We found that staffing levels did not always match the numbers identified as being required by the provider.

We found that people were not always protected by legislation designed to ensure that their rights were protected because the principles of the Mental Capacity Act 2005 (MCA) had not been consistently applied.

People were supported to maintain their nutrition and health needs. Referrals were made to health care professionals for additional support or guidance if people's health changed.

People were treated with dignity and respect and had their choices acted on. We saw staff were kind and caring when supporting people.

People told us they enjoyed the activities they were offered. Relatives and staff thought that the activities offered to people were good but there were not enough activities or stimulation available to people. Relatives told us that whilst complaints were acted upon by the manager, not all of their concerns were addressed in a timely manner.

Improvements were required as to how people's views were gathered on how the service was run. Improvements were required in relation to management systems to ensure they were effective in addressing shortfalls in the service.

Summary of findings

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 consistently safe.

People felt safe in the service, however not all incidents were reported to external agencies as required.

Improvements were required in the management of medicines and to ensure people received their medicines as prescribed.

We found that staffing levels did not always match the numbers identified as being required by the manager.

Requires improvement

Is the service effective?
The service was not always effective.

We found that people were not always protected by legislation designed to ensure that their rights were protected because the principles of the Mental Capacity Act 2005 (MCA) had not been consistently applied

People were supported to maintain their nutrition and health needs.

Referrals were made to health care professionals for additional support or guidance if people's health changed.

Requires improvement

Is the service caring?
The service was caring.

People's choices were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported.

Good

Is the service responsive?
The service was not always responsive.

People told us they enjoyed the activities they were offered. Relatives and staff thought that the activities offered to people were good but there were not enough activities or stimulation available to people.

Relatives told us that whilst complaints were acted upon by the manager, not all of their concerns were addressed in a timely manner.

Requires improvement

Is the service well-led?
The service was not consistently well led.

Improvements were required in the records of people's care.

Improvements were required as to how people's views were gathered on how the service was run and how an overview of the service was formulated.

Requires improvement

Summary of findings

Improvements were required in relation to management systems to ensure they were effective in addressing shortfalls in the service.

Beechdale Manor 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.

We inspected the service on 3 and 7 December 2015. This was an unannounced inspection. The inspection team consisted of one inspector and a specialist advisor, who was a nurse.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the visit we spoke with eight people who used the service, eight relatives, five members of care staff, the cook, one nurse and the manager. We observed care and support in communal areas. We looked at the care records of four people who used the service, staff training and recruitment records, as well as a range of records relating to the running of the service including audits carried out by the manager and 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.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us, "It is as safe as anywhere you can be. [Staff] know how to look after you." Another person told us, "Oh yes I feel safe, there is always staff about." A relative told us, "I have no concerns about safety."

When we last inspected the service in February 2015 we found there were improvements needed in relation to people's safety. This was because not all incidents had been shared with the local authority for consideration under safeguarding procedures. We found that this remained an area for improvement during this inspection as people could not be assured that incidents would always be responded to appropriately. We found that although staff understood the process for reporting concerns and escalating them to external agencies if needed, these processes had not always been followed. An incident which should have been reported to the local authority as a safeguarding issue had not been. This was despite the recommendation of an external healthcare professional that the incident was reported.

We found that staffing levels in the service did not always match the numbers identified as being required by the provider. A person using the service said, "Sometimes we could do with more [staff] but there mostly seems to be enough." Another person told us, "There are not enough carers, they are overworked." One relative told us, "They don't have the capacity to treat people as individuals. If you come in on a Sunday, it is dreadful. It is chaotic and no one knows what is going on."

Staff we spoke with told us that there were not always enough staff on duty due to staff members being off work. One member of staff told us, "[People] receive the physical care they need but we don't have any personal time with them. We are constantly on the go." During our inspection, although we observed people's physical needs were met and call bells answered in good time, we observed that staff did not have time to sit and interact with people. We also saw there were not enough staff on duty in one of the dining rooms to respond to people's needs in an unhurried manner. The number of staff present during the mealtime was below the number of staff that the manager had identified as being required. We were told that these issues had been reported to the management and that attempts were made to arrange staff cover. The provider was also in the process of recruiting additional staff. We found during our visit the staffing levels were below the amount identified as being required by the manager.

People could not be assured all staff had been properly vetted to make safe recruitment decisions. We found one person who had recently been employed at the service, only one character reference had been obtained when the provider had identified that references should be sought from two former employers. Records showed that Disclosure and Barring Service (DBS) checks had been completed prior to staff starting work in the service. The DBS supports providers to make safer recruitment decisions.

We found that people may not receive safe support because risk assessments designed to promote their safety were not kept under review. In one case we found a person had bed rails fitted to their bed without an assessment to determine if these were safe for them to have in place. Two other people's risk assessments had not been recently reviewed to ensure that information remained current. Where people had been assessed at risk of pressure damage to their skin we saw appropriate pressure relieving equipment was in use as identified in a risk assessment. We saw that people who required support to maintain their skin integrity were checked on a regular basis but it was not always recorded whether the person had been supported to reposition in line with their care plan. This meant that records did not support that people were being repositioned in line with their care plan.

We observed the medicines administration round on one floor of the service took over two hours to complete and was completed half an hour before the next medicines were due.This meant people may experience a delay in having some of their medicines which require a minimum time period between doses. We saw one person was not offered pain relief at lunchtime due to insufficient time having passed since their last dose. This meant that there was a risk that the person's pain could be poorly controlled.

People were at risk of medicine errors because recommend safe practices were not adhered to. Some people did not have photographs on their medication administration records (MARs) to aid staff with identifying the correct person. There were not always protocols in place for people who were prescribed medicines to take when

Requires improvement

Is the service safe?

needed know as (PRN.) We also found people's medicines that should be dated when opened to ensure they were only used when at their most effective were not always dated.

Staff had received training in the safe handling and administration of medicines and had their competency assessed. Regular medicines audits were also being undertaken but these had not identified all of the issues that we found during this inspection. We saw that staff encouraged people to take their medicines, explaining and supporting them as necessary. They stayed with people until they had taken them.

People's independence and freedom was encouraged through the use of mobility aids. We observed that equipment was available and was being used safely to assist people in promoting their freedom and independence within the service. People had care plans to describe the support they needed to ensure their safety and wellbeing in the event of an emergency situation such as a fire.

Requires improvement

Is the service effective?

Our findings

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.

We found that procedures were not followed by staff to ensure that people had the legal authority to consent on behalf of their relative. We found that one person's relative had given their consent for a range of interventions such as giving medicine and receiving vaccinations. There was no record that the relative had power of attorney. In the absence of a valid power of attorney, the person's relative would not be able to consent to interventions on their behalf.

An external healthcare professional had requested that a capacity assessment and best interest decision were completed for a person in relation to their personal care. This had not been done. We also found that mental capacity assessments had not been completed to determine if two people could make a decision whether they wished to have bed rails fitted. Additionally there was no record to show if the decision to use bedrails had been made in each person's best interest. This meant that the provider was not keeping records which confirmed that decisions about people's care had been made appropriately.

We looked at the care records for four people who had Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) forms in place which had been completed by each person's doctor. Two of these forms indicated the person did not have the capacity to make the decision for themselves but a power of attorney was in place, however, there was no evidence of this in people's care records. Although the provider is not responsible for completing these forms, the forms should have been reviewed to ensure that the information contained in them was correct.

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

People told us that staff asked for their consent before carrying out care interventions. One person told us, "[Staff] ask my permission and check that I am ok with what they are doing." We saw that it was recorded in care plans that staff should ask for consent before carrying out care interventions. The staff we spoke were aware of the need to ask for people's consent before providing care interventions. For example, staff described how they would respond to a person who could be resistive towards the support with their personal care

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 found that applications had been made for people in one area of the service. However, it had not been considered whether people in other areas of the service may be deprived of their liberty. This increased the risk that people may be deprived of their liberty without the required authority.

People felt that staff knew them well and knew how to respond to them. One person told us, "[Staff] help me a lot. They are very good all of them."

People were supported by staff who may not have been provided with supervision about their work or given opportunities to identify any support or training they required. The manager told us they had started to provide staff with supervision since taking up their post, but they had not yet done so with all staff.

Since coming into post the manager had identified that training for staff in areas which the provider considered to be mandatory was out of date. Staff we spoke with confirmed that training in areas they identified as being mandatory was required. In response to this, staff had been enrolled on the 'Care Certificate' to ensure that their knowledge was up to date and that they could carry out their roles effectively. The Care Certificate is a national qualification for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support. Staff told us that they had begun to complete the required training.

New staff were required to complete an induction within twelve weeks of employment. The induction process allowed staff to familiarise themselves with the needs of

Requires improvement

Is the service effective?

people who used the service and give them the opportunity to read the organisation's policies and procedures. We saw records confirming that a recently recruited member of staff had undertaken the induction.

People told us the food was good and they enjoyed it. One person said, "You get quite a lot of choice. The meat is beautiful; it almost melts in the mouth." They went on to say, "The soup is homemade and beautiful. I would recommend it to anyone." Relatives also told us the food was good and their relatives were happy with it.

We observed the lunchtime meal in two areas of the service. Where people needed support to eat we saw that this was provided by staff. The meal looked appetising and nutritious and people we spoke with during lunch told us they were enjoying the meal. Where people needed a special diet, such as a soft diet, this was provided for them. We saw the food was made from fresh ingredients and there was a choice of two main meals at lunchtime.

Nutritional assessments were undertaken monthly to assess if people needed extra support with their nutrition. We found that people were weighed in line with the guidance in their care plans, nutritional supplements were given when required and food and fluid charts were in place if required.

People told us that that they are supported with their healthcare and to see healthcare professionals if required. One person told us, "The nurse will call the doctor if they need to." Another person told us, "If I am worried I would tell my carers and they would fetch someone. When I asked to see the nurse, they got the nurse." People talked to us about their appointments with the dentist and the optician.

We saw from care records that staff sought advice from a range of external professionals such as a speech and language therapist, dietician, the falls prevention team and catheter outreach nurse in order to meet people's healthcare needs.

Good

Is the service caring?

Our findings

People told us that they thought the staff were caring. One person told us, “They look after us very well.” The person pointed to a member of staff in the distance and said, “That lady is the most marvellous person. We have a laugh and a joke about things. It’s happy here.” Another person told us, “The staff are all friendly.”

We observed that some staff interacted with people whilst sat in communal areas whilst others were completing paperwork and monitoring people. However, staff were kind and gentle with people and responded if people required support. We observed that a staff member responded in a caring and kind way to a person’s distress, offering emotional support, holding their hand and checking that the person was okay later on. We saw that the person gained reassurance and comfort from this interaction. Another member of staff took time to ensure that a person had understood what was being said to them and was offering choices about where they spent their day. The member of staff clearly understood the person’s communication needs and was communicating with the person using their preferred method. We saw that staff responded to people’s requests in a timely way. One person who was in their room required assistance whilst we were with them and we saw that staff responded to a call bell quickly.

People we talked with said that they were given choices about everyday activities of daily living. One person told us, “They don’t wake me up in the morning and it is up to me when I go to bed and put the lights out.” They told us that staff talked to them about their care before they provided support. We observed a nurse talking with a person who used the service and explained their assessments that had been carried out recently. We also saw people being offered a wide range of drinks that were available throughout the day and a choice of meals at lunchtime.

People we spoke with told us that staff respected their privacy and dignity. We observed staff respecting people’s privacy and dignity when supporting them. For example ensuring that people’s clothing was appropriately adjusted and sensitively talking about the effect that a person’s healthcare condition may have on them. We observed interactions between staff and people who used the service were respectful. We spoke with staff about how they would respect people’s privacy and dignity and staff showed they knew the appropriate values in relation to this.

We saw that people had records called ‘all about me’ and these had been completed with people’s life history and information they felt was important for staff to know. We found that staff were knowledgeable about the people they were supporting. Staff told us about people who had specific needs due to their religious beliefs and they were able to describe these needs and how they needed to be met.

The manager told us that one person who used the service had been supported by an advocate and that information about advocacy was available at the service. Staff confirmed this and told us they had arranged for advocates to visit in the past when needed or requested. Advocates are trained professionals who support, enable and empower people to speak up.

Requires improvement

Is the service responsive?

Our findings

People felt their individual preferences were known by staff and felt they were encouraged to make independent decisions in relation to their daily routines. One person told us, "The staff know how I like to spend my time." We observed staff asking people about where they wished to spend their time and whether they would like to listen to music or watch the television.

Staff told us effective communication systems were in place to ensure they were aware of people's individual preferences as soon as they were admitted to the service so person centred care could be provided. We were told by staff that some people using the service were able to tell staff their likes and dislikes and that information was sought from people's families when people moved in. Staff told us that they gained information about people's preferences through reading their care plans.

We saw that care plans contained information about people's personal histories, likes and dislikes and contact details of people's next of kin. The care plans were individualised and described how people were to be supported in good detail. For example which gender of staff people preferred to support them, whether they preferred a bath or shower, what type of toiletries the person preferred and whether they liked a light on at night.

We saw that some people's care plans included details indicating that the person or their relatives participated in care planning and were aware that they could attend a review of their care needs. We did not see evidence of regular reviews with the person or their relatives having taken place. Most of the relatives we spoke with told us that staff kept them informed of any changes to their relation's health needs.

People may not receive the correct care and support because their care records did not accurately reflect the care and support they required. For example we saw one person's healthcare record had not been updated to show a change in the person's condition and now required their medicines to be administered via an alternative method. Another person had some recommendations made by an external healthcare professional on how they were supported with their personal care. These recommendations had not been included in the person's care plan.

People told us they enjoyed the activities on offer but that staff did not have much time to spend with them. The relatives we spoke with also felt that the activities were good but that it was difficult for the activities co-ordinator to cover all three floors and felt there were times when their relations did not get sufficient stimulation.

An activities co-ordinator was employed at the service five days a week. A weekly activities programme was in place which showed a variety of activities taking place. The activities co-ordinator told us that they divided their time between the three floors on different days. Time was also spent with people who were cared for in bed one day a week and the activities co-ordinator was knowledgeable about what activities people enjoyed or benefitted from. Ideas for activities were sought from people who used the service and from links with outside agencies and other activities co-ordinator. Whilst we observed activities taking place during our inspection on one floor, we observed times when there was little stimulation or interaction with people.

People felt they could speak with staff and tell them if they were unhappy with the service. They told us they did not currently have any concerns but would feel comfortable telling the staff or manager if they did. We asked one person if they knew how to make a complaint if they were unhappy with the care provided. They said, "Yes definitely." Another person told us, "I haven't had much to do with the manager but I know where the office is if I need it."

Some of the relatives we spoke with felt that their concerns were not always addressed and improvements made. Relatives identified issues with us during our inspection. The manager was aware of some of these issues. However, four relatives expressed concern about people's belongings going missing. We spoke to the manager about these concerns, the manager was only aware of one complaint regarding a person's clothes going missing and told us this had been resolved.

We saw two written complaints had been recorded had been investigated. Written responses had been provided and where appropriate action identified to resolve the issues.

Requires improvement

Is the service well-led?

Our findings

The manager did not provide visible leadership for relatives within the home. Some of the people who used the service and their relatives did not know who the manager of the service was. Some staff and relatives felt the manager did not make themselves visable around the service and they did not feel concerns and suggestions were always acted upon or considered.

During our last inspection in February 2015 we found that improvements were required in relation to management systems to ensure they were effective in addressing shortfalls in the service. We found at this inspection that improvements were still required.

People could not rely on staffing levels being adjusted to ensure there were sufficient staff to meet their needs. There were not effective systems in place to identify the number of staff needed to be on duty to meet people's needs and whether sufficient staff were on duty. Staff raised staffing issues as a problem within the service and the impact this had on their morale. The staff rota did not always allocate the number of staff needed so there were insufficient staff on duty. We brought to the manager's attention there were insufficient staff on duty on one of the floors during our inspection and they had been unaware of this, despite this being shown on the staffing rota.

There were limited attempts to gather people's views and comments and when these were obtained people could not be certain these were acted upon. The manager told us they had not sent out a recent satisfaction survey. Where some people had provided some feedback about their care, they had indicated they were not happy with the time they got up. The manager was unaware of these comments and there was no evidence any action had been taken.

There was no system to ensure people's care records were kept up to date. We found changes in people's needs were not recorded, for example the way a person was administered their medicines. We saw that similar issues had been identified to the provider during a recent monitoring visit by local commissioners and had not been acted upon. We also saw there was no system to allow a summary of people's essential information to be taken from the file in an emergency, such as an admission to hospital. This meant staff had to quickly write this information out and there was a risk that this could be recorded incorrectly or important information missed. This posed a risk that agency or newly staff newly employed staff at the service would not have up to date information relating to the needs of the people they were supporting.

We found that identified improvements required in the service were not always acted upon in a timely manner. It was idenitifed during our last inspection in February 2015 that a second activities co-ordinator was needed due to the size of the service. We were told during this inspection that this was still being looked into.

People who used the service and their relatives could not rely on any concerns or complaints they made being acted upon. A number of relatives told us they had raised concerns about their relation's belongings going missing. When we asked the manager about these they were only aware of one of these complaints.

We saw essential maintenance was not carried out in a timely manner. For example, we saw that monthly checks had identified that some emergency lights were dim in January 2015 and were not rectified for five months. Another example was the central heating had not been working in some people's bedrooms since January 2015 and had still not been rectified. As a result people had temporary electric fires in their rooms.

The provider had systems in place to monitor the quality of the service provided. These included, a monthly audit in areas such as catering, medicines management and health and safety. However, the audits had not picked up shortfalls within the service which were identified during this inspection, such as low staffing levels and improvements needed in record keeping .

It is a requirement of the provider's registration that there is a registered manager employed. There has not been a registered manager employed at the service since June 2014.

All of the above information constituted a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us that an operations manager carried out monthly visits which included looking at areas of management such as how accidents and falls were responded to. Reports of accidents and incidents were logged on the provider's online monitoring system and these were reviewed by the regional operations manager to

Requires improvement

Is the service well-led?

assess if there were any trends in order to identify and make improvements to the support people received. Records we looked at showed that the manager had submitted all the required notifications to us that must be sent by law.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance** Assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity (including the quality of the experience of service users in receiving those services). Maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. Evaluate and improve their practice in respect of the processing of the information.