

Skolak Healthcare Limited

Beechill Nursing Home

Inspection report

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Date of inspection visit:

15 March 2017

16 March 2017

21 March 2017

Date of publication:

09 May 2017

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 

Summary of findings

Overall summary

We inspected Beechill Nursing Home on the 15, 16 and 21 March 2017 and the first day of our inspection was unannounced. This meant the provider and staff did not know we were visiting. Beechill Nursing Home (Beechill) provides accommodation, personal care and nursing care for up to 31 people who have a variety of needs including substance misuse and other complex needs. Beechill is situated in the Cheetham Hill area of Manchester, within easy reach of shops and other local facilities. There are 23 single bedrooms and four double bedrooms across two floors, a large lounge area, dining room, a conservatory and a smoke room. There is a small sloped garden area at the back of the property and car parking at the front and rear of the premises. At the time of this inspection there were 28 people living at the care home.

The previous inspection took place in March 2016 and the overall rating for the service was 'Requires Improvement.' The service had a registered manager who had been in post since February 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We made a recommendation that the provider should implement a schedule of supervisions and appraisals to ensure all staff had adequate support and chance to raise issues relating to their work.

We found breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014 in relation to safeguarding people from abuse, medicines administration, recruitment practice, activities and good governance. You can see what action we have told the provider to take at the end of the full report.

People told us they felt safe living at Beechill and that staff ensured they were safe. We found recruitment processes in place were not robust to help ensure people were supported by suitable to work in the care industry.

We noted the service had made improvements in ensuring protocols were in place for people who needed PRN (as required) medicines. However we found some gaps still existed in this area. This meant staff did not always have the necessary guidance to know when to offer a person a particular medication.

The service undertook various health and safety checks of emergency lighting and fire systems, for example. We noted however that the inspection certificate for fire extinguishers was out of date and that appropriate fire drills were not taking place. This meant that in the event of a fire we did not have any assurances that people would be safe from harm.

Induction and mandatory training provision did not provide strong assurances that staff were suitably skilled to do their job safely and effectively. This meant that people may be at risk of harm.

Some improvements had been made since our last inspection to ensure staff received regular supervision

and annual appraisals. We saw that the registered manager and team leader had undertaken supervision of some staff.

People were supported to eat and drink healthily at the care home. We observed that meals were freshly prepared and that people were always offered a choice.

People and relatives told us staff were caring and knew them well. Staff were familiar with people's personalities and their individual likes and dislikes.

The majority of people we spoke with said they had been involved in decision relating to their care. However, not everyone could remember having seen their care plans.

People told us staff always treated them respect and they gave us examples of how staff demonstrated this.

There was a lack of meaningful activities to help improve people's good quality of life. Most people told us there was little to do at Beechill.

The service did not do initial assessments of people before they were admitted; this process would help to ensure the people are safe, effectively cared for and supported.

There was a complaints process in place and everyone we spoke with knew how to raise a complaint.

People told us they found the registered manager approachable and that staff were good at their jobs.

There were gaps in how the service assessed and monitored the quality of its provision. Whilst there were some quality assurance systems in place, these did not effectively monitor service areas. We were not assured that the registered manager had complete oversight of the service's operations.

The service held regular residents' meetings which gave people and their relatives the opportunity to give feedback about the service. Staff meetings were held every three months but records did not indicate that staff had any opportunity to discuss issues relating to their work.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People told us they felt safe living at Beechill Nursing Home.

Recruitment processes did not always ensure suitable staff were hired.

Medication was not always administered in a safe way.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The service was not always effective.

The provider did not have effective systems in place to ensure that staff new to care were adequately inducted and trained.

Some improvements had been made in working within the principles of Mental Capacity Act 2005. We found no evidence to indicate people's consent to care had been sought appropriately. Staff knowledge and understanding of MCA and Deprivation of Liberty Safeguards needed to be strengthened.

People's nutritional needs were met and people had good access to relevant health care professionals when needed.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us that staff were kind and treated them with dignity and respect.

People had been involved in decisions relating to their care and support needs.

The service was able to provide end of life care should people require this. At the time of our inspection no one was on end of life care.

Is the service responsive?

The service was not always responsive.

Many people told us there was not much to do at the home and that they were bored. Activities were task-oriented and not very meaningful to people.

Care plans were not always person centred. The service did not do its own initial assessment of the individual before admission to ensure that it could meet their needs.

There was a complaints process in place. Concerns and complaints raised were resolved to residents' satisfaction.

Requires Improvement 

Is the service well-led?

The service was not always well led.

The service was not always well led.

People and relatives found the staff to be friendly and helpful and that the manager was approachable and listened to concerns raised.

Quality checks in place were not effective in identifying deficiencies and areas for improvement.

There were policies and procedures in place to help guide staff in their caring duties. Staff meetings took place every three months but it was not clear if staff had the opportunity to discuss service related issues.

Requires Improvement 

Beechill Nursing 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.

This inspection took place on 15, 16 and 21 March 2017 and the first day was unannounced. The inspection team consisted of two adult social care inspectors 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. The expert by experience was a person who had experience of caring for people who used residential care services.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted Manchester City Council commissioning, safeguarding and public health teams for information they held about the service. We also contacted Manchester Healthwatch who told us that they had not received any feedback about this service so far. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

During our site visit, we spoke with eight people living at the home, four visiting relatives, and nine staff; these included the registered manager, the team leader, care assistants and kitchen staff. We observed the way people were supported in communal areas and we looked at records relating to the service, including four care records, seven staff recruitment files, medication administration records (MAR), maintenance records, audits, policies and procedures and quality assurance records.

Is the service safe?

Our findings

People and their relatives told us they felt safe at Beechill and that the home was a safe environment. Some of their comments included: "I've never felt unsafe", "I know who everybody is", "I feel happy; it's secure", "I trust them (the staff)", "The nurses and carers are always here" and "My (relative) is safe."

Two residents told us they had had money stolen from their room on two occasions. They said they had reported incident to staff but nothing had been done about it. We saw no evidence that these incidents had been raised as safeguarding referrals or reported to the police. Failure of the service to protect people from risk of abuse was a breach of Regulation 13(1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We spoke with the team leader about these incidents. As a result, one resident was given a key to their room so that they were able to lock their door when away.

We checked the service's recruitment procedure to see if staff employed by the service were suitable to work in the caring industry. We reviewed the files of seven staff recently recruited. All files contained a completed application form, photographic identification and confirmation of Disclosure and Barring Service (DBS) checks. The DBS keeps a record of criminal convictions and cautions which helps employers make safer recruitment decisions and is intended to prevent unsuitable people from working with vulnerable groups. None of the records we looked at contained a record of interview and in six files, we saw unexplained gaps in employment history. In four files, we did not see that references had been checked as valid and/or received. During our feedback, we raised these issues with the registered manager.

Regarding the interview notes they said they usually documented interviews and these should have been in staff files. They showed us the records of three interviews held previously. The registered manager told us about the difficulty in getting references and that they chased previous employers for these. We pointed out that there was no record on any of the files we looked to indicate this practice. The administrator subsequently showed us emails sent to referees which had not been recorded in staff's personnel files. Failure to ensure all necessary pre-employment checks were carried out prior to starting the role meant the current recruitment process did not provide sufficient assurances that staff employed were of a satisfactory character for the roles they were employed in. This meant the recruitment process did not provide assurances that pre-employment checks had been completed as required to ensure staff employed were of satisfactory character for the roles they were employed in. This constituted a breach of Regulation 19(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw records to show current registrations were in place for all nursing staff. These were checked monthly with the Nursing and Midwifery Council (NMC) to ensure all nurses remained authorised to work as a registered nurse.

Weekly checks were undertaken on water temperatures, fire alarm systems, the emergency lighting and fire extinguishers. We saw a record of action taken as a result of weekly checks of escape routes. We saw records titled "fire drills and training" which explained the importance of fire drills and contained a list of staff who had attended these drills and training sessions. We noted these took place every month about the same

time and the proceedings recorded did not differ from month to month. However, there was no evidence to suggest fire drills actually took place. We were not assured that staff were suitably prepared to respond effectively in the event of a fire which would put people at risk.

We saw the maintenance manager had undertaken a fire safety risk assessment in March 2017. We pointed out to the registered manager the relevant response relating to people's ability to "escape without assistance" had not been completed. This meant people may be at risk of harm as their abilities had not been identified within this document. We suggested that the manager make reference to people's PEEPs.

We saw that the certificate of inspection for fire extinguishers were out of date. We looked at one fire extinguisher to see if we could ascertain a service date but this was not clear. As such we were not satisfied that all relevant health and safety checks had been done to help ensure people's safety at the home. This was a breach of Regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people if they received their medicines when they should. One person told us, "I get a lot of medicines; they give me them in a little cup thing and stay with me". Another person said, "They put them down and say there's your medicines; some (staff) stay, some (staff) don't". A third person told us, "I get them (medicines) three times a day; they (staff) watch me take it; they're fantastic that way".

At the last inspection in March 2016, we found a range of concerns relating to the safe administration and storage of medicines which meant the service was not compliant with the relevant regulation. We also observed poor practice around medicines being administered to people and nursing staff not ensuring that the resident had taken their medication before moving away from them. At this inspection, we checked to see what improvements had been made and found an on-going breach of this regulation. During our inspection we observed how medicines were administered. We observed the nurse on duty at the medicines trolley in the dining room during breakfast. We saw that they checked the medication administration record (MAR) and then dispensed the medicines into a pot. We noted they locked the medicines trolley when they left the room and upon their return they completed the MAR. We also observed that the nurse gave two people in the dining room their medication without waiting to see that the residents had taken them. People's comments (mentioned above) supported what we observed. This was poor practice as people may discard them or other people might consume them accidentally or intentionally. As people were not always kept safe from harm, this constituted a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We heard the same nurse asking a resident if they were in pain. We asked the nurse if pain medication for this person had been prescribed as PRN (or 'as required') and we were told yes. When we checked the person's medication records we did not see any PRN protocol in place for this medication. PRN protocols provide guidance to staff on when and how to safely administer medicine that is not given as a regular daily dose or at specific times. During our inspection this issue was rectified and we saw that a PRN protocol was put in place for this person.

We saw PRN protocols in place for other residents and we were satisfied that these provided ample guidance for staff to safely administer medication. We checked the MAR sheets and medicines for three other residents and we saw that MARs had been completed correctly.

Medicines were kept in a locked room to which only nursing staff and the team leader had access. We saw that there was a specimen signature list of nursing staff responsible for administering medicines. There was separate and appropriate storage available for controlled drugs. Controlled drugs are medicines where strict

legal controls are imposed to prevent them from being misused, obtained illegally or causing harm. We checked the arrangements for the receipt, storage, recording and administration of medication and found that these were satisfactory. We also looked at room and fridge temperatures and we found temperatures recorded were in line with nationally accepted standards.

We looked at risk assessments and found these identified the specific risks related to providing care and support to the individual. Risk assessments help to keep people safe by providing specific and detailed guidance to care workers making sure they provide appropriate and safe care and support to people. Risk assessments were reviewed monthly and identified specific control measures and further actions required to lessen risk. We noted in one of the records we reviewed that there was a care plan for smoking, which identified "a high risk of fires" but we did not see an associated risk assessment to manage this risk. This meant the person and others were at risk of harm because suitable control measures had not been considered.

We asked to see the personal emergency evacuation plans (PEEPS) for people living at Beechill. PEEPs help to ensure that in the event of an emergency, such as a fire, people would be safely supported to leave the premises. We saw there was a PEEP in place for all but one resident who had been admitted ten days prior. We noted the document provided the necessary information emergency staff would need to evacuate people safely. We found it was not always clear if PEEPs had been updated. We saw that some plans had been reviewed and others had not and bore dates as far back as 2009. We noted two people's plans contained no dates as to when they had been created nor were the requirements to keep them safe specific.

From records we reviewed and notifications we received, we saw that safeguarding incidents were reported and acted upon appropriately. The provider had ensured the safeguarding policy was current and fit for purpose. Not all staff we spoke with were familiar with the term "safeguarding" and what this meant. We saw from the service's training matrix that not all staff including new recruits had completed training in safeguarding people at risk. This meant we had no assurances that staff had adequate awareness and knowledge on how to keep people safe from harm.

We asked people if they thought there were enough staff on duty. Many residents told us they were independent and they did not ask the staff for help. One resident told us, "no there should be more, the staff are complaining about the work they have to do, they're overworked. Sometimes when I want creaming at night I have to wait for it. They're short of staff both day and night". However, another resident said, "I would say (there is) enough (staff); it's never a problem, and you've got a buzzer beside your bed". A third person agreed with this and said, "(There is) loads" (of staff).

We asked the team leader about staffing levels. They told us staffing levels were determined based on the needs of the residents. From the rotas, we saw that each shift consisted of one nurse and six care assistants during the day and one nurse and two care assistants at night. We were told that some residents required one-to-one care. This meant that they were supported at all times by one dedicated member of staff. One-to-one staff were additional to those mentioned previously. During our inspection, we were satisfied that the staff scheduled on the rota were on duty and that there were sufficient staff in place to safely support people.

Infection control practices we observed were satisfactory. People told us, "Yes, it's not too bad", "Any mishaps are cleaned up straight away", "The cleaners are here every day" and "My room is cleaned every day". The team leader told us and we saw there was a dedicated staff member responsible for cleaning tasks. Cleaning schedules we looked at recorded areas of the home that were to be cleaned daily, monthly and annually. One resident told us the smoking room was not kept clean but we did not find this to be the

case when we checked. Overall, we found the home was clean and tidy and free from unpleasant smells. We saw that staff wore personal protective equipment appropriately and they were familiar with good infection control practice. We were satisfied that the service had systems in place which helped to ensure people living at Beechill were protected from risk of infection. We requested the last infection audit undertaken by the Public Health team, Manchester City Council. The Public Health team told us a follow up review audit was done in April 2015. Audits were scored on a Red, Amber, and Green (RAG) basis. We saw that Beechill had a 'green' rating with a score of 85 percent.

We saw that Beechill had a small laundry room which was well equipped and organised. We noted that there was a clear system in place to keep dirty items separate from the clean ones. We were told that all care staff were responsible for ensuring people's clothing was laundered. Staff we spoke with demonstrated good awareness of infection control and prevention in the laundry setting.

At our inspection in March 2016, we observed that visitors to the home signed in on loose A4 sheets rather than a visitor sign in book. At this inspection, we saw that the home had introduced a visitor sign in book which we were prompted to sign as soon as we entered the premises. This would enable the service from a safety point of view to keep track of who was in the building and be useful in the event of an emergency evacuation.

Is the service effective?

Our findings

People told us they thought the care staff knew what they were doing. One person said, "They're very friendly, very nice, efficient and hardworking" and another said, "Brilliant." Relatives told us, "(Staff) they are very professional, underpaid and very nice and caring. There's always somebody around to talk to" and "They're just on the ball."

At the last inspection in March 2016, we were told that the Care Certificate was used to induct staff who were new to care. The Care Certificate is a nationally recognised induction programme for staff new to care; the programme is not mandatory, although services that choose not to use it must demonstrate that their induction of workers new to health and social care delivers similar outcomes. At our inspection in March 2017 we saw no evidence that the care certificate was being used.

Staff told us they had received an induction and mandatory training. Some staff we spoke with told us they shadowed experienced staff before working unsupervised. The team leader confirmed that staff attended a four-hour corporate induction which included an introduction to the role and the client group living at the home, a discussion of documentation used and how these should be completed and an introduction to key policies and procedures. The team leader said that following corporate induction new staff were given access details to access online training which included mandatory subjects such as health and safety, food hygiene, moving and handling, protecting vulnerable adults, challenging behaviour and infection control. We asked about training provided for practical areas such as moving and handling. We were told that new staff would shadow senior staff before undertaking moving and handling tasks on their own.

During our feedback, we discussed the lack of practical training for certain topics with the registered manager. We highlighted our observation of two care staff operating the hoist and that one staff member did not seem confident throughout the process. This meant that people were put at risk because staff were unsure of how to operate the equipment.

The registered manager provided us with an updated copy of training undertaken by staff. We noted that two newly recruited staff were not on the document. We saw that five new recruits had not yet completed the mandatory training subjects identified by the team leader. We also noted these staff members were on the staffing rotas. Over fifty percent of the staff on the training document had not completed courses they should have done such as Food Hygiene, Safeguarding and Mental Capacity and Deprivation of Liberty Safeguards. This meant people were potentially put at risk because staff did not have the necessary skills to do their job safely and effectively.

The provider had failed to ensure staff received adequate induction and training to ensure they were suitably competent and equipped for their role. This constituted a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection, we found that staff supervision was not effective and staff had not had an appraisal within the last 12 months. Supervision and appraisals help to ensure staff have the necessary

support and opportunity to discuss any issues or concerns they may have, and identify any professional development needed. We checked to see what improvements had been made. The team leader told us supervision was done on a quarterly basis. We asked staff if they received regular supervision and appraisals. Three staff members we spoke with told us they had recently had supervision with their manager. We saw records which confirmed this. We saw a list of recorded dates of supervisions for four care staff but we did not see any record of these discussions. We noted that two new care staff, recruited in November and December 2016, had been scheduled to have group supervision on the morning we first visited the home. We were told this supervision was scheduled we saw no documentary evidence of this. There were records that some staff appraisals had been completed. We recommend that the provider should implement a schedule of supervisions and appraisals to ensure all staff had adequate support and chance to raise issues relating to their work.

At the last inspection in March 2016, we found the service was not working within the principles of the Mental Capacity Act 2005 (MCA) and we found breaches of the regulation in this area. We checked to see what improvements had been made. The 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.

At this inspection, we saw mental capacity assessments within most people's care records and they had been completed correctly. Most people said they could make everyday choices and there was evidence that residents were able to move about the home as they wished, with some people choosing to stay in their rooms. Everyone we spoke with told us the staff always asked for consent prior to carrying out care. In the care records for four people, we found no record that people or their legally appointed representative should they lack capacity had given their consent to the care provided. This was a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and meant people were potentially receiving care for which they had not given their permission.

People can only be deprived of their liberty so that they can 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 are called the Deprivation of Liberty Safeguards (DoLS). We saw that seven DoLS applications had been made and that one application had been authorised. We saw a resident who had arrived earlier in March 2017 had been subject to a DoLS at her previous home and that Beechill were in the process of applying for a DoLS.

We spoke with staff to see what their knowledge and understanding around MCA and DoLS was. We found that staff had some familiarity with the MCA and DoLS but did not demonstrate a clear understanding of these legislative instruments. We looked at the training records and we saw that all staff had received training in MCA. We raised these issues with the registered manager since it was important for the service to ensure that decisions made on behalf of people were done lawfully.

Overall, we saw areas of the home including the garden were in need of refurbishment and we discussed with the registered manager what improvements were being made. The registered manager told us some work had already been done. This was evidenced in the service's refurbishment and renewal plans for 2014 to 2019 which identified some aspects that had been completed. We pointed out that some areas had not been considered such as the lower part of most bedroom doors which had become scuffed and the dining area.

We saw evidence in people's care plans that they had access to health care professionals, such as GPs, dentists and opticians, as the need arose. People told us that the home contacted the doctor if they were

feeling unwell. During our inspection, we observed the team leader making routine and non-routine appointments for people who required medical attention. However, one person told us they had asked the service to make a dental appointment for them but that they had heard nothing. We raised this with the team leader who was aware of this and had offered to call the dentist but the person had declined at the time. They said they would get an appointment immediately and we saw that this was done. We felt satisfied that people's health needs were dealt with proactively to help protect against the risk of ill health.

We asked people what they thought about the food at Beechill. People's comments were mixed and they included, "Food is okay", "Brilliant; she's a good cook", "I'm on a special diet and I always get it; they cook me what I ask for", "There's nothing wrong with the food, I enjoy it" and "It's lovely; the food is delicious". One person said, "It's OK, bearable, nothing exotic except on Saturday when it's curry, but it's mild, I like mine hot". We asked if the home provided a hot sauce to add to the food and the person said yes they did. Relatives told us, "[Person is] eating things (they) wouldn't eat at home" and "[Person] does like it (the food); they have soft food."

In the dining room we noted the tablecloths were plastic and that there was a box of tissues on each table instead of napkins. We observed that some tables had salt and pepper condiment sets and some did not. We saw people had a choice of two hot meal options at lunch and the evening meal or sandwiches if they preferred. We spoke with two kitchen assistants as the chef was on leave. They told us there were no set menus currently; they were trying out new dishes. From a recent residents' meeting held in March 2017 we saw the issue of offering new menu choices had been discussed. The kitchen staff said there would have a meeting to determine final menus.

We found that both care and kitchen staff were knowledgeable about people's food likes and dislikes. We asked about people's special dietary requirements and kitchen staff were able to tell us, for example, which resident was diabetic and which one required thickened liquids. We checked documents kept in the kitchen and on the tea trolley which clearly identified each resident's dietary needs. We saw a list of people's birthdays in the kitchen and the staff told us they baked cakes for people's birthdays. We found these lists were not up to date and we pointed this out to the team leader who updated the lists immediately.

We saw that a food hygiene inspection had been done in August 2016 and that the home had been rated a '4' out of '5' (5 being the highest rating).

Is the service caring?

Our findings

People and relatives told us they liked the staff and they felt the staff knew them well. They said, "They're alright with me", "They're kind; they look after you", "They're always there; they're kind and fantastic. They can't do enough for you", "Most of them are alright, some are too bossy telling me what to do, but they are more or less kind" and "I get on with 99% of them". Relatives told us, "They're always lovely. They look after (relative) very well", "They've all been very nice and some can be really, really nice" and "They are always smiling, and kind; they're welcoming."

Staff we spoke with were very knowledgeable about the residents' personalities, their likes and dislikes. They were able to tell us about people's behaviours and what may trigger agitation, for example. We did see one resident become agitated when a glass was taken away from them. We observed how care staff managed the situation. We saw they were very patient and they explained that the glass had been taken to the kitchen to be washed. We found the staff to be kind and caring in their approach.

We saw that the staff spoke to the residents in a pleasant and caring manner. However we saw very little interaction between staff and residents unless they were performing a task such as giving them a drink or transferring them from a wheelchair to an arm chair. We observed on two occasions when sitting in the lounge that staff members tended to be busy with paperwork and did not interact with the people around them. We observed that people were either left to doze or watch the television.

We found that many of the residents were eager to speak with us, and some tried to prolong the conversation. We had instances where the more mobile residents would seek us out for more conversation.

We asked if people had been involved in decisions relating to their care and if they had seen their care plans. The majority of people we spoke with told us they had been involved in decisions. Some people said they could not remember if they had seen their care plans. One person told us the service was helping them to maintain a healthy weight and that their care plans had been discussed and reviewed with them.

People told us staff treated them with respect, listened to them and acted on what they said. They told us staff always knocked on bedroom doors before entering and closed the door when assisting with personal care. This practice was confirmed during our inspection.

Many of the residents told us and we observed that they were independent, with some of them making their own beds and tidying their rooms as well as seeing to their own personal care.

Most people said they could make everyday choices and we saw that residents were able to move about the home as they wished, though some people chose to stay in their rooms.

We saw that the service provided end of life care. The team leader told us during 2016 two people received end of life care. In one person's case, anticipatory drugs had been used. Anticipatory drugs are those drugs that are prescribed for use on an 'as required' basis to manage common symptoms (such as pain) that can

occur at the end of life. They further told us that three people were currently receiving end of life care. However, when we checked the care records, two of them had been considered "end of life" for two or more years and in fact the monthly review of this care plan stated "no sign of deterioration". This meant these care plans required review as they were no longer applicable.

We saw that five people currently had a 'Do not attempt cardiopulmonary resuscitation (DNACPR) decisions in place. However these were located at the back of the care record. It is important that DNACPR records are quickly and easily accessed in the event that emergency treatment may be required.

Is the service responsive?

Our findings

At our last inspection in March 2016, we found the provider did not ensure there were sufficient meaningful activities to help improve people's quality of life. At this inspection we checked to see what improvements had been made and found not much had changed. We asked people about the activities they had access to or community links while living at Beechill. Many people told us they were bored and that there was little to do at the home. Comments included: "I watch TV, eat and smoke, what else can I do? There's no activities; there used to be a singer, bingo and a raffle, but no more, I don't know why", "I watch telly mostly and I walk about for half an hour. I get bored, but there's nothing I can do about that", "We have entertainers about every six months; they used to do bingo", "Am I bored? Yes, there's nothing to do", "I'd like to go out and get out of the building. I went to Asda the other day; it was great, it was like paradise. It would be great if they could take us out a bit more", "You can play bingo or cards if you want". One person did tell us they were not bored because they entertained themselves by watching educational television programmes.

The Provider Information Return (PIR) sent to us before our site visit stated the service did not have a dedicated activities coordinator because residents had said they did not want this. We found no evidence to suggest residents had made this decision. We saw the home had asked each person the sort of activities they wanted to do on a daily, weekly and monthly basis. For some of the surveys, we could not tell how recently the person had been asked about what they wanted to do as there were no dates on the document. We noted some activities were more task-driven such as going to the shops or having a manicure.

From the activity survey, we saw three people were interested in having hand massages. Daily records confirmed these sessions took place and during our site visit, the massage therapist visited. We saw other interests expressed such as going out for a meal or to the cinema but we saw no evidence these had occurred.

During our visit we observed people were either watching the television, listening to music on personal devices, colouring or dozing. On the first day of our visit and just after lunch, we saw staff encouraging residents to participate in karaoke singing. This did not appear to be planned and only one person seemed interested and did participate. We checked this person's activity survey which confirmed the person enjoyed karaoke. We observed staff doing some activities with some residents such as reading, nail manicures and board games. However, these activities were sporadically arranged.

Based on what people and relatives told us and our observations, we concluded that the provider still was not ensuring there were sufficient meaningful activities to help improve people's quality of life. This was an ongoing breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the service had not adequately assessed how it would provide effective person centred care.

We looked at four care records to see how people's needs were being met. In one care record, we found there was not always sufficient information for staff to support the person responsively. Their relative told us the person had difficulty communicating verbally and that the service had done nothing to address this. Care records we checked confirmed this. We asked the team leader about this and they said the person

could not write. However we witnessed them writing. In the same person's care records, we found inaccurate information regarding why they remained in bed. The care plan indicated this was due to the person's medical condition which was not the case but rather the individual's choice.

We saw documentation which evidenced it was the service's normal practice to undertake an initial assessment of a person before they were admitted to the home. This should help to ensure the service had the right resources available to support people safely and effectively.

We noted the service had received two formal complaints. We asked people and their relatives if they knew how to make a complaint and had they ever made one. One resident told us, "No, just that I'm very bored; that's why I want to walk". Another resident said, "I complain about everything. I've got an arrangement with the manager and now he comes to see me every Friday". Relatives told us, "[Relation] doesn't complain about being maltreated and the rooms are nice and clean. [Relation] would complain if anything was wrong" and ""only about the TV aerial, and it was resolved".

We were made aware of a complaint raised by the relative of a resident alleging poor care. We reviewed all the documentation relating to this incident and we found that the service had acted appropriately in ensuring the right care was in place to manage the person's medical needs. We saw that the complaint had been investigated and responded to in line with the provider's policy. We did not see the registered manager's response to complainant in the complaints folder and we asked the manager about this. They told us and we saw responses were kept in people's care records. As records relating to complaints were not kept in one location, this would make it more difficult for the manager and provider to analyse complaints and identify areas of required improvement.

Is the service well-led?

Our findings

We asked people what they thought about the management of the home. People told us they felt the home was well run and that the manager was approachable. We noted there was some confusion amongst residents as to who the registered manager was. The registered manager explained that residents knew them as the owner of the service and not necessarily as the registered manager. We also highlighted that throughout our inspection we never saw them having contact with people living at Beechill. They told us they visited and spoke with all residents every Friday but they also had an open door policy so that people could come and see them whenever they wished. Residents confirmed this.

Comments from residents and relatives included: "[Manager's name], he's alright", "He's got a lot on his plate", "He's nice; he does a good job", "He's very approachable. He tends to introduce himself; he listens and is sympathetic" and "It's just a nice environment; the staff here are fantastic, it's a beautiful home. It's like Gracelands, I'd give it 3 stars".

Staff we spoke with also confirmed the registered manager was approachable. The registered manager told us, "It's like a big family here. I have a lot of respect for staff. They are key to looking after the residents." The registered manager told us they wanted to introduce a staff incentives linked to the CQC's rating of the service; this the manager felt would encourage and motivate staff to be more focussed on delivering good quality care.

At the last inspection, we identified several areas for improvement that we asked the provider and registered manager to address. At this inspection, we checked to see whether these had been done. We found that action had been taken in some areas and these were either fully or partially completed. However, other improvements had not been made as evidenced by the on-going breaches of the regulations identified within this section and the entire report. This meant the provider and the registered manager had failed to comply with the requirements that had been identified.

We saw the provider had a system in place for checking the quality of the service in areas such as care planning, staff training and development, medicine administration, and environment and facilities which included the kitchen. We looked at audits of care planning undertaken in September 2016 and January 2017. However these had not identified the gaps or accuracy issues we found during our inspection. For example, in one person's care records we found discrepancies regarding their weight which was being monitored to ensure they maintained a good diet. In another person's care record, we did not find any plan relating to how they should be communicated with. In a third person's care record, we saw there was no risk assessment developed for a particular risk that had been identified. Our inspection also identified gaps in staff recruitment, staff training and medicines management which did not feature as action points within the provider's audits. We noted audits of residents' rooms were done monthly and actions identified. The records did not clearly identify if and when improvements had been completed. Whilst systems were in place, they did not effectively assess the quality and safety of the service.

The lack of robust audit systems to identify deficiencies including on-going areas of concern raised at the

previous inspection was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw there were policies and procedures in place to guide staff in their caring role. These we noted were kept in the staff room so that staff had access to them as and when required. We reviewed a sample of these and we found they were up to date and fit for purpose.

We looked at records of residents' meetings held in November and December 2016 and in January and March 2017. We noted common themes discussed at each meeting were activities including outings and more varied food options. Other topics discussed were the care and support provided and we saw residents were able to raise concerns they had as well. We found residents were given the opportunity to provide feedback to the service about life at Beechill. We noted some action had been initiated in relation to menu changes and acquiring a Karaoke machine.

The PIR stated the service conducted surveys of residents, family members and visiting professionals as part of its care delivery. We saw evidence that residents and family members had the opportunity to provide feedback about the service they received. In one case, we noted negative comments expressed by a resident were actioned appropriately and a meeting held to address the concerns raised. This meant the service was using people's feedback to help improve the care and support provided to them.

We saw staff meetings were held every three months. Minutes we reviewed bore a record of what staff should be doing rather than a discussion in which staff had the opportunity to raise issues relating to the care provided and their role in that. It is important that staff are given the opportunity to highlight and discuss service related matters with their colleagues and management. This practice should help to ensure the service continues to provide safe and effective care.

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 9 HSCA RA Regulations 2014 Person-centred care
Accommodation for persons who require treatment for substance misuse	The provider was still not ensuring there were sufficient meaningful activities to help improve people's quality of life. Care plans were not responsive to individual needs. Reg 9(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Accommodation for persons who require treatment for substance misuse	Evidence of consent to care received was not found in people's care records. Reg 11(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Accommodation for persons who require treatment for substance misuse	Medicines were not administered in a safe manner. Reg 12(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Accommodation for persons who require treatment for substance misuse	The provider did not adequately protect people from risk of abuse.

Reg 13(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Accommodation for persons who require treatment for substance misuse	All relevant health and safety checks had not been undertaken to help ensure people were safe at the home. Reg 15(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Accommodation for persons who require treatment for substance misuse	Audit systems in place did not identify deficiencies including on-going areas of concern raised at the previous inspection. Regulation 17(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Accommodation for persons who require treatment for substance misuse	The recruitment process did not provide assurances that pre-employment checks had been completed as required to ensure staff employed were of satisfactory character for the roles they were employed in. Reg 19(1)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Accommodation for persons who require treatment for substance misuse	The provider had failed to ensure staff received adequate induction and training to ensure they were suitably competent and equipped for their role. Regulation 18(2)