

Czajka Properties Limited

Beanlands Nursing Home

Inspection report

Colne Road
Cross Hills
Keighley
West Yorkshire
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 11 May 2018 and was announced. We last inspected Beanlands Nursing Home on 7 and 8 February 2017. At that inspection we identified three breaches of the regulations and rated the service as Requires Improvement. These were; Regulation 12 Safe care and treatment, Regulation 11 Need for consent and Regulation 17 Good governance. We also made a recommendation that the provider review activities for people living with dementia to ensure they provide appropriate support and stimulation.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, responsive and well led to at least good.

At this inspection, we found the provider had made all the required improvements and addressed the regulatory breaches identified last time we visited the service.

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

The provider is registered to accommodate up to 45 older people who may have physical disabilities, terminal illness and those requiring respite care or a period of convalescence. People were supported with both personal care and nursing needs. At the time of the inspection 36 people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Not all agency staff who worked at the home received an induction. We have made a recommendation about this.

Care records showed people's plan of care were written in a way that reflected their wishes, preferences, needs and choices in areas such as people's routine, preferred foods and social activities. Social activities had improved and took place on a regular, planned basis. These included musical events, exercise and crafts. We found the plan of activities did not include all activities available to people. We have made a recommendation about this.

The environment and equipment was well maintained and subject to service contracts and safety checks. All areas seen were clean and kept hygienic.

Staff sought advice from external health and social care professionals at the appropriate time. We saw evidence in care records of appointments with GP's, opticians and dieticians. This ensured people's health

was monitored effectively.

A four-week menu was in place and we saw people were offered a choice of well balanced meals and snacks. People told us the food was good. People's nutritional needs were assessed and recorded.

We saw good standards of privacy and dignity for people receiving care. Staff were kind and friendly in their approach to people. When supporting people to move from one place to another staff took time and were gentle and reassuring.

People were supported to express themselves and communicate through a range of different methods. They had individual communication support plans in place, which were followed by staff. People's needs were reviewed and monitored on a regular basis.

People were provided with information on how to make a complaint.

There were systems and processes in place to monitor and evaluate the service provided. People's views about the service were sought and considered through resident's meetings and satisfaction surveys.

Arrangements were in place to ensure people received their medicines safely.

People who used the service told us they felt safe. The staff we spoke with had a good understanding of safeguarding, whistleblowing and how to report any concerns.

Staff and people we spoke with said staffing levels were sufficient to meet their requirements. We looked at recruitment processes and found staff had been recruited safely. Staff received regular supervision and appraisal. Staff also received all the necessary training relevant to their roles.

End of life care was provided and the correct documentation had been completed. Staff had completed a recognised training course to support people to have a comfortable and dignified death.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were enough staff to meet people's needs in a timely manner. The service needed to ensure all agency staff received an induction before they started work at the home.

Risk assessments clearly guided staff on the actions they should take to protect people from foreseeable harm.

Medicines were managed in a safe and effective manner.

Is the service effective?

Good ●

The service was effective.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People had access to a range of health care professionals to maintain their health and wellbeing.

People had sufficient choice regarding meals and received a nutritious and balanced diet.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs.

Is the service caring?

Good ●

The service was caring.

Staff were caring in their approach. We observed positive interaction between the staff and people they supported.

Staff understood people's care needs and how they liked their care delivered.

The provider had links with a local advocacy service.

Is the service responsive?

Good ●

The service was responsive.

A programme of activities was available for people to participate in. The plan did not include all activities that were available to those people who were nursed in bed.

Care plans provided information to inform staff about people's support needs, routines and preferences.

There was a procedure in place for managing complaints. People and relatives knew how to raise concerns or make a complaint.

Is the service well-led?

Good ●

The service was well led.

Systems and processes were in place to assess, monitor and improve the safety and quality of the service.

People using the service and their relatives were able to share their views and were able to provide feedback about their experiences of the service.

The registered manager worked in partnership with other agencies to ensure people received a high standard of quality of care.

Beanlands 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 May 2018 and was announced. We attempted to inspect the service on 24 April 2018 however, the home was closed due to an outbreak of infection. We waited until the home had reopened. During this period, we liaised with the registered manager and received information from them.

The inspection was carried out by two adult social care inspectors.

Before the inspection, we reviewed the information we held about the service. This included notifications we had received. A notification is information about important events such as accidents or incidents, which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The PIR was submitted within the required timescale.

We contacted a number of external agencies for feedback about the service. These included general health care staff, GP's and an independent mental capacity advocate. The feedback we received was positive.

During the inspection visit we spoke with three people who used the service and three visiting relatives and friends. We spoke with the registered manager and other staff on duty who included nurses, care workers, the deputy manager, housekeeping staff and catering staff. We also met and spoke with the registered provider.

We observed how people were being cared for and supported. Our observations included using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not speak with us.

We looked at the care records for four people and medication records for an additional ten people. We examined how medicines were being managed by looking at storage, administration and records relating to this. We inspected the environment and equipment being used by people and staff. We also looked at five staff recruitment files, records of staff training and supervisions, records of complaints, accidents and incidents and other records used by the provider such as quality monitoring audits and reports.

At the end of the inspection we gave feedback to the registered provider, registered manager and deputy managers. Following the visit, the registered manager sent us some additional information we had requested.

Is the service safe?

Our findings

At our last inspection, we found a range of safety issues at the home including issues regarding window restrictors not being in place, open sharps boxes, laundry facilities that were not secure from the public and open store rooms which posed a risk of harm to people. Some people had bedrails without covers in place, meaning there was a risk of entrapment. Maintenance of the premises had been undertaken, although records were not always signed to confirm they had been completed appropriately, and checks in place had failed to identify the safety issues highlighted at the inspection. At this inspection, we found the required improvements had been made and this key question is now rated Good.

We looked around the service to ensure it was appropriately maintained. We reviewed records of maintenance work and safety checks, which had been completed in line with the provider's good housekeeping guidelines. We reviewed relevant certificates of work completed with regards to gas safety, electrical installation, portable appliance testing, legionella and fire safety. These were up to date and the maintenance person also maintained a matrix of when any future safety checks were scheduled. Equipment used to support people at the home such as call bells, hoist, wheelchair and specialist bathing equipment were well maintained. The provider's fire evacuation procedure was on display throughout the home and directional signage guided people, visitors and staff to the nearest fire exit in a format they could understand. The signage was well displayed throughout the home. These measures ensured the building was safe for people who used the service.

People received their medicines in a safe and effective way from staff that had been suitably trained in the safe management of medicines. There was a robust system of audit and review in place for the safe administration of medicines. Medicines were stored and administered safely. For medicines which were prescribed as required (PRN) a protocol was in place to support staff in the safe administration of these. For people who required medicines to reduce anxiety or agitation staff liaised closely with health care professionals to consider therapeutic approaches to supporting people before medicines were used. This was good practice. We saw the provider had completed weekly and monthly medication audits and these had identified most of the issues we found. Where issues were identified there was an action plan in place to address these issues.

Risks associated with people's care needs had been assessed and informed plans of care to ensure their safety. For example, a person at risk of developing pressure sores had a specialised mattress in place to mitigate this risk. The care plan had a detailed assessment of this risk and staff had a good awareness of it along with the actions they needed to take to support this person to maintain their safety and welfare. Staff could identify people who were at risk of falls and malnutrition or dehydration and knew how to manage these risks and support people to remain safe and as independent as possible. People who were being supported in bed had bedrails in place which were covered. Care records contained guidance for staff regarding bedrails and we saw regular checks were carried out by staff to ensure they were safe.

Accidents and incidents were reported, recorded and investigated in a way that ensured any actions or learning from these was completed and shared with staff. Information on accidents and incidents was

reviewed and shared daily with staff through handovers. We looked at documentation related to falls, accidents and incidents held in care plans. They contained detailed information concerning the frequency, time and place of incidents, in addition to staff actions. This meant the provider was able to identify themes with a view to preventing reoccurrence.

People and their relatives said they felt safe and well cared for by staff that had a very good understanding of their needs. One person told us, "The staff know me well, how I like things and what I need. I feel very safe here. They are always checking on me." Another person told us, "Yes, I do feel very safe here and I have never had any worries about whether I'm safe because all of the staff are very good." A relative we spoke with told us, "The staff are always around asking people if they need anything. They are always checking on us too. I think it's a very safe home." We contacted healthcare professionals who visited the home and they said people were safe at the home and were supported by staff who had a good understanding of their needs to ensure their safety and welfare.

There were systems in place to safeguard people from the risk of abuse. This included having both a safeguarding and whistleblowing policy and procedure in place, informing both staff and people who used the service on how they could both report and escalate concerns. The staff we spoke with were clear about what abuse was, the signs and symptoms they would look for and who they would speak with about concerns. Where a safeguarding issue had been raised, the registered manager had worked in partnership with appropriate authorities to make sure issues were fully investigated.

There were sufficient numbers of suitable staff to support people to stay safe and meet their needs. The registered manager told us there were two qualified nurses on duty during the day with six care staff supporting on the morning shift and five staff on the afternoon shift. At night, the number of staff reduced to three staff which included one nurse. People told us that staff were available when they needed them and they did not have to wait for care. Throughout our inspection we saw that there were care staff and nurses available and they were assisting people. The registered manager was flexible with the number of staff when people's needs increased, such as when providing end of life care. They told us that when the home was at lower occupancy the number of night staff did reduce but they were able to liaise with the provider to ensure staffing levels were always safe.

There were systems in place to ensure agency staff had been inducted however, the induction checklist in place was only carried out with nursing staff. The registered manager told us they would ensure that all agency staff received an induction to the home.

We recommend the provider review the process in place for the induction of all agency staff who worked at the home.

Personal Emergency Evacuation Plans (PEEPs) were in place and the registered manager had a clear contingency plan in place to ensure people were kept safe in the event of a fire or other emergency. Environmental risk assessments were in place to ensure people were safe when moving around the inside and outside of the building.

People were protected by the prevention and control of infection. There were appropriate procedures regarding this and the staff had been trained to understand these and the importance of good hand hygiene, cleanliness and supporting people with infections. The staff wore protective clothing, such as aprons and gloves, when supporting people and these were appropriately disposed of.

A detailed recruitment and selection process was in place. These included references from previous

employers, identity checks and a Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions by reducing the risk of unsuitable people working with vulnerable people. However, a few missing details were identified in some files. We discussed this with the registered manager who explained they were in the process of completing a review of all staff files and were aware of this.

Is the service effective?

Our findings

At our last inspection, it was not always clear that appropriate action had been taken, in line with the Mental Capacity Act 2005, to obtain consent or determine action in people's best interests, where they did not have capacity. At this inspection, we found the required improvements had been made and this key question is now rated Good.

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 so that they can receive care treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. At the time of the inspection we were told two people who used the service were currently subject to DoLS. The registered manager showed us they had submitted further applications to the local authority which were pending. Care records showed people's capacity was kept under review, with relevant assessments held within people's care plans. Staff had good knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained people's support and care to them, gaining consent before carrying out any aspects of this. Throughout the inspection, we saw staff speaking clearly and gently with people and waiting for responses. The registered manager and staff fully understood the principles of DoLS and how to keep people safe from being restricted unlawfully. We saw that where people were able, they signed their own care plans and had discussions with staff about what their care needs were. This showed staff were aware of their responsibilities under this legislation.

People's needs were assessed before they moved to the home and then regularly reassessed to make sure information was up to date. The staff carrying out the assessments had been trained to do so. They spent time with the person and their representatives finding out about their needs, preferences and how they wished to be cared for. Information was clearly recorded and incorporated into care plans.

People were supported to eat and drink enough to meet their hydration and nutritional needs. People were complimentary about the food they received and said there was always a choice of meals. Comments included; "On the whole the food is lovely, very well presented and lots of choice"; "Very nice food" and "Always a good choice of food." Each person had a detailed eating and drinking assessment and care plan based on their needs and preferences. Staff were knowledgeable about people's differing dietary requirements. The cook worked closely with people and staff to identify and support people's nutritional needs. Staff were observed following guidance provided by healthcare professionals when assisting people at the lunch time meal.

There were appropriate systems to support the staff to communicate with each other, including a handover

of information at staff change overs so that they always had up to date knowledge of people using the service.

People were supported to access the healthcare services they needed. The provider employed qualified nurses to work at the service and they monitored people's health needs throughout the day and night. There was clear information about these and any health needs were incorporated into care plans. There was evidence of regular monitoring of people's wellbeing. The provider had responded appropriately to changes in people's needs or condition. They had made referrals to other healthcare professionals when needed. People told us they had regular appointments with their GP and other healthcare services, which included visiting opticians and dentists.

People were cared for by staff who had the skills, experience and knowledge needed. People who used the service and their relatives confirmed this, telling us that the staff appeared to be well trained and knowledgeable. New members of staff completed an induction which included training in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. New staff also shadowed experienced members of staff and their competency were checked before they became a permanent staff member at the service. There were regular training updates for all members of staff which included a range of computer based training staff were expected to complete each year. The provider supported care staff to undertake vocational qualifications and for nurses to undertake clinical training so they could keep their professional qualifications up to date. Staff personnel files showed they received regular supervisions and annual appraisals.

The environment was suitably designed to meet people's needs. However, the décor and layout did not always conform with best practice guidance for dementia friendly environments. For example, some areas were difficult for people to orientate themselves due to a lack of appropriate signage. Improvements could be made to the lighting in certain areas and there were limited things for people to touch or handle in communal areas. Having things for people to do and help themselves to can be beneficial for their wellbeing. We discussed this with the registered manager who said they would look into this.

Menus were displayed on dining tables and there were notice boards giving some information about planned and past activities, photographs or events and essential information such as the complaints procedure. Some people had personalised their rooms and people were encouraged to do so. The furniture, décor and furnishings throughout were relatively well maintained.

Is the service caring?

Our findings

We asked people and their relatives about the standard of care provided. All the people spoken with told us they were well cared for, their needs were met, they felt involved and they were treated with dignity and respect. Their comments included, "The staff are lovely, very caring and they do their best. They know how I like things done. We have got to know each other and I'm very happy here." A relative told us, "My relative has been very well cared for here at Beanlands. The staff are lovely, they couldn't do anymore for us they are really lovely people."

We observed staff to be kind and friendly in their approach to people at the home even during very busy times in the day. When supporting people to move from one place to another staff took time to chat with them. When giving support with moving, and using equipment, staff were gentle and gave people reassurance at all times.

People were treated with dignity and their right to privacy was respected. Staff had a good understanding of how to respect people's right to privacy and described actions such as covering people, closing curtains and ensuring doors were closed during personal care. The provider had confidentiality and data protection policies and we saw that records were kept securely.

People told us they were involved in making decisions about their care which included how they wished to be supported. We saw for example that a person had been supported to decorate their bedroom with items from their home which included pieces of furniture they did not want to leave behind. Regular care plans reviews were held with people and their relatives to discuss their care. People told us that these reviews were helpful as they enabled them to let the staff know how they viewed the service and the care they received.

The registered manager spoke of the importance of promoting and maintaining independence for people who used the service. They gave an example of how they worked closely with community healthcare staff to achieve this for one person, who on admission to the home had required two staff and mobility equipment to move. Following a referral to the appropriate team, the person became able to move independently with the one staff member.

The registered manager told us that advocacy services were not currently being used but the service had a link with a local provider. Advocacy is a process of supporting and enabling people to express their views and concerns and to access information and services which may be of use to them.

Is the service responsive?

Our findings

At the last inspection, we made a recommendation that the provider review activities for people living with dementia to ensure they provide appropriate support and stimulation. At the inspection, we found the required improvements had been made and this key question is now rated Good.

A schedule of activities was on display and included craft, quizzes, music and exercise, reminiscence and bingo. Other activities included musical entertainers, film nights and exercise and massage. Garden parties and other events were held throughout the year, to which families were invited. Photographs were displayed throughout the home of these events. A number of people were nursed in bed which meant they were not able to participate in the activities held in the communal areas of the home. People and their relatives who required this level of support told us the staff were around if they needed anything and able to come in for chats. One person told us, "I like to have some time in the evening with staff. They come in for a natter with a cuppa. I enjoy catching up with what has been going on." The registered manager told us where people were unable to attend activities, staff would spend time on a one to one basis with the person engaging in activities such as reading, hand massages or watching TV with the person if they so wished. We saw that the schedule of planned activities did not include these.

We recommend the provider review the activity plan to include all activities. This will ensure people who are nursed in bed are aware of activities which are available to them.

We saw people's care records were written in a way that reflected their wishes, preferences, needs and choices. Care plans focussed on people's routine, people's preferred foods and social activities. The importance of such documentation is that it reflects the approach and values of treating people as individuals. Additional personal information was recorded in a 'Life History' document which included information about people's family and employment history. Most of the life story documents we saw had been completed by staff with the input of family members. This helped staff get to know people as individuals and provide care based on their experiences and preferences. Care plans were completed in areas such as personal care, communication needs, safety and wellbeing, end of life care and mobility needs. They were reviewed and updated when needed, and contained up to date information about the person's current care needs.

The registered provider had a complaints procedure in place which was available in accessible formats. A copy of the policy was displayed on the notice board in the entrance hall for people to refer to. We reviewed a complaint the service had received and saw it had been investigated as per the policy guidance, and the complainant informed of the outcome.

People and their relatives that we spoke with told us they knew how to raise any concerns they had and felt confident that the registered manager would deal with them appropriately. One person told us, "I have never had a complaint but feel sure that if I did, the manager would deal with it. She's very on the ball." A relative told us they had found the registered manager approachable and would feel able to speak to them directly if they needed to.

The registered manager was able to demonstrate that information was shared with people in an accessible way. Where people had been assessed as needing support with communication, this was included in their care plans. Care plans included guidance for staff on additional support and what form that support might take. For example, one person who could not verbally communicate due to a health condition. They used an iPad and special programme to communicate. This was documented in the person's care records with a picture of an iPad and short note about this. Most staff told us communication was good in the home. We reviewed records which showed a handover was undertaken at the start of each shift to update staff and share important information.

With regards to the provision of end of life care there was one person who was being cared for at the service on a plan for end of life care. We spoke with the person's relatives who told us they could not praise the service highly enough. They said the staff had provided a high level of support for them also which meant so much to them. The home has achieved the Gold Standards Framework in Care Homes for End of Life Care three times. This meant that all staff have received training to help to care for and support people and their families when the person reached the end stages of their life.

Is the service well-led?

Our findings

At our last inspection, we found effective systems and processes had not been established to assess, monitor and improve the quality and safety of the service or mitigate risks. Records relating to the running of the service and the delivery of care were not always accurate, complete or contemporaneous. At this inspection, we found the required improvements had been made and this key question is now rated Good.

There was a registered manager in post. The registered manager was supported by deputy managers and a team of nursing staff and carers. All of the staff we spoke with had very good knowledge of people who used the service. Staff told us they were supported in their role and could approach the manager to report any concerns. We saw that regular meetings, supervision sessions and appraisals were held. We found that staff were motivated and proud to work at the service. Comments included, "Everyone works together to do their best for people" and "(Registered manager) always has an open door."

The registered manager worked effectively with other health and social care organisations to achieve better outcomes for people and improve quality and safety. These included tissue viability nurses, infection control nurses and local commissioning teams. We spoke with four health care professionals who had involvement with the service. Without exception, all were very positive about their experience of working with the service.

In the PIR the provider told us, 'People and their relatives are offered the opportunity to provide feedback or suggestions relating to the home within resident and relative meetings.' We saw results from the most recent resident and relative survey which were positive. The service used a 'You said, we did' approach to inform people and their relatives of actions taken. This was displayed in the reception area of the home. We saw an example of where feedback from people about the menus was used to formulate new menus for the service. These included more of people's preferences.

The provider required the registered manager to provide monthly information about specific areas such as any accidents or incidents, weight loss, and complaints to ensure that appropriate action had been taken. Regular audits were carried out to ensure people who used the service received a high standard of care. Those reviewed included action plans for any identified issues. For example, curtains were replaced to include blackout linings where one person had reported being woken too early in the summer months. The management team undertook a daily walk round of the home and visited the home to complete checks during the night. This demonstrated the home had a culture of continuous improvement in the quality of care provided.

The registered manager had sent the CQC notifications of incidents and events which were notifiable under current legislation. This ensured the CQC were kept informed with what was happening at the service and monitor its performance. For example, when the service had an outbreak of infection, the registered manager communicated with us to inform us of the actions they were taking.