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# Beechwood Nursing Home

## Inspection report

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### Ratings

Overall rating for this service	Inadequate 
Is the service safe?	<b>Inadequate</b> 
Is the service effective?	<b>Inadequate</b> 
Is the service caring?	<b>Requires Improvement</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Inadequate</b> 

# Summary of findings

## Overall summary

About the service: Beechwood Nursing Home is a care home that provides personal care for up to 32 older people. At the time of the inspection 25 people lived at the home.

People's experience of using this service: Risks which affected people's health and wellbeing were not always documented. This meant that staff did not always have adequate information to manage and mitigate risks to people.

Staff did not always receive training in relation to people's specific health conditions and risks associated to them. Staff were unable to describe how they would support people should an incident associated to these risks occur.

Staff did not always ensure people's medicines were administered safely and monitored effectively.

People were not afforded dignity and respect by staff when they carried out personal care and other supporting roles.

Infection control procedures and audits required improvement to ensure people were protected from the risk of infection.

Quality assurance systems and audits did not effectively identify where improvements were needed.

The leadership and governance of the service needed to ensure lessons were learnt, improvements embedded and sustained to ensure people receive a good quality service.

Care records were not always up-to-date and did not encourage delivery of person-centred care. It was not always clear from records who should be consulted about decisions regarding people's care and finances.

People had social goals they wanted to achieve; the provider explored these options to try and help people meet their goals, however, people felt staff were often too busy to support them to access the wider community.

Health professionals raised concerns about low staffing levels during busy periods. Dependency tools were not always calculated correctly to include people's current needs. We could not be sure the dependency tools accurately reflected appropriate staffing levels.

Staff did not always know people well and told us they worked in different areas of the home depending on the rota. For those people unable to express their views verbally, staff were unable to tell us of any alternative methods used to support their communication needs. After the inspection the provider sent us information around communication methods used to support one person.

People were able to express their views to us and raised concerns that they were not always supported to make their own choices and felt at times they were not involved in decisions around their care needs.

Some health professionals raised concerns that the service did not engage with them. During the inspection we raised concerns about the lack of input from some health professionals in terms of people's safety and comfort.

Care plans provided some guidance for staff to promote people's independence.

Staff had completed safeguarding training and could tell us what actions they would take if they had concerns about people's safety. People told us they felt safe living in the care home.

Audits were ineffective in identifying areas that required improvement. A lack of support was in place for the registered manager and senior management oversight was not in place to drive improvements in the service.

The provider failed to ensure improvements were made. This is the third time the service has been rated overall as below 'Good.' The provider had submitted an action plan after the last inspection, which told us about the improvements they planned to make. Some of these measures had not been effective, and we found continued breaches of regulation.

The overall rating for this registered provider is 'Inadequate'. This means that it has been placed into 'Special Measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Another inspection will be conducted within six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded. We will have contact with the provider following this report being published to discuss how they will make changes to ensure the service improves their rating to at least Good.

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

Rating at last inspection: Requires Improvement. (Report published on 25 April 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Enforcement: Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. The provider will continue providing regular updates to their action plan. If any concerning information is received, 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 safe.

Details are in our Safe findings below.

**Inadequate** ●

### Is the service effective?

The service was not effective.

Details are in our Effective findings below.

**Inadequate** ●

### Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

**Requires Improvement** ●

### 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 well-led.

Details are in our Well-Led findings below.

**Inadequate** ●

# Beechwood 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 as part of our regulatory functions. This inspection checked 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.

**Inspection team:** The inspection was carried out by two inspectors and an expert by experience. Experts by experience are people who have experience of using, or supporting someone, who uses similar care services.

**Service and service type:** Beechwood Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager in place at the time of our inspection visit. 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.

**Notice of inspection:** This inspection was unannounced. We told the provider when we would be returning for the second day.

**What we did:** Before the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injuries. We sought feedback from local authorities and the fire service. We used this information to plan our inspection.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. Due to technical problems, the provider was not able to complete a Provider Information Return. We took this into account when we inspected the

service and made the judgements in this report.

During the inspection we reviewed eight people's care records, to ensure they were reflective of their needs. We reviewed four staff recruitment records including supervisions, training and appraisals. We looked at records relating to the management of the service such as quality audits, medicines administration, accidents and incidents and engagement with staff, relatives and people living at the service.

We spoke with five people who lived at Beechwood Nursing Home, a visiting relative and one healthcare professional. We communicated with two people using a whiteboard to support them in expressing their views about the service. We also spoke with one nurse, four care staff, two cooks', the registered manager, area manager and the nominated individual. 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.

Following our inspection, we spoke with a further seven relatives and nine health professionals for their feedback about the service.

# Is the service safe?

## Our findings

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

Inadequate: People were not safe and were at risk of avoidable harm. Some regulations were not met.

At the last inspection this domain was rated requires improvement. We had found that risks had not been adequately assessed. At this inspection we found a lack of improvement to manage risks to people and ensure assessments were detailed for staff to identify and manage risks.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong.

- People did not always have risks to their health and well-being mitigated by staff. There were insufficient and conflicting details in care records and risk assessments to ensure people were cared for safely and consistently. Staff could not always advise of the measures they would take to prevent risks to people.
- Peoples monitoring records were not always fully and accurately completed to show that risks had been managed. For example, monitoring of positional changes and continence management to prevent pressure areas. Conflicting information was recorded across different care plans and risk assessments making it difficult for staff to know people's current needs.
- Environmental risk assessments had not identified the safety and infection control issues we raised during the inspection. For example, some radiator covers in people's bedrooms were damaged and not secured to the wall, flooring was not always sealed and frayed or rusty equipment was in use.
- We identified potential fire hazards that the registered manager was aware of but had failed to address. We reported our concerns to the local fire service. The provider confirmed some of these issues had been addressed on the day of inspection.
- Systems in place to manage risks were ineffective because they were not always identified or assessed appropriately.
- Restrictions that were in place had not always been assessed appropriately and for some people these had not always been lawfully obtained through best interest decisions involving appropriate health professionals.
- Lessons were not always learnt and effectively managed. For example, the provider had been aware that risks were not adequately assessed or managed from our last inspection. However, this was still identified as an area of concern.

Using medicines safely.

- Medicines were not always managed appropriately or administered safely. One person had not been observed taking their medicines before staff signed the Medication Administration Record (MAR). The provider shared updated care plans and risk assessments regarding the support required with this person's medicines. However, these required further work to ensure there were clear instructions for staff to follow.
- We checked people's records for the management of pain relief and anti-psychotic medicines. Records did not always specify the reason pain relief had been prescribed. Staff were not monitoring the reasons why they had administered these medicines or monitoring the effectiveness of them. Some people were unable



to verbally express their views and detailed protocols were not always in place for staff to support them. This made it difficult to identify changes in people's needs to ensure the right support is in place.

- Some people required medicines to be administered on an as required basis. Where people lacked capacity or were unable to inform staff that they required medication, we found inadequate records were retained to help inform staff of people's needs and administer medication as needed. Protocols were not in place to help staff make these decisions. This meant people were at risk of not always having their medicine to help them control their anxieties and pain.
- Supplements had not been stored appropriately. Some of these were kept in a cupboard in the dining room area. Staff advised that no temperature checks were in place.

Failure to ensure systems were in place to provide safe care and treatment, prevent risks to health and safety of people including measures to mitigate those risks, provide staff with appropriate skills and training to support people safely, administer, manage and store medicines in line with best practice guidelines and prevent the spread of infection was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment.

- People received assessments of their dependency levels in order to decide how many staff were required to meet people's needs. However, these were often miscalculated or not assessed in line with people's current needs. This meant that we could not be sure the staffing ratios were appropriate to meet everyone's current needs. The layout of the building was not considered in the current dependency tool. Two health professionals raised concerns that during busy periods staffing levels would benefit from being increased to support the duty nurse. The provider was currently reviewing all care plans and risk assessments to ensure dependency figures are accurately reflected.
- The provider had completed checks to ensure staff were suitable for their role. These included; obtaining references from their most recent employment and checks with the Disclosure and Barring Service (DBS) to ensure people were suitable to work in a care environment. Gaps in employment history had not always been explored.

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

- People were asked if they felt safe and trusted the staff that supported them. Most people expressed they were happy with the staff and care provided. However, a couple of residents did advise that some staff were better than others in terms of how they supported and communicated with them. This was discussed during feedback and the provider advised they would be taking measures to support staff.
- Staff could describe different types of abuse and what actions they would take to protect people from avoidable harm or abuse. Safeguarding training was completed annually by all staff and policies and procedures in place to support them to follow local safeguarding procedures.
- Records were kept of safeguarding concerns. These showed appropriate actions had been taken and referrals made to the local authority.
- Staff understood the whistleblowing procedure that was in place and knew who to contact should they need to raise any concerns.

# 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

There were widespread and significant shortfalls in people's care, support and outcomes. Some regulations were not met.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service was not working within the principles of the MCA. Best interests decisions were not in place for restrictions such as lap belts and bed rails.
- Management were not always aware of those people that lacked capacity to make decisions for themselves. For example, one person's records advised they lacked capacity to make significant decisions about their care and support. The area manager told us they had capacity to make decisions for themselves. A second person's records had conflicting information about whether or not they had capacity to make decisions for themselves. Therefore, we could not be sure the service was working within the principles of the MCA.

Failure to work within the principles of the MCA is a breach of Regulation 11 (consent), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had made DoLS applications to the appropriate authorising agencies.

Staff support: induction, training, skills and experience.

- People were at risk of receiving ineffective care, because staff had not always had adequate training; some staff were unaware of how to support people should they experience complications because of their health conditions. Other staff did not provide dignified support with eating or during personal care.
- The people responsible for delivering training and checking staff's competencies had not always ensured their own skills and training were up-to-date.
- Staff were not always trained in specific health needs or in the use of specialist equipment to meet people's

needs when they were in receipt of end of life care. We found gaps in some areas of training.

- Supervision records did not evidence a robust approach to monitoring staff's wellbeing, and supporting their continued professional development. Staff told us they felt supported by management.
- The registered manager had not received supervisions or appraisals since commencing their role in 2017. Following the inspection, the provider advised they had informal discussions once or twice a month with the registered manager, but were unable to provide records to support this.
- The provider had a training matrix in place to show when staff had completed training. However, the information was not comprehensive, and did not schedule when future training was due.

Failure to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to deliver the regulated activity is a breach of Regulation 18 (staffing), of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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

- People were supported by staff to eat and drink, although this was not always carried out in line with best practice guidance. Regular snacks and fluids were available to people during the inspection.
- Systems in place to monitor people's food and fluid intake were ineffective. Charts provided were not always totalled, recommended daily targets were not documented on fluid charts and records did not prompt when action should be taken.
- The chef had some knowledge about people's dietary requirements, but was unaware of one person that required a high fibre diet. This was not recorded on the kitchens whiteboard that detailed people's dietary needs.

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

- Care plans did not provide adequate information and guidance for staff to meet people's needs appropriately.
- People's assessments were not always detailed or reflective of people's individual needs.
- Handover records were brief and did not always include all current information about people's changing or immediate needs.

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

- Feedback from health professionals was mixed. Some were unable to comment as they felt their input into the home had been minimal or they had not been asked to visit for some time. Feedback from two health professionals raised concerns that senior management staff were not always updating their own skills to support care staff to deliver important aspects of care. We found gaps in some training which the provider had been unable to evidence.
- Records documented visits from other agencies including chiropodists and social workers.
- People sat in their wheelchairs for long periods of time; records did not show what other options had been explored, whether this had been discussed with the person or, if they lacked mental capacity, whether it was in their best interests. Some records showed people had not always received adequate repositioning or continence care.

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

- The service had made improvements to the environment since the last inspection. This included some re-carpeting of people's rooms and redecoration.

# 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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence.

- Staff did not always respect and promote people's dignity. For example, people were not always supported to eat and drink in a respectful and dignified way. Some people were not afforded privacy and respect during personal care or when they were feeling unwell.

People's rights to be treated with dignity and respect were not met. This was a breach of Regulation 10 (dignity and respect), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us staff supported them to be as independent as they could be. Some care plans did provide information which supported staff to promote people's independence.

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

- People's diverse needs were not always considered. For example, one person had difficulty verbally communicating, but other options to support them to express their needs had not been considered and incorporated into their care planning.
- People told us that staff were always busy. One person advised, "Not enough staff, never have time to talk. I'm quite isolated, all I can do is sit and read" and a second person said, "Short staffed most of the time, I don't know how they do it."

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

- Staff did not always fully understand people's needs, or have knowledge around best practice of how to support them. Care plans did not always include all the persons medical conditions, how they affected them and how they would like to be supported.
- Staff told us they did not get time to read care plans or they didn't understand them. One member of staff advised, "The last time I read a care plan was about six months ago."
- People told us they did not feel included in their care planning and had not been asked for feedback about the service. The provider had completed a survey in July 2018, showing they had made efforts to gather feedback from people's families. However, feedback from these showed improvements were needed to make sure people felt involved in their relative's care.
- The registered manager told us that one person had an advocate in place and should people need one they would offer support with this process. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

## Is the service responsive?

### Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care planning failed to reflected people's person-centred needs. People had risk assessments in place which did not provide detailed information to enable staff to support people appropriately.
- Reviews failed to identify changes in people's needs or that information was out of date or incorrectly recorded. For example, one person's wheelchair risk assessment advised they should not be left unattended. We observed the person unattended and when questioned the registered manager told us their care plan had not been updated to reflect this change.

Failure to provide person centred care was a breach of Regulation 9 (person-centred care), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A designated activities co-ordinator was employed, we observed them providing activities on the second day of inspection. People had social goals they wanted to achieve; the provider described how they explored these and tried to help people meet their goals, however, people raised concerns that staff were often too busy to support them to access the wider community.

Improving care quality in response to complaints or concerns.

- During the inspection people raised several concerns with us in relation to the temperature of their rooms, either being too hot or too cold. This had been an issue at the last inspection. The registered manager was dismissive of these concerns initially but agreed to monitor these rooms. Following the inspection, they told us that measures had been taken to address these concerns.
- Not all people knew how to make a complaint. Two out of the five people we spoke with knew how to make a complaint. One told us the owner had successfully resolved the issues they had raised. Some relatives told us they would speak with the registered manager if they had any concerns. Following the inspection, the provider advised they operated an open-door policy for people and their relatives to speak with them whenever they felt necessary.
- Information was not always shared in a format people could easily understand, such as for those people with a disability or sensory impairment.

End of life care and support.

- Care plans did not always detail people's advance wishes for end of life care. This is an area the provider agreed could be improved. Moving forward the provider agreed to approach these decisions with people and their families once they had settled into the service.
- Best practice guidelines had not always been followed to ensure advance care wishes were reviewed when transitioning between services such as from hospital to a care setting.

# 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

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

At the last inspection the domain was rated requires improvement. We had identified a breach in Regulation 17, (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we checked and found the provider was in continued breach of Regulation 17.

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

- After our last inspection, the provider had been asked to send an action plan to tell us what they planned to do to make the required improvements. The provider had sent this to us including dates they had actioned these improvements. However, we still found issues in areas such as infection control and medicines. This demonstrated that the providers measures were not effective in addressing and maintaining the improvements required.
- The provider had a lack of oversight of how the service was being run. They had not been aware of the improvements that needed to be made to ensure good quality care was delivered to people.
- The provider had failed to fulfil their registration requirements to notify CQC when restrictions were in place. We asked the provider to ensure they notified in line with their registration requirements.
- Supervisions, appraisals and clinical support had not been completed for the registered manager. Training had not always been delivered by a competent trainer, as they had not updated some of their own skills or training and had not been competency assessed. In addition, the service had accepted admissions without staff having the necessary training to support them.
- Internal audits and processes failed to identify or address the issues we identified during the inspection. For example, care plan audits were a tick box form that were ineffective in identifying where there were inconsistencies across care planning, or where improvements needed to be made. Medicine audits did not identify poor practice or where improvements needed to be made.

Continuous learning and improving care.

- Repeat breaches in regulation had been identified at this inspection. The provider had ineffective systems in place which did not identify areas of concern or drive improvements across the service.
- Investigations and auditing of incidents and accidents were not always robust, fully completed or managed appropriately to mitigate future risks to people.
- Where external agencies had made recommendations, the provider had failed to act on these. For example, the local authority had completed an audit of the service and identified areas that could be improved. We identified the same areas of improvement that required attention during our inspection.

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

characteristics; Working in partnership with others.

- People and their relatives did not always feel involved in the care planning process. The provider had completed a survey in July 2018, showing they had made efforts to gather feedback from people's families.
- Health professionals' feedback was mixed, comments included: "Myself and one of my colleagues have experienced animosity from staff? when family have wanted us to remain involved in a person's care and support" and "We have offered some training, but they didn't book any places." This was for more specialist training not delivered in-house.
- Records of professional's visits were not always current and up-to-date. One person's appointments were recorded up to November 2018 and when we contacted the health professional they had been regularly visiting, but no records had been kept of their visits since then.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- Senior management had not encouraged person centred care, care planning did not always support the individual, there current needs and explore how they would like to be supported by staff.
- We received mixed feedback about the registered manager. Some people told us they were approachable, and staff said they felt supported by them. However, health professionals and some relatives told us they never saw the registered manager as they were always in their office when they visited.
- Peoples personal data had not always been stored securely in line with the General Data Protection Regulation (GDPR). The provider addressed this during the inspection. The providers audits had failed to identify this and other failures at the service.

Inadequate oversight and effective audits meant that lessons failed to be learnt. The provider had not always engaged with health professionals to ensure people received the best options available to them. This was a breach of Regulation 17, (good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During feedback the provider agreed that care planning and risk assessments were a work in progress and since our inspection they have confirmed that work is underway to ensure these are reviewed and updated. The Local Authority have offered support to ensure this provider has the resources to support improvements required to meet the regulations.