

Czajka Properties Limited

Beanlands Nursing Home

Inspection report

Colne Road
Cross Hills
Keighley
West Yorkshire
BD20 8PL

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

Beanlands Nursing Home is a care home providing personal and nursing care to up to 45 people aged 65 and over some were living with dementia. 30 people were supported when we inspected.

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

We found no evidence that people had been harmed however, they were still at risk of avoidable harm or experiencing poor care because the provider did not have effective systems in place to assess, monitor and drive improvement. Sufficient action had not been taken since the last inspection and this had led to continued concerns and breaches of regulation around governance, record keeping, safety, risk management, staff training and supervision.

The provider had not ensured staff in their organisation took responsibility to ensure improvements were made and we found examples where external audits highlighted specific concerns and no action was taken. These were missed opportunities to improve safety and quality.

The provider has responded to our feedback at this inspection and taken immediate steps to make improvements with a longer-term action plan for this to continue. They have recruited a new registered manager during the pandemic who is working in a positive way to develop relationships and improve safety. The provider and registered manager are working alongside the local authority quality improvement team.

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. Records to evidence people consented to their care or where decisions were made in their best interest were not always in place.

People and their families had been supported during the pandemic to keep in touch through video calls and telephone. People were satisfied with the care and support they received from staff. We observed positive relationships between them, and staff knew people's preferences.

Sufficient staff were on shift to care for people. The registered manager was working to overcome the current recruitment challenge so that people received support from a stable staff team. Agency workers were used, and inductions were not always completed which meant people experienced a negative experience as they did not know their needs or preferences.

People's received their medicines safely, their health needs were well managed, and people experienced good outcomes in this area. We made a recommendation the provider reviews best practice in relation to the assessment of hydration to enable them to enhance the support people receive to drink enough fluids. Records around monitoring people's health need to be more robust.

The staff team had coped well during the recent pandemic and overall, they were managing infection

control well. We were not fully assured that their support of families visiting was well managed or that their infection control policy and audit process was up to date. They have accepted support from local professionals to improve these areas.

The registered manager had started to support the staff team to review their practice and make improvements. A positive culture was observed where staff worked together and spoke up if they felt they needed support. People and their relatives agreed that the registered manager was a positive influence in the team, and they were reassured by their approach.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 04 June 2019) and there were multiple breaches of regulation. This service remains rated requires improvement and has been rated this for 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 not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating and breaches of regulation found and it was prompted in part due to concerns received about staff training and risk management. A decision was made for us to complete a focused inspection and examine those risks. We reviewed safe, effective and well-led only. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the governance and oversight of the service and staff training and support at this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors conducted the visit to the service. An inspector made calls to staff and an Expert by Experience made calls to people who used the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

Notice of inspection

We gave 24 hours' notice of the inspection so we could assess the risks around accessing the service during COVID-19 and support the provider to accommodate the inspection process.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with 10 members of staff including the provider, quality and safeguarding manager, human resources staff, registered manager, nurses, senior care workers, care workers and the maintenance staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and four regarding staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who visited the service in the past.

Is the service safe?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same. 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; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- Staff knew people's needs and how to keep them safe and there was no evidence people had been harmed. However, although improved, records were still not always up to date and did not always contain detailed information on how to manage and monitor risks. People and their relatives told us they felt the service was safe. One relative said "I do think my family member is safe, everybody is good, they [staff] know their little ways and know how to make things right for them. They're all on the ball."
- Where people had high risk medical conditions the process to follow in an emergency and how to recognise symptoms of decline were not always recorded for staff to follow.
- People were at risk of harm because the environmental risks identified had not always been rectified. For example; one piece of work to improve fire safety had not been completed following a risk assessment in 2019. Not all staff had been trained in safe evacuation of the building and fire safety.
- Where people became anxious and distressed due to their dementia there was little guidance in care plans for staff around how to intervene to ensure consistent and effective support. Staff were able to describe the compassionate and sensitive ways they intervened but a consistent and trained way to intervene was required.
- Where accidents and incidents occurred, they were now recorded and work to support staff to recognise when they must report incidents had started to be effective. The registered manager was focused on using all occurrences as a learning opportunity to make improvements and reduce the likelihood of a reoccurrence.

The continued failure to assess, monitor and mitigate risk and maintain a complete and accurate record of the care people need and receive has been addressed within the well-led section of this report.

The provider took steps following our feedback to make necessary environmental improvements and work is either completed or in progress. The provider is working with the local authority to embed better care plans. An action plan is now in place to address the staff training concerns.

Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections or that their infection prevention and control policy and audit processes were up to date. We referred the service to the local infection prevention and control team to seek advice and support around this.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. In some areas the condition of the environment did not allow for effective cleaning and therefore there was a risk that infection could spread. The provider took immediate action to rectify this following inspection. A relative told us, "It's always clean and tidy, the laundry is excellent, they care for my family member well. The home has a nice feel, no smells. It is a good home."
- We were assured that the provider was meeting shielding and social distancing rules and admitting people to the service safely.
- We were assured that the provider was using PPE effectively and safely following guidance being given around staff using masks effectively.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Staffing and recruitment

At our last inspection we recommended the provider review staffing levels. The provider had made improvements.

- Staffing levels were safe. People and their families told us the use of agency workers affected them negatively. One person said, "There have been lots of new staff recently. Some agency staff are better than others." The registered manager had focused on recruitment and the reduction of agency usage was a priority.
- The tool the provider used to determine the number of staff they needed to care for people safely was not appropriate. They agreed to use a different tool to assure themselves staffing levels continued to be safe.
- Agency workers were not always inducted when they started shift and this increased the risk to people's safety and also meant they may not know people's preferences and needs. The registered manager has implemented an induction process since the inspection.
- Safe recruitment systems were in place.

Using medicines safely

- Overall medicines were safely managed. Where people were prescribed medicines on an 'as and when required' basis protocols to guide staff to administer them were not person centred and were not linked to the monitoring of people's health. For example; the monitoring records of a person becoming constipated was not used to determine if they needed medicine to support them.
- Where medicines errors occurred, staff did not always record and report them as per the providers policy. Therefore, it was difficult to understand the cause and what action had been taken to prevent a future error.

Systems and processes to safeguard people from the risk of abuse

- Staff understood the types of abuse and how to report any concerns. Since the last inspection better reporting had occurred to ensure issues were investigated by the correct agency. Appropriate reporting to the CQC had also happened.
- Staff had not all been trained to ensure they had up to date knowledge of the subject. An action plan to improve in this area was in place.

Is the service effective?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Staff training and support was inconsistent and did not support staff to fulfil their role.

Staff support: induction, training, skills and experience

- Not all staff had received training when they commenced employment or when they required their knowledge to be refreshed. Important key topics to support safety such as fire, first aid and moving and handling were out of date.
- Agency workers had not received an induction when they started working at the service. This placed people at risk of harm or being in receipt of care which did not take into account their preferences.
- Formal support of staff such as supervision and appraisal had been affected during the pandemic. This included a lack of support for nursing staff to develop their clinical practice and carry out reflective learning. Staff did feel supported by the new registered manager and supervisions had re-commenced when they came into post.
- The provider did not have an effective system to understand whether training, induction and support for staff was adequate.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider implemented a recovery action plan to ensure staff received the training and support required to fulfil their role. This included agency worker induction.

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

- People were supported to see healthcare professionals when they needed this. It was difficult to navigate the care plan records to understand the last appointments and outcomes for specific health needs such as chiropody or dentists. The registered manager agreed to introduce a better system to ensure these dates were accessible to aid staff knowing when an appointment was next due.
- Where people needed support from hospital relevant information was shared with them so people could be cared for safely. People and their relatives were happy with the healthcare support. One relative told us, "Staff always tell me when my family member has seen the doctor and what the outcome has been."
- People achieved good health outcomes. One person discharged from hospital during the COVID-19 pandemic has been supported to be free from a serious infection and start to make plans to move to more independent living.

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

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

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

- The service was working within the principles of the MCA and any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- Where required, assessments of people's capacity to understand the testing process for COVID-19 had been carried out and families involved in the best interest decision making process.
- Records in relation to capacity and consent were not always up to date. For example; where people had been supported to become free from infection or ill health some had re-gained capacity. Their care plans did not reflect this improvement.

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

- People's needs were assessed prior to admission and on-going review of their needs occurred. As outlined in the safe section of this report better records were required to ensure care plans were up to date for staff to follow.
- People had experienced positive outcomes following staff supporting their own personal needs. People's had experienced improvements in their mental and physical health including a reduction in pain following a joint assessment with healthcare professionals. We saw for some their independence had also improved. One person told us, "The staff are really nice, I'm younger than most of the other residents. I was really poorly but I am hoping to move on eventually. I don't remember all that happened, I'm regaining my strength, Covid has put a spanner in the works."

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

- People enjoyed a wide variety of food and where they needed a specialist diet this was catered for. People's preferences were shared with the kitchen staff and people were supported to eat what they liked. A relative told us, "The food is always good they cater for different diets."
- People told us that at times the mealtimes were too close, and they would prefer their evening meal later. They were however aware they could ask for food at any time. They told us, "The evening meal is too early for me as I'm usually too full from the midday meal, I choose sandwiches mostly as that is a lighter meal. I could have a snack later on if I wanted one, I suppose."
- Where people needed their food and drink intake monitoring this was completed but records were not always complete or used to review progress. Healthcare advice was sought where needed. The care plan did not contain a hydration assessment to aid the staff understanding a person's needs in this area and how to monitor them robustly.

We recommend the provider review best practice around hydration assessment and implement a process for assessment and monitoring.

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

- People had access to communal areas and also areas they could spend time alone. A programme of

refurbishment was in place to upgrade certain areas of the property.

- People also had access to communal garden areas and some people independently visited the local village shops and services.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same. This meant the service was not always effectively monitored to ensure quality and safety. Leaders and the culture they created did not assure the delivery of high-quality and safe 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.

- People were at risk of harm and of receiving poor quality care because effective action was not taken following the last inspection and we found repeated concerns such as poor record keeping, risk management, staff training and supervision and fire safety concerns.
- It was difficult to seek information during the inspection at times and systems were not in place to present data around compliance. The provider and their representatives were not always aware of the areas of concern we highlighted. For example; compliance around staff training. This highlighted that oversight of the services performance was not carried out effectively and leadership of the improvements needed was poor.
- The external agency safety and quality checks carried out highlighted clearly the areas for improvements and action had not been taken to address them.
- Roles, responsibilities and accountability arrangements were not clear, and this fostered a culture which meant systems for identifying, capturing and managing organisational risk and issues were ineffective.

This is a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded proactively during and after the inspection to review their governance systems and to ensure they could effectively monitor quality and safety moving forwards.

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

- The registered manager promoted person centred care and we saw improvements were being made because of this. For example, people's outcomes around their health had improved.
- Staff demonstrated compassion for the people they supported, and they were pleased with the support

they had from the new registered manager. They felt they were able to raise concerns and they would be dealt with. One member of the team told us, ""I really like it here, it's such a good team. You have great support with the new manager." Staff also felt the provider was present in the service and approachable.

- People and their relatives were pleased with the registered managers approach and felt confident with the progress of the service. One person said, "The manager is lovely, a genuinely nice person, caring and certainly welcoming. I can talk to them. I have confidence in their abilities."

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 provider and registered manager were open when things went wrong and looked for a solution. They also admitted any failings and apologised.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The new registered manager commenced employment in the middle of the current pandemic and has taken time to understand the service and what was needed. They have taken positive steps to engage with as many relatives, professionals and agencies as possible. They have been open and continue to take advice on how they can make improvements and also support people.

- Staff have worked to ensure people can still speak to their families during the current pandemic. They have successfully engaged as much as possible. One relative told us, "We've kept in touch via video calls, the activities staff have been really helpful in helping us do that. My family member has been able to see their two new great grandchildren this way, they were delighted."

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 provider had not established and operated effective systems to ensure safety and quality. An accurate and complete record of the care and treatment people received was not kept. Regulation 17 (1) (2) (a) (b) (c) (f)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staff had not received appropriate training, support and supervision to enable them to perform their role. Regulation 18 (1) (2) (a) (c).