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Beechwood Nursing Home

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Beechwood Nursing Home is a residential care home providing personal and nursing care to 21 people aged 65 and over at the time of the inspection. The service can support up to 32 people.

The care home is in one adapted building with accommodation over five floors.

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

We reviewed the provider's infection and prevention control processes and found, whilst there were protocols and procedures in place, further action was required to ensure the risk of the spread of infection was being managed robustly.

We have recommended the provider ensure staff use personal protective equipment (PPE) consistently and that the policies be regularly reviewed to ensure they reflect current government guidance.

People received safe care. There were systems in place to safeguard people from harm or abuse. Risk assessments were in place to support people to be as independent as possible. Staff were aware of their responsibility to keep people safe and were confident that any concerns raised would be acted upon by the manager.

There were enough staff to meet people's care needs. The service followed safe recruitment practices.

There was a registered manager for the home who was not in the service daily. There was also a new manager with daily oversight of the service who was applying to be registered with CQC. The manager was supported by the registered manager and the provider. Quality assurance systems were in place but needed further development to ensure actions were measurable and met in a timely way.

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

Rating at last inspection

The last rating for this service was good (published 6 March 2020).

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received. The inspection was prompted due to concerns about the provider's systems to safeguard people from abuse, including safe recruitment. Also, how risks to people were managed and the management oversight of the home. A decision was made for us to inspect and examine those risks. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We inspected and found there was no evidence to support the specific concerns that prompted the

inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. We made recommendations about this.

Follow up

We will continue to monitor information we receive about the service until we 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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Beechwood Nursing Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on specific concerns in relation to the provider's systems to safeguard people from abuse, including safe recruitment. How risks to people were managed and the management oversight of the home.

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

This inspection was carried out by one inspector.

Service and service type

Beechwood 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was also a manager in post who had daily oversight of the service and they were applying to be the registered manager.

Notice of inspection

This inspection was unannounced. We visited the service on the first day of the inspection and had a videocall with the manager and registered manager on the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the manager, registered manager, clinical lead, nurse, care workers and kitchen staff. We also spoke with a visiting professional.

We reviewed a range of records. This included two people's care records, including daily records (for example about people's diet or when medicine creams were applied). We looked at five staff files in relation to recruitment and induction. A variety of records relating to the management of the service, including audits and improvement plans were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at infection control audits and policies and procedures.

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 as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about the provider's systems to safeguard people from abuse, including safe recruitment, and how risks to people were managed. We will assess all of the key question at the next comprehensive inspection of the service.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely.

Not all staff were always using PPE correctly, the manager took immediate action to address this.

We recommend the provider ensures infection prevention control practices are consistent and understood by all staff.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were not assured that the provider's infection prevention and control policy was up to date.

The policy did not accurately reflect current government guidance. The policy was updated on the day of the inspection and staff had access to national guidance for reference about infection control practices. We recommend policies are regularly reviewed and updated in-line with current government guidance.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- Processes were in place to respond to safeguarding concerns. Actions were taken to reduce the risk of safeguarding incidents reoccurring.
- Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

Assessing risk, safety monitoring and management

- The service assessed and managed risks. People were supported to reduce the risk of avoidable harm by staff who understood their needs. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Risk assessments were reviewed to ensure they reflected current needs.
- The home and equipment were well maintained. There was on-going refurbishment planned. Equipment had been serviced and people and staff told us this was accessible to them when needed.

Staffing and recruitment

- Staff recruitment was completed safely. Audits of recruitment had highlighted some historic omissions which had been revisited and addressed where possible.
- Staff had an induction and shadowed more experienced staff to gain an understanding of the requirements of the home and their role. Agency staff also completed a basic induction; however, induction could not be evidenced for one agency staff member used recently.
- There were enough staff on the day of inspection to meet people's needs. Care was delivered in a calm and unhurried manner.

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 as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check the on the culture and governance of the home. We will assess all of the key question at the next comprehensive inspection of the service.

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

- There was a positive and open culture in the home. Staff expressed having confidence in and feeling supported by the manager, one staff member told us, '[Manager] is like a mother in the home...I feel they are a person you can approach and they're not afraid to get stuck in.'
- Care was delivered to meet people's needs and preferences. Staff treated people with dignity and respect and supported people to be as independent as possible. People told us they felt involved in how care was given. One person told us, 'Staff know how to treat me'.
- The manager and registered manager were open and honest when incidents occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The registered manager did not have daily presence in the home, however, they provided support to the manager and visited regularly. The manager was in the process of applying to be registered with CQC. They had relevant experience and understood the requirements of the role, including their statutory duties.
- Staff understood their roles and the provider's expectations of them.
- Quality assurance systems and governance arrangements were in place to identify improvements. The home was working to an action plan to drive continuous improvement. The provider had recognised this needed further development to ensure actions were measurable and completed in a timely way.
- The manager shared learning from concerns. Staff had recently worked with the manager to identify lessons that could be learnt from a safeguarding incident and actions had been taken to reduce the likelihood of it reoccurring.
- People and relatives told us they had not formally been asked for feedback about the service, but they often spoke with the manager who was responsive to their comments.