

## Premier Nursing Homes Limited

# Beechwood Care Home

### Inspection report

Romanby Road  
Northallerton  
North Yorkshire  
DL7 8FH

Tel: 01609777733

Website: [www.newcenturycare.co.uk](http://www.newcenturycare.co.uk)

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### Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

### About the service

Beechwood Care Home is a residential care home providing personal and nursing care to people aged 65 and over, some of whom were living with dementia. The service has two separate wings, each of which has separate adapted facilities. Beechwood Care Home can accommodate up to 60 people. At the time of this inspection, 52 people lived at the service.

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

Risks which affected people's health and wellbeing were not always documented. This meant that staff did not always have adequate information to manage and mitigate risks to people. Accidents and incidents had not been thoroughly recorded and senior management had not always been notified when they occurred.

The service was not sufficiently clean. There was a strong smell of urine at the service and cleaning schedules were not in place which increased the risk of infection.

Medicines had not been managed safely. Room and fridge temperatures were not kept, and staff had not received appropriate training and competency assessments. Medication was found on the floor during the inspection.

Staff had not been deployed effectively. There was a high use of agency staff who were not familiar with people and their needs. Thorough recruitment checks had not been completed and agency profiles were insufficient.

Safeguarding concerns had not been reported by staff and management. Staff were not clear of their roles and responsibilities in relation to safeguarding.

Staff had not been provided with mandatory and refresher training to ensure they had the skills and knowledge to carry out their roles. Staff did not feel supported by management.

Staff did not always have the time needed to support people with meals; this compromised people's dignity. Where people required their fluid monitoring, appropriate records were not kept. Professionals raised concerns that they were not always contacted in a timely way, when advice or guidance was needed.

Staff were task orientated and did not always communicate appropriately with people. Staff did not consistently offer people choice and the opportunity to make their own decisions. People's independence was not always promoted.

Care plans contained some person-centred information, but these had not been updated when changes in people's needs occurred. Staff were unfamiliar with the content of people's care plans. There was a lack of stimulation and activities on offer.

Complaints had been responded to, but records did not demonstrate that thorough investigations had taken place. Lessons learnt were lacking.

The quality assurance processes in place were ineffective. There was a clear lack of provider oversight and a poor staff culture within the service. Staff did not feel supported by management. Records that contained personal information had not been stored appropriately.

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

#### Rating at last inspection

The last rating for this service was Good (published 22 April 2017).

#### Why we inspected

The inspection was prompted in part due to concerns received about the management of the service and staff not reporting safeguarding concerns. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified breaches in relation to infection control, assessing risk, staff deployment, training and support, safeguarding, person-centred care and effective governance at this inspection.

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

#### Follow up

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

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-led findings below.

# Beechwood Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The first day of inspection was carried out by four inspectors and a pharmacy inspector. The second day was carried out by three inspectors.

Beechwood Care 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 service did not have a manager registered with the CQC. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager left the service in July 2019. A new manager was in post who was in the process of registering with CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection as well as recent safeguarding concerns that had been raised. 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

During the inspection we spoke with six people who used the service, one relative and two professionals. We spoke with eleven members of staff, which included care staff, kitchen staff, the regional manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We viewed a range of documents and records. This included nine people's care records and 22 medication records. We looked at two staff recruitment and induction files, four staff training and supervision files and a selection of records used to monitor the quality and safety of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and supervision data. We requested reassurance that staff deployment was addressed as a matter of urgency.

# 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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

### Preventing and controlling infection

- People were not protected from the risk of infection. Best practice in relation to infection control was not followed. Clear cleaning schedules were not in place.
- Arm chairs and pressure cushions were stained; hand basin and showers chairs were not sufficiently clean, and stains and faeces were found on walls and surfaces in toilet areas. Inappropriate items had been stored in the sluice room and bathroom which increased the risk of contamination.
- There was an unpleasant odour on the ground floor on both days of inspection. We discussed these concerns with senior management who took action to ensure a thorough infection control audit was completed. An action plan was developed to address any shortfalls found.

### Using medicines safely

- People were not protected from the unsafe management of medicines. When medicines errors occurred, these had not always been appropriately recorded and responded to. For example, we found tablets on the floor during both days of inspection; procedures in place for recording this error had not been followed.
- Staff responsible for administering medicines had received training but this has not always been updated in line with best practice guidance. Regular competency assessments had not taken place.
- Medicines had been stored inappropriately. Room and fridge temperatures were not always recorded.

### Assessing risk, safety monitoring and management

- Risk to people was not always reduced. Systems were in place to identify and reduce risks where possible; these had not always been implemented or followed.
- Risk assessments had not been routinely updated when accidents had occurred to further reduce risks. For example, one person suffered a fall. A professional's discussion took place and the cause of the fall was identified; the risk assessment had not been updated to reflect this.
- Where people had specific medical conditions appropriate risk assessments were not in place. For example, a person who suffered with Dysphagia had no choking risk assessment.
- Due to the high use of agency, staff were not always aware of risks to people and how these should be managed. Records did not provide clear, accurate, up to date information which put people at increased risk.

Failure to assess the risks to the health and safety of people and doing all that is reasonably practicable to mitigate any risks was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took action during the inspection to address infection control issues. On day two of the inspection, a thorough infection control audit had been completed and an action plan developed to address the issues found. Plans were in place for all care plans and risk assessments to be reviewed and updated.

Systems and processes to safeguard people from the risk of abuse

- People were not always safeguarded from avoidable harm. Systems and processes were not always followed to ensure any safeguarding concerns were appropriately recorded and responded to. For example; staff did not always report concerns immediately which meant they could not always be properly investigated.
- Staff did not have a full awareness of their roles and responsibilities in relation to safeguarding.
- Following concerns raised by the CQC and other professionals, senior management had conducted a review of accidents and incidents prior to the inspection. This had resulted in a large number of safeguarding alerts being submitted retrospectively.

Failure to establish and operate systems and processes effectively to prevent abuse of service users and failure to investigate and report any allegations of abuse was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's safeguarding process has now been reviewed and managers understand their responsibilities. Staff are being supported to raise concerns to protect people.

Staffing and recruitment

- People were not protected from unsuitable staff supporting them. Robust recruitment procedures had not always been followed. Two references had not always been requested and interview records showed a thorough interview process was not followed.
- Where agency staff had been used, appropriate recruitment checks had not been completed. The provider had no information about the agency workers' skills or training completed.
- People were at increased risk of harm from ineffective deployment of staff. For example, rotas showed that on some days the nursing unit was being staffed by all agency workers. We discussed this with the provider on day one of the inspection and requested staff deployment and the use of agency staff was reviewed.
- Staff and professionals told us they had concerns over staffing and the quality of agency staff used. Comments included, "Staffing levels have not been the best, and agency staff just don't know people" and "They are understaffed, and the skill mix is poor." Discussions with agency staff evidence they had poor knowledge of the people they were supporting.

Failure to deploy a sufficient number of suitably qualified, competent, skilled and experienced staff was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the first day of inspection, the provider took action to review their usage and deployment of agency staff.

Learning lessons when things go wrong

- Lessons were not always learnt. Systems and processes were not followed to ensure lessons could be learnt when things went wrong.
- Accidents and incidents had not been fully recorded or investigated by management.



- Senior management had not always been notified when incidents had occurred to enable a thorough analysis to take place.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training, and supervision was ineffective. Staff had not been provided with regular training to ensure their skills and knowledge were maintained.
- Staff had not been provided with regular one to one support. The frequency of supervisions was inconsistent. One staff member said, "I cannot remember the last time I had a supervision."
- Staff told us that the level of support they received was improving. Comments included, "Senior management are now in every day. Things are improving" and "I feel better supported then I did 6 months ago."

Failure to deploy a sufficient number of suitably qualified, competent, skilled and experienced staff was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had begun to take action to address the training and supervision shortfalls. A training and supervision plan had been developed to ensure all mandatory and refresher training was completed by all staff over a three-month period.

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

- People were not always supported with nutrition. Staff did not always have time to provide the level of support that was required with meals.
- Fluid monitoring charts were not always completed. They did not record how much fluid people should be aiming to drink daily.
- People's weights had been recorded to identify any concerns. Referrals to appropriate professionals had been made where required, but care plans had not been updated to reflect professional advice provided.
- People were provided with regular meals, snacks and fluid. Observations showed people enjoyed the meals on offer.

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

- Staff contacted professionals when required. Professionals were spoke with felt this was not always done in a timely way.
- Staff had not always acted on professional advice. For example, to monitor and record a person's behaviour; this had not been completed and staff we spoke with were unaware this had been requested.

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

- Pre-admission assessments had taken place to ensure the service could meet people's needs prior to admission.
- People's needs were assessed, and care plans were in place to guide staff on how to support people. These had not always been updated when changes occurred.

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

- The environment was suitably designed to meet people's needs. It had been adapted for people with cognitive impairments.
- People's bedrooms had been personalised according to their individual likes and interests; there were communal areas and safe outdoor spaces for people to use and enjoy.

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

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported to be involved in decisions about their care wherever possible. Detailed mental capacity assessments and best interest decisions were not always recorded.
- Where people required DoLS these had been requested.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Staff were not always attentive to people's needs and were task orientated.
- Staff did not always communicate with people appropriately; during the lunch time service staff shouted across the dining room in response to people's questions.
- People did not always respond positively to staff due to their approach. For example, we observed staff pull people sat in wheelchairs from behind, without any communication, which caused people to become anxious.
- The senior management team had acknowledged the culture of staff needed to improve. They had begun to conduct observations of staff interactions to address any concerns and further training was planned.

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

- People were supported to make decisions, but this was inconsistent. Some staff offered people choices about what to do, how to spend their time and what to eat and drink but this was not consistently applied by all staff.
- Staff employed by the service understood people's communication needs and body language. They were aware of people who required support from relatives to make decisions.
- Details of advocacy services were available if needed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was not always promoted. Agency staff were unfamiliar with people and their abilities. They were unaware of what support people required.
- Staff provided people with verbal prompts, but this was not always done in a dignified way.
- Privacy and dignity was respected by staff when delivering personal care. Bedroom doors and curtains were closed. Staff understood the importance of this.
- The provider acknowledged that the high and consistent use of agency staff had a negative impact on the care people received. Work was ongoing to recruit permanent staff. As an interim measure, a meeting was arranged with the agency provider to look at how consistency could be improved with the agency staff that were provided.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvements. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained some detailed information about what was important to people. This had not always been consistently updated when changes occurred; one person's mobility had deteriorated but the care plan and risk assessment did not reflect this.
- Not all staff were familiar with the content of people's care plans and how they wished to be supported. This resulted in care plans not being followed. For example, professionals had requested staff monitor a person and record any episodes of anxiety. This was recorded within the care plan. Staff we spoke with were unaware this was something they needed to complete so the request had not been actioned.
- Staff handovers took place at the end of each shift to share information, concerns or ongoing actions in relation to people. Staff told us these were not always effective as agency staff did not attend. One staff member said, "The use of agency is the problem. They just don't know people at all so can't be expected to provide personalised care."

Failure to provide person-centred care to reflect people's preferences and meet their needs was a breach of Regulation 9, (Person-centred care), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were not supported to follow interests and take part in activities. There was a lack of activities and stimulation on offer. Care staff were responsible for the provision of activities but had little available time to engage with people.
- There was a lack of planned activities. Staff told us activities needed to be improved. Comments included, "There is never much going on" and "There is no stimulation. Staff who arrange activities don't know how to find activities that are suitable for people with dementia."
- Work was ongoing to recruit an activity coordinator to improve the activities provision.
- Relatives were able to visit the service at any time throughout the day. Communal spaces offered people the opportunity to chat and build friendships.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication care plans in place which provided staff with enough information.
- Where people required additional support with communication this could be accommodated.

#### Improving care quality in response to complaints or concerns

- A complaint policy and procedure were in place, but these had not always been followed. There was a lack of records to demonstrate thorough investigations had been completed.
- People and relatives told us they knew how to raise any concerns and felt the management team now in place would listen to them.

#### End of life care and support

- People has advance care plans in place, but these only contained basic information and did not reflect people's wishes in all aspects of end of life care.

## 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. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The management team had failed to continuously improve the service. Where shortfalls had been found, no action had been taken to address the concerns. For example, safeguarding concerns had not been reported to the local authority by management and complaints had not been used to learn from mistakes.
- The quality assurance processes in place were not effective. They failed to identify numerous concerns within the service which placed people at increased risk. For example, staff deployment not being consistently considered and care plans and risk assessment not reflecting people's current needs.
- The provider had a lack of oversight of how the service was being run. Their monitoring of the service had failed to identify significant shortfalls within the service. Regional manager audits that took place in July 2019 had identified some areas of concern; little action had been taken to address the shortfalls.
- Prior to this inspection, there had been significant changes to the management team. In-depth audits had been completed by the new management team to try and establish any shortfalls. However, little progress had been made at the time of this inspection.
- Investigations and auditing of incidents and accidents were not always robust, fully completed or managed appropriately to mitigate future risks to people.

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

- A person-centred culture was not promoted. Staff had not always felt listened to or respected. Staff told us improvements had been made since the recent changes in the management team. One staff member said, "I feel I can discuss things with the new area manager. They are much more approachable than the old manager."
- Staff had not always felt supported and told us previous management did not have an open and honest approach. This had resulted in some safeguarding concerns not being reported. Work was ongoing to improve the culture of the service.
- People's personal data had not always been stored securely in line with the General Data Protection Regulation (GDPR). People's monitoring documentation was stored in an unlocked cupboard in the dining area and staff told us this cupboard was never locked.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had not always been responsive to issues and concerns. They had failed to be open, honest,

and apologise to people consistently when things went wrong. The provider had taken action to address this following the first day of inspection.

- There was no registered manager in post. The previous manager de-registered with CQC in July 2019. A new manager had been appointed and commenced employment in September 2019.

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

- People had not been regularly asked to provide feedback on the service provided. A new survey was being developed so the views of people and relatives could be gathered and used to improve the service.
- We received negative feedback from professionals in relation to partnership working. Comments included, "There are some long standing issues here. I have discussed them with management, but they never seem to do anything about it. They need to get the basics right."
- Guidance from professionals had not always been followed.

Inadequate systems and processes to assess, monitor and improve the service meant that lessons failed to be learnt. The provider had failed to reduce or remove risks where possible which had a negative impact on people using the service. This was a breach of Regulation 17 (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Local Authority have offered support to ensure this provider has the resources to achieve improvements required to meet the regulations.



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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to provide person-centred care to reflect people's preferences and meet their needs.</p> <p>9(1)(3)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to assess the risk to the health &amp; safety of service user and do all that is reasonably practicable to mitigate risks. They failed to ensure the proper and safe management of medicines and to assess the risk, prevention and detection of the spread of infection.</p> <p>12(2)(a)(b)(c)(g)(h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to protect people from abuse or improper treatment. Systems and processes were not established and operated effectively to prevent abuse or operated effectively to investigate allegations of abuse.</p> <p>13(1)(2)(3)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p data-bbox="837 170 1485 248">Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p data-bbox="837 277 1485 555">The provider failed to establish and operate systems and processes effectively to ensure compliance. They did not access, monitor or improve the service. They failed to maintain securely accurate, complete, contemporaneous records and gather and act on feedback provided.</p> <p data-bbox="837 600 1161 633">17((1)(2)(a)(b)(c)(d)(e)(f)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p data-bbox="837 770 1477 804">Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p data-bbox="837 840 1453 1075">The provider failed to ensure sufficiently qualified, skilled, competent and experience staff were deployed effectively. They failed to provide appropriate support, training, supervision and professional development to staff to enable them to carry out their roles.</p> <p data-bbox="837 1120 979 1153">18(1)(2)(a)</p>