

Beechwood Place Care Ltd

# Beechwood Place Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 15 February 2016.

Beechwood Place Nursing Home provides nursing care to older people. The service is a large converted property. The majority of rooms are en-suite. There are a variety of communal spaces for people to spend their time. The service is registered to accommodate up to 35 people.

At the time of our inspection there were 34 people living there.

The service did not have a registered manager. 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.

The service did not always have sufficient staff to meet people's needs at key times of the day such as when people wanted support to get ready for the day or retire to bed. Staff were rushed at times and they did not have regular supervision or annual appraisals. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The service had an up to date safeguarding policy and staff understood how to identify types of abuse and who they should report their concerns to. Risks assessments and risk management plans were in place to support people to remain safe. People were supported to take their medicines safely. The service sought support from relevant health care professionals when required.

People told us the food was good. Despite this we saw some people had to wait longer than others to receive the support they needed to enjoy their lunch. We have made a recommendation about the dining experience for people.

The service worked within the principles of the Mental Capacity Act and sought consent from people before they provided support.

Staff knew people well and we saw care was kind, compassionate and dignified. People told us they felt well cared for. Care plans were person-centred and people and their relatives were involved in the development and review of their care.

There was a range of activities available to people. All of the people we spoke with were overwhelmingly positive about the activities co-ordinator and it was evident they were committed to ensuring people were supported to enjoy meaningful activities.

People knew how to make complaints and the service had a complaints policy. When complaints had been received these had been responded to and the manager and owner had met with people to discuss the concerns. This demonstrated a commitment to understanding and resolving people's concerns.

Staff morale was low and some staff described a culture of favouritism and of not feeling supported by the manager. The manager told us the service had gone through a lot of change in the last 12 months and that had been unsettling for staff though they thought this was now improving. The provider was aware of the concerns and had ensured staff had the opportunity to give their feedback. The manager had failed to notify the CQC of two safeguarding referrals which they had raised with the local authority. This meant they had not always met the legal requirements of the CQC.

Despite these concerns the manager had developed robust systems to audit and evaluate the care people received this was done by a formal audit system and also a daily walk around and one relative provided positive feedback about the manager and their approach.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

The service did not always have sufficient staff available to meet people's individual needs. This impacted on the care people received at key times of the day when personal care or support with meals was required.

Risk assessments were detailed and provided staff with the guidance they needed to support people to remain safe. Staff demonstrated a good understanding of how to safeguard people who used the service

Medicines were managed safely and there were thorough checks in place to ensure people were cared for in a safe environment.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Staff training was up to date but staff did not receive regular supervision or have up to date annual performance reviews. The service adhered to the principles of the Mental Capacity Act 2005 and we saw staff sought consent from people on a routine basis.

The chef provided food based on people's preferences and was aware of people's individual needs. The meal time experience could be improved for people. We have made a recommendation about this.

The service had good links with health and social care professionals and sought specialist advice based on people's individual needs.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Care staff were warm and compassionate and provided a kind approach to meeting people's care needs. Relatives told us they were welcome to visit anytime.

**Good** ●

Care staff understood the importance of respecting people's dignity and demonstrated this throughout the inspection.

The service had developed links with a local hospice to ensure people received a good standard of end of life care.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans were person-centred. People and their relatives told us they were involved in reviewing the care they received.

People gave overwhelmingly positive feedback about the activities available at the service and the activities co-ordinator demonstrated a commitment to providing inclusive activity for everyone who lived at the service.

The service had an up to date complaints policy. The provider had been involved in meetings with people who had raised complaints in order to address these.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not consistently well-led.

The service has not had a registered manager for some time. There was low morale within the staff team.

The service sought feedback from people, relatives and visitors. Staff meetings took place on a regular basis.

The provider had good systems in place to evaluate the care people received.

# Beechwood Place 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 February 2016 and was unannounced.

The inspection team consisted of two inspectors and a specialist professional advisor who was a qualified nurse with experience of care for older people and people living with dementia.

Before the inspection we reviewed all of the information we held about the service. We contacted the local authority commissioning team and social work team. The social work team manager provided positive feedback about the service. We reviewed all of the notifications we had received about the service since our last inspection.

During the inspection we spoke with seven people who used the service and three visiting relatives. We reviewed seven care plans and associated records.

We spoke with 12 members of staff which included the registered manager, deputy manager, activity co-ordinator and nine members of nursing, care and ancillary staff. We also spoke with the area manager, human resources manager and the owner.

We completed a tour of the building and we looked at three staff files; which contained employment and training records. We looked at documents and records that related to people's care and support, and the management of the home, such as training records, audits, policies and procedures.

## Is the service safe?

### Our findings

People told us they felt safe and relatives confirmed this view. One relative said, "I know [Name] is safe here and the care [person] gets is of a good standard."

Despite this view we were concerned about the availability of staff to meet people's needs. On the day of our inspection there was one nurse on duty, one senior member of care staff and four care staff. The deputy manager told us there would have been a nurse on duty but they were managing the home as the manager was on planned leave. The deputy manager told us there should be two nurses on and 5 members of care staff during the morning shift. We reviewed the rota for care and nursing staff for the last three weeks and found this level of staffing was always provided. However, on some days there were up to eight care assistants working, this meant the staffing levels provided varied significantly.

During our inspection we observed staff to be busy and some appeared rushed and under pressure. We received a mixed response from staff about whether there was sufficient staff available to meet people's needs. One member of staff said, "Usually there are enough of us, it's only a problem if someone goes off sick." Another said, "We have enough staff but we may be short if someone is off sick. We work together as a team to make sure people's needs are met." However, another member of staff said, "We cannot manage it, we do what we can. The morning is the most important time and sometimes people have to wait for care." The member of staff told us they felt this was leading to staff becoming stressed and tired. Two staff also raised concerns about a member of staff who they said was friends with the manager and was often in the manager's instead of providing hands on care.

One person who used the service told us they were concerned about staffing levels, "Sometimes I have to wait. It's going to bed that's the problem. Sometimes staff help me to go to bed before they go home but other times I have to wait for the night staff." They went on to say, "Yesterday I wanted to go up [to my room] at 6 pm but staff said they were on their break, the night staff eventually took me up at 9 pm." A relative told us, "Sometimes they are a bit short of staff but we are lucky to have [name] here, it's a good home and I'm very happy with the care."

The area manager explained the service had recently introduced a staffing tool which was designed to assist the manager in ensuring there were sufficient staff to meet people's needs. They explained each person who used the service would have their needs reviewed each month or sooner if required, and this would be used to calculate the number of staff required. They told us the tool had calculated 626 hours of care per week in January and 798 hours had been provided. They told us they allowed an additional 100 hours per week due to the layout of the service and the effect this had on the deployment of staff. The area manager told us the service was above the assessed number of hours of staff required. However, the layout of the service which is an old building and across four floors meant this had an impact on the deployment of staff. Despite stating the service had above their care hours we were told they were looking to introduce an additional member of care staff on a morning. The area manager told us this was, "supplementary."

The deputy manager told us, "I think we need an extra member of care staff on a morning. The care staff

have a heavy workload and sometimes struggle." They told us they thought the service needed six members of care staff to work alongside the nursing staff. Following the inspection we spoke with the manager who told us they were in the process of reviewing staffing levels, "Recently the support from head office about staffing levels has been excellent. I think we need six members of care staff on a morning." They went on to say they would be concerned if the numbers of care staff employed resulted in a reduction in nursing hours. They said there were having a meeting with the provider to review staffing levels.

The service has bedrooms across three floors which meant that staff deployment was not always sufficient to meet people's needs. The level of variation in staff available to support people suggested at times there were significantly more staff than at other times. This meant the service did not always have sufficient staff available to meet people's individual needs at key times of the day such as when personal care or support with eating and drinking was required. The layout of the service may have contributed to this.

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

The service had effective recruitment and selection processes in place. We looked at three staff files and saw completed application forms and appropriate checks had been undertaken before staff began work; each had two references recorded and checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with people who needed 24 hour care.

Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the types of abuse and how to report concerns. Staff told us they would ensure any immediate action was taken to keep the person safe and then they would share the concerns with the registered manager. The service had an up to date safeguarding policy, which offered guidance to staff.

The whistleblowing policy was up to date and contained clear guidance for staff about who they could contact if they had any concerns. The policy provided staff with guidance about contacting the CQC and other public bodies to raise any concerns. This demonstrated the service, and the provider, took seriously their responsibility to support staff to challenge poor practice.

Medicines were safely managed. They were stored securely in a treatment room. There were clear procedures in place for the ordering of medicines and returning of unused stock. Controlled drugs, which are sometime liable to misuse, were stored securely and the records associated with these were completed in line with good practice guidance.

Medicines were administered by nursing staff, we observed some people being given their medicines and this was in line with the prescribing instructions. People's consent was sought before the medicines were given and the nurse accurately completed the Medication Administration Record (MARs).

Risk assessments and risk management plans were developed based on people's individual needs. For example safe moving and handling, pressure area care and nutritional risk management plans. These were up to date and appropriate health care professionals had been involved in the development of them. This meant people who used the service could be assured staff had access to guidance to ensure support was delivered safely.

Environmental risk assessments were in place and each person had a Personal Emergency Evacuation Plan (PEEP) to protect them in the event of fire. We saw fire safety checks had been undertaken on a regular basis



to ensure the fire equipment and safety systems were effective.

The service had a fire safety policy and we saw regular fire tests. The service had a full time maintenance person who was responsible for doing checks to ensure people who used the service were protected from harm, this involved regular water temperature checks. We saw evidence the service had up to date essential safety certificates which included gas safety certificate. This meant people could be assured the provider ensured a safe environment.

Accidents and incidents were recorded and reviewed on a regular basis. The service had notified the relevant bodies such as the health and safety executive and the CQC of the necessary reportable incidents. The area manager explained accidents were reviewed each month to ensure any trends or patterns were considered and action was taken to prevent avoidable harm to people, staff and visitors.

## Is the service effective?

### Our findings

Staff we spoke with gave mixed feedback about the support they received. The service had a policy on supervision which stated it would take place a minimum of six times a year. Supervision is an opportunity for staff to discuss any training and development needs any concerns they have about the people they support, and for their manager to give feedback on their practice. From the records we reviewed we did not see evidence of this being provided for staff. The manager told us they were aware there had been gaps in supervision and this was something they intended to put right, they explained they had been responsible for supervising the majority of staff but now the deputy manager was in post they intended to delegate some of this responsibility. Out of the three staff files we reviewed we saw one annual appraisal. This meant the provider could not be assured the manager had assessed the ongoing competency of staff, and provided any additional support and training which may have been required.

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

The area manager had completed a training audit on 26 January 2016 and identified 75% compliance with their own designated training plan for staff. Some staff still required dementia training and training to support people with behaviour that could pose a risk to themselves or others. Other key training that had been identified as mandatory by the provider was up to date. The area manager had developed a training matrix which showed when the training was next due. This meant the service had a clear system in place to monitor staff training and to ensure this was up to date.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

For people who were unable to give consent to the support being provided a mental capacity assessment was completed and a best interest decision was recorded. Throughout our inspection we saw staff sought consent and supported people to make their own choices. The management team and staff we spoke with understood the principles of the legislation. The manager had applied to the local authority for nine DoLS authorisations. At the time of our inspection these applications were awaiting assessment by North Yorkshire County Council. The service was operating in line with the principles of the Act.

People and their relatives were positive about the food provided. One person said, "The food is lovely, we always get a choice and if there is anything I don't like I always get something else."

A relative said, "The food is excellent." One person had commented in the satisfaction survey, which had taken place in January 2016, "They know I'm vegetarian and they always ask what I like to eat. I get a good selection."

We observed lunch which was served between 1 and 2 pm. The food looked appetising and people were given a choice of two main meals, the chef was flexible and we saw two people were provided with meals which were their individual preferences. The chef was aware of their responsibilities in relation to food hygiene and at an inspection by environmental health the service had received a score of five for food hygiene. This is the highest score available.

The timing of lunch was staggered over an hour. This was to ensure people who required support to eat had a member of staff to provide this. The chef had a list of meals and when a tray of food was taken to a person the member of staff signed this out, this ensured people were provided with their meal in line with their dietary requirements and preferences.

At 1 pm we saw one person in their bedroom, they told us they were waiting to go downstairs for lunch. They told us, "I'm waiting for them to fetch me down for my dinner; I don't think they'll have forgotten me." When we went back 25 minutes later the person was asleep on top of their bed. At 1.50 pm we saw a member of staff who had come on duty to cover the evening meal preparation supported the person to eat their meal. However, the member of staff was assisting the person in their bedroom. This meant they had waited 50 minutes for their lunch and despite telling us they were going downstairs for lunch they ate the meal in their bedroom. Some people had to wait up to half an hour for their desert. Lunch should be a sociable and enjoyable event for people and we noted a number of people had to wait for staff to assist them or bring their food.

We recommend the provider review the lunchtime experience for people to ensure there are sufficient staff to ensure this is person centred.

People's nutritional needs were assessed, we saw people had specialist diets and people were weighed on a regular basis. Where people had lost weight the service had sought advice from the doctor and dietician as required.

The service had good links with the local doctor's surgery and they visited the service every Tuesday to review people's needs, this was in addition to individual requests from the service. People were referred to health care professionals as required. We saw detailed records following visits by doctors and the community nursing team. For example we saw one person had been seen by the speech and language therapist the guidance provided had been used to update the person's care plan and risk assessment. This meant people could be assured the service sought specialised advice based on people's individual needs.

We saw one person's bedroom window had been awaiting repair for some time. Their relative had been raised this with the manager. The area manager had recently been made aware of this and had taken the required action to ensure the repair was made in a timely way. Following the inspection the area manager contacted us to confirm this had been fixed.

# Is the service caring?

## Our findings

All of the interaction we observed between staff and people was warm and kind. Staff sought consent from people. People told us they were well cared for. One person said, "The staff help me and I don't have to worry about things. I get the help I need when I want it." In a recent satisfaction survey one person had said, "This is the next best thing to being in my own home."

People looked well cared for. They were wearing clean clothes, some people had their nails painted and others were wrapped in clean blankets, this was for extra warmth as it had snowed on the day of our inspection. Although some staff described being rushed and under pressured the staff we spoke with demonstrated a commitment to delivering good care. One member of staff said, "We all [staff team] think a lot of our residents and we give them as much care and one to one time as we can." The manager told us, "I can go home at night and be confident people are being well looked after."

The service supported people to maintain their relationships. One relative explained they had been worried as this was their first Christmas living apart, they said staff had gone that extra mile for them to ensure they could enjoy time together as a married couple. They said, "I was really worried about us not being together on Christmas Day but the staff were very accommodating, they laid a table for us and it was beautiful, the food was hotel standard."

We saw one person needed support with their personal care, the member of staff provided this in a dignified and respectful manner. They discreetly supported the person to return to their bedroom so that the care could be provided in privacy. We saw staff knock on people's bedroom doors and wait for permission before they entered.

We saw one person was receiving end of life care, records indicated they were receiving the support they required to be cared for comfortably. We observed care staff were kind and provided compassionate and sensitive care to the person.

The manager told us the service had strong links with St Catherine's hospice where they had a named nurse they could contact for specific advice regarding a person's end of life care. The manager said all of the nursing staff had completed up to date syringe driver training. A syringe driver is a small pump which is used to administer medicines on a continuous basis. They are used most often for people who need palliative or end of life care so that medicines are administered at a continuous level to ensure people are pain free and comfortable. This meant nursing staff had the skills required to provide effective end of life care.

## Is the service responsive?

### Our findings

The service completed a pre admission assessment which ensured they understood people's care needs and were confident these could be met before they were offered a place at the service. Care plans were personalised and contained up to date information about the care and support people required. They included information about people's physical care, medicines and health and social care contacts. However, there was less detailed information about people's emotional and spiritual care needs. Despite this we found care staff knew people well and could describe the specific care people needed as well as their preferences.

People told us they were kept informed of any changes to their relative's needs. One person said, "The staff ring me and discuss any problems. I am very happy with the care here." People and their relatives were involved in the review of their care. In January 2016 the service had written to people's relatives to invite them to attend an annual review of the care provided at the service.

The service employed an activities co-ordinator who provided a wide range of activities to people who used the service. They worked four days each week. There was a weekly activity programme which was printed out and circulated to everyone who lived at the service. This meant people knew what activities were on offer and people told us they looked forward to specific activities.

We received overwhelmingly positive feedback about the activities available to people. One person said, "[Name] is the entertainment manager and she does a great job." They told us they had joined the choir in the service and had recently been on a day trip to Scarborough, as well as having lunch at a local college. Another person said, "[Name of activities co-ordinator] comes to see me every day, the choir come and sing songs in my room." The activities co-ordinator had recognised the need for people who were nursed in bed to be able to engage in meaningful stimulation. A relative said, "It's difficult for people who are in bed 24/7 but [name] comes in and sees them every day and they have a chat." We saw they had worked with one person to understand what was important to them and had bought DVDs which they could enjoy in their own bedroom.

Staff told us, "[name of activities co-ordinator] is brilliant, they have arranged Karaoke and people love it." The activities co-ordinator held a regular 'residents meeting' and we reviewed the meeting minutes from January 2016. This showed eight people who lived at the service attended the meeting and had given feedback about the service. This demonstrated a commitment to seeking feedback from people who used the service in a meaningful way. There was a record of people's views on the available activities and people were asked to share what other activity they would like to take part in.

The service had an up to date complaints policy which was available to people and their visitors. We reviewed the complaints folder which contained a number of complaints and concerns in relation to two people who used the service. We saw the manager and the provider had met with the complainants to address these matters.

The service had also kept a record of positive feedback they had received. There were three letters praising the care provided by the service and the staff team. One had been received in November 2015 and read, "I want to express how grateful I am for the wonderful care you have given to [name] since he was admitted to Beechwood."

## Is the service well-led?

### Our findings

The service did not have a registered manager. There has been no registered manager in post since April 2014. This is a breach of Care Quality Commission (Registration) Regulations 2009 (5).

The provider had employed a manager who was due to apply to register with the CQC. In order to mitigate the lack of registered manager the provider had arranged for the area manager to spend two to three days a week supporting the service this had recently started.

Despite the measures the provider had put in place we received some negative feedback from the staff team about the current management arrangements. A number of staff we spoke with described low staff morale within the team. Some staff told us the manager had 'favourites' this impacted on how well supported the staff team felt. One member of staff said this had an impact on people who used the service because one member of staff spent a lot of time with the manager when they should have been delivering care. Another described being concerned that people who lived at the service would pick up the tension within the staff team. Comments included, "Things have been difficult for the staff, morale is low and staff are stressed out" and "I have worked here for a long time and now feel like an outsider, sometimes my opinions are not listened to." A number of staff told us staff had left because they felt the service was no longer a supportive environment in which to work.

We spoke with the manager about the concerns the staff team had shared with us. They said, "We've had a rocky period with staffing and a lot of change. Now we have a stable staff based and we are in the process of moving forward." They told us they thought they ran a, "Happy, healthy home with contented residents." One member of staff said, "Things have been very difficult over the last 12 months and we have lost a lot of good care staff. People who live here have seen a lot of new faces [staff members] come and go and that is unsettling." However, they went onto say they thought the situation was starting to improve.

We shared some of the staff feedback with the provider who told us they had become aware of tension within the staff team. They explained they were taking steps to try and address the issues and had arranged a staff meeting to discuss the concerns. Staff meetings took place on a regular basis. We saw records of meeting minutes and there was evidence of staff being consulted about their views on the service.

The service had sent questionnaires to people who used the service and their relatives in January 2016. The results were still being collated. This demonstrated the service wanted to seek the views of people, to celebrate positive feedback and to continue to improve the service as required.

The manager had failed to notify the CQC of two safeguarding alerts which had been made to the local authority for investigation. Since then the area manager had arranged for all of the safeguarding information to be put into one folder and logged the activity undertaken, including the date the CQC were notified of the event. The area manager submitted the notifications retrospectively. This action taken by the area manager demonstrated a commitment to ensuring the provider was meeting their responsibilities.

We saw a number of unlocked linen cupboards which contained confidential information about people who

used the service and their continence needs. This meant confidential information could be viewed by people visiting the service and meant people's dignity was not being respected. We raised this concern with the area manager who had not been aware the lists were being displayed in this way and immediately removed them

The service had robust systems in place to audit the care provided to people who lived at the service. For example we saw care plan, nutrition, food safety and maintenance audits took place on a regular basis. The provider ensured staff had access to up to date policies and procedures which ensured staff had access to good practice guidance which was based on up to date legislation and policy.

The manager told us they did a 'daily walk around' the service which meant they could address any issues as they arose. They told us they operated an open door policy and encouraged people, staff and visitors to give feedback. The service had received a compliment about the care and the role of the manager from a relative. It read, "[Relative] is happy and settled at Beechwood for us as a family it is comforting and reassuring. [Manager's name] is equally wonderful. She has stepped into her role so well. She is approachable and caring and her knowledge in dementia is outstanding and the activities she and her team have arranged are exceptional."

The service had recently introduced computerised records. The area manager told us they were supporting the manager and staff to increase their confidence with the system. They showed us the management information functions on the system which would allow the manager to audit care and people's needs quickly. For example the system enabled the manager to produce a report on records of weights for people and identify anyone who had lost weight and the action that had been taken. This meant the system supported the manager to robustly audit the care people received.



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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	The service did not always have sufficient staff to meet people's needs at key times of the day such as when people wanted support to get ready for the day or retire to bed. Staff were rushed at times and they did not have regular supervision or annual appraisals.
Treatment of disease, disorder or injury	