

Czajka Properties Limited

# Beanlands Nursing 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?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Beanlands Nursing Home is a residential care home providing personal and nursing care to up to 45 people in three separate wings. One of the wings specialises in supporting people who need nursing care. The service provides support to people over the age of 65, people living with Dementia, people with physical disabilities and people with sensory impairments. At the time of our inspection there were 33 people using the service.

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

There were ineffective and incomplete management processes which did not identify all issues found on inspection. Improvements are needed to make sure audits identify all areas for improvements and when things go wrong lessons learnt reviews completed.

Fire drills were not completed monthly as recommended by the fire risk assessment. More time was needed to develop and embed management practices as these were not consistent or always effective in identifying areas for improvement.

The registered manager promoted a culture of providing high quality care and worked in partnership with other organisations.

Medication was managed safely and there were enough staff to provide safe care. Relatives were unable to visit Beanlands Nursing Home in line with government guidelines due to the providers policy. We have made a recommendation around this. Infection prevention and control practices were broadly compliant with recommendations.

Staff felt they had the skills and training to do the job and people were supported to eat and drink enough. People benefitted from care plans and risk assessments which covered all areas of their lives to receive person centred care. Staff worked with partner agencies to make sure people had access to health and social care services to live a healthy life. The premises were accessible and maintained to a good standard.

Staff were caring and provided people with high quality and compassionate care. People were always afforded privacy and respect.

The registered manager responded appropriately to complaints and staff felt skilled to provide high quality end of life care. The provider met the accessible information standards and there were a wide range of activities offered.

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.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 2 November 2022). This service remains requires improvement. This service has been rated requires improvement for the last two consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 18. The provider remained in breach of regulation 17.

At our last inspection we recommended that the provider reviews best practice around hydration assessment and implement a robust monitoring process. At this inspection we found the provider had acted on the recommendations and had made improvements.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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.

#### Enforcement and Recommendations

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 will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the management oversight of the submission of notifications at this inspection and audits did not identify all areas of improvement required.

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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 responsive.

Details are in our responsive findings below

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Beanlands 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 Health and Social Care Act 2008.

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

An inspector undertook the inspection and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Beanlands Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beanlands Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

During the inspection, we spoke with the nominated individual, registered manager, deputy manager, two nurses, one senior carer, six carers, one activity coordinator, one handy person and one domestic staff. We spoke with 10 people living at the service and four relatives. 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 reviewed four medication administration records (MAR) and four care plans. We reviewed evidence following the inspection including training records, policies, team meetings and audits.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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.

Assessing risk, safety monitoring and management

- Systems were not consistently in place to manage risk.
- Not all staff participated in simulated fire drills. This increased the risk of staff not having the correct knowledge in the event of a fire. The fire risk assessment and provider simulated fire drill record sheet both indicated a fire drill should be completed monthly.

You can see what action we have taken regarding this in the well-led section of this report.

- Other environmental risks, such as water temperature, legionella, electrical safety and gas safety checks were all completed.
- People benefitted from detailed and person-centred risk assessment.
- Daily meetings were held to update staff on information and any new risks to ensure staff have up to date knowledge.
- The provider had policies in place to minimise the risk of harm.

Learning lessons when things go wrong

- The registered manager did not effectively learn lessons.
- The registered manager reported a tally to the provider of significant incidents but did not review these incidents to learn lessons to minimise the risk of recurrence. For example, one person had a series of falls over a short period of time where ultimately a fall resulted in a hospital admission. The falls were not analysed, and staff were not informed of how to minimise the risk of repeated falls.

You can see what action we have taken regarding this in the well-led section of this report.

- There were systems, such as personalised care plans, which allowed updates to be shared with staff following accidents.

Visiting in care homes

- Visiting was not facilitated in line with government guidelines.
- Relatives and visitors continued to be required to make an appointment to visit Beanlands Nursing Home as per the provider policy. This was not in line with government guidelines.
- Some people and their relatives felt impacted by this policy. One relative told us, "I still have to ring to book for an appointment and I would prefer to go back to popping in. I feel that would be better for [person]"

as the booking system means they didn't get many visits."

We recommend the provider reviews best practice on managing the risk of infection transmission to ensure visits are in line with government guidelines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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

- There were systems in place to protect people from abuse or neglect.
- The provider had a safeguarding policy and staff had training to recognise signs of abuse and how to report this. Staff felt confident in raising a concern.
- People felt safe living at Beanlands Nursing Home. One person told us, "The staff look after us very well and they've told me they're doing some new qualifications and training so that's good."

#### Staffing and recruitment

- Staff were recruited safely.
- There were enough staff to provide safe care.
- The registered manager used a dependency tool, which was updated monthly, to ensure there were enough staff available.
- People found there were enough staff available. One person told us, "The staff are nice, and I don't have to worry as everything gets done for me and they know what I need."

#### Using medicines safely

- Medicines were managed safely.
- Nursing staff had a good understanding of people's medication needs and safely administered medication.
- Medication was stored safely, and staff had their competency checked to ensure they had up to date knowledge.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to provide staff with appropriate training, support and supervision to enable them to perform their role. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had training to provide safe care and treatment.
- The provider considered the skill mix of staff to make sure there were qualified nurses on every shift.
- Staff felt the training was of high quality. One member of staff told us, "There is lots of training. I feel I have the skills to care for people."

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

- Systems were in place to assess people's care needs.
- People were afforded choice and control over their day to day lives. For example, over what to eat, drink, wear and participating in activities. One person told us, "I can choose what to do and where to eat." and those that know me are lovely."
- Staff knew people and their preferences well. One member of staff told us, "I've worked here a long time. I care about the people living here."

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

- Systems were in place to make sure people had enough to eat and drink.
- People were afforded a wide variety of choice over meals, including vegetarian options.
- People who were at risk of weight loss had enhanced monitoring to assess if additional action was needed to manage continuous weight loss.
- Kitchen staff understood people's dietary requirements. One member of the kitchen staff told us, "We get told if someone's diet changes. We offer vegetarian options and pureed options. Everything is cooked fresh every day. The provider likes it that way."

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

- Staff worked with partner organisations to make sure people had access to health and social care.

- Staff had a good working relationship with the GP, social workers and pharmacy to promote people's wellbeing and live a healthy life.

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

- The building was fully accessible to ensure people could walk round independently.
- The building was decorated to a good standard and was well maintained. This had a positive impact on people's wellbeing.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported to have maximum choice and control over their decision making.
- People who were unable to agree to stay at Beanlands Nursing Home had DoLS in place to protect their MCA rights.

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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; Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- People received person centred care and staff promoted people to make their own decisions. One person told us, "Oh yes they're all lovely and I feel they do more than they need to for us as nothing is too much trouble."
- People were supported to live as independently as possible with a focus of placing people at the centre of plans and decisions.

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

- People were supported to be involved in decision making about their care.
- People told us they felt able to make decisions about their life. One person told us, "The staff all know me very well. I feel well looked after."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and maintained control of their lives.
- Staff focused on making sure people were fully involved in their own decision making. People told us they were included and consulted in decisions about their lives.
- Staff knew people well to provide person centred personalised care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was available in various formats to allow it to be accessible to people.
- Staff knew people's communication styles to ensure people were included in activities and decision making.

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 live active independent lives.
- The activity coordinator organised a wide variety of activities such as one to one activity or group activities. Entertainers also performed at Beanlands Nursing Home.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and system to respond to concerns or complaints.
- The registered manager had responded to complaints in an appropriate and understanding manner which resolved people's concerns.

End of life care and support

- There were systems and established processes in place to make sure people receive a dignified, comfortable and pain free death.
- At the time of inspection, people did not require end of life care, but staff had a good understanding of how to provide end of life care.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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; Continuous learning and improving care

At our last inspection the provider had failed to have effective systems to ensure quality and safety. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvement had not been made at this inspection and the provider was still in breach of regulation 17.

- Systems were not established to identify all areas for improvement.
- The registered manager's lessons learnt reviews did not comprehensively analyse how risks could be minimised in the future.
- Staffing spot checks did not identify some staff wore wrist watches or wore false nails.
- The registered manager did not act on recommendations from a fire risk assessment to increase the fire drills.
- We identified the manager did not fulfil their legal requirement to notify CQC of all allegations of abuse or neglect.

Although we did not find anyone had been harmed, the service had failed to have robust governance systems in place. This is a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some audits were effective in recognising successes and areas for improvement where remedial action was taken. The provider completed regular audits and offered support systems to Beanlands Nursing Home.
- The provider had robust policies in place to support the registered manager with understanding expectations and best practice.

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

- People received person-centred care where they were empowered to achieve good outcomes
- People felt they were able to maintain choice over their lives. One person told us, "If I have any concerns, I

always speak to staff and wouldn't hesitate to go to the manager. In fairness, whenever I have, the manager did resolve it."

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 had not always acted with a duty of candour.
- CQC had not been notified of all safeguarding and serious injury incidents, which is a legal requirement.
- The registered manager informed the local authority of safeguarding concerns. Relatives were updated of outcomes when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in making decisions about the service. The registered manager engaged with people, their relatives and staff on a regular basis to develop the service.
- Staff reported they were involved and engaged with decisions about the service. Staff reported being able to raise concerns if needed and share ideas to improve people's quality of life.

Working in partnership with others

- The service worked in partnership with others.
- The service had links with the local community organisations such as the GP, district nurses and social care professionals who routinely visited the service.

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
Treatment of disease, disorder or injury	The registered manager did not have complete, effective and robust governance systems to monitor all aspects of quality and safety systems.  17(2)(a) 17(2)(b)