

Skolak Healthcare Limited

# Beechill Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Beechill Nursing Home provides accommodation, personal care and nursing care for up to 31 people. At the time of our inspection there were 20 people living at the home. Beechill is situated in the Cheetham Hill area of Manchester. Facilities include 23 single bedrooms and four double bedrooms, a large lounge area, dining room, a conservatory and a smoking room. There is a small garden area at the back of the property and car parking at the front and rear of the premises.

The home had 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.

This was an unannounced inspection which took place on 11 and 12 April, 2018. We last carried out a comprehensive inspection of the service in August 2017 and rated the service as inadequate which meant the service was in 'special measures'. At that inspection we identified breaches of seven of the Regulations of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014, including concerns that placed people at serious risk of harm. We identified breaches in relation to: cleanliness, maintenance, fire safety, security of the building, managing risks, servicing of equipment, wound care, medicines, recruitment, supervision and training, Deprivation of Liberty Safeguards (DoLS), activities and governance.

Some of the concerns we found at the August 2017 inspection impacted on the safety and well-being of people living at the home. We asked the registered manager to take immediate action to deal with the most serious concerns, which they did. These concerns were around fire safety, window restrictors, wound care, servicing of the passenger lift, bed rail risk assessments and the monitoring of legionella. We then carried out a focussed inspection in October 2017 to check that these serious problems had been rectified, which largely they had been, and the risks to people were reduced.

At this inspection we found the service had made further improvements and the service is no longer in 'special measures'. However, we have found one continuing breach of the regulations. This is in relation to training. We have also made two recommendations. These are in relation to the provision of meaningful activities and the monitoring of people's food intake.

Systems were in place to help safeguard people from abuse and staff understood what action they should take to protect vulnerable people in their care. Recruitment checks had been carried out to ensure staff were suitable to work in a care setting with vulnerable people. At the time of our inspection there were sufficient staff to respond to the needs of people living at the home.

There had been a significant improvement in the cleanliness and maintenance of the home. Much of the home had been redecorated and new furniture and fittings bought. This made the home a more pleasant environment for people to live in. A programme of improvement and investment in the home had been

implemented and was on-going. Maintenance checks on services and equipment were up-to-date. Fire safety had improved since our last inspection. Procedures were in place to prevent and control the spread of infection.

Medicines were managed safely.

Staff had undertaken a variety of training. However, there was a lack of training in the care of people with autism. This meant staff did not have a good understanding of this condition, how it affected people and how they would support someone with autism in the appropriate way. Staff received regular supervision which provided them with an opportunity to voice any concerns and plan their professional development.

Staff encouraged people to make choices where they were able. The service was working within the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People who had poor dietary or fluid intakes had these monitored. However, we found documentation to record this was not detailed enough to provide an accurate picture of what people were eating.

We observed caring interactions between staff and people who used the service. Care plans, which were reviewed regularly, reflected the needs of each person. People had access to other health care professionals for advice and support, when needed.

Although some improvement had been made since our last inspection in the provision of activities, we found there was not always enough for people to do to occupy or stimulate them. There was no pleasant and secure outside area for people to spend time in.

Regular audits were undertaken to monitor the standard of the service. These included checks on medicines, the environment, infection control and care plans.

## 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.

Improvements had been made in the cleanliness and maintenance of the home. Infection prevention and control measures were in place. People were protected from the risk of fire

Arrangements were in place to safeguard people from harm. The required pre-employment checks had been carried out. This helped to ensure staff were safe to work with vulnerable adults.

Medicines were managed safely.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff had been trained in a range of topics. However, training in one particular area was required to enable staff to carry out their roles effectively.

Staff received regular supervision.

People were provided with a choice of food. However, documentation used to record people's food intake was not sufficiently detailed.

### Is the service caring?

Good ●

The service was caring.

We observed kind and caring interactions between staff and people who used the service.

People's dignity and privacy were respected.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Care plans were person-centred and were reviewed regularly to ensure they were up-to-date.

There were not always sufficient, meaningful activities for people to take part in.

The service had a system in place for receiving, handling and responding to complaints.

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

The service was not consistently well-led.

A programme of improvement and investment in the home had been implemented and was on-going.

The provider had made a range of improvements since our last inspection. However, to improve the rating to 'good' would require a longer term track record of consistent and sustainable good practice.

There were systems in place to monitor the quality of care and service provision at the home.

**Requires Improvement** ●

# Beechill Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which took place on 11 and 12 April 2018. The first day of the inspection was carried out by three adult social care inspectors. On the second day, one adult social care inspector and an assistant inspector returned to the service to complete the inspection.

Before the inspection we reviewed information we held about the service, including the inspection reports from our last two inspections. We also reviewed the statutory notifications the CQC had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay.

Prior to the inspection we contacted the local authority, Health Watch Manchester and the local Clinical Commissioning Group to ask for their comments on the service. We received a reply from Health Watch Manchester, who had not received any feedback on the service.

During our visit we spoke with the owner, who is also the registered manager, the deputy manager, a nurse, the activities coordinator, four people who used the service and one relative. We looked around the home checking on the condition of the communal areas, toilets and bathrooms, kitchen and laundry. We also looked in several bedrooms after we had received permission to enter them. We spent time observing the lunchtime meal and the administration of medicines.

As part of the inspection we reviewed the care records of four people living at the home. The records included their care plans and risk assessments. We reviewed other information about the service, including training and supervision records, weight records, three staff personnel files, medicine administration records, audits, meeting minutes and maintenance and servicing records.

# Is the service safe?

## Our findings

We asked people living at Beechill Nursing Home if they felt safe. One person told us, "Yes, I don't go out by myself, I don't want to. Staff are nice to me." A relative told us, "I am happy with the care he receives; he is safe."

Staff we spoke with demonstrated a good understanding of safeguarding and were able to describe signs of abuse and the procedures to report any concerns they might have about people's wellbeing. At our inspection in August 2017 we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because procedures for investigating and acting upon potential safeguarding concerns were not used effectively to ensure the safety and wellbeing of people living at the home. At this inspection we found the service was no longer in breach of this regulation. We looked at the safeguarding records and found the service had made appropriate referrals to the local authority safeguarding team when they had identified concerns.

At our inspection in August 2017 we found the home was visibly very unclean and poorly maintained. Carpets and chairs were stained and paintwork on walls, skirting boards and doors was dirty and chipped. Furniture was broken and equipment was dirty. We found the service to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had failed to maintain a safe and clean environment and had put people at risk of possible infections. At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

Since our inspection in August 2017 there had been a programme of redecoration and refurbishment, which was still on-going. At this inspection we found the environment of the home to be much more pleasant, clean and well-maintained. All the communal areas had been re-decorated and looked brighter and cleaner. New furniture and curtains had been purchased for the lounge, dining room and some bedrooms, and floors had been re-covered.

At our inspection in August 2017 we found that equipment had not always been maintained adequately or serviced. For example, we found that window restrictors were inadequate, the glass in one window was broken and the call-bell system in one bedroom was not working. At this inspection we found no concerns around the maintenance of equipment. The provider had installed a new call-bell system, glass had been refitted in broken windows and all the window restrictors had been replaced and were regularly checked to ensure they were effective. Covers had been purchased and secured to walls to cover free-standing radiators in the conservatory and smoking room. These protected people from the risk of burns if they touched or fell against them. All servicing of equipment, such as the passenger lift, hoists and hoist slings were up-to-date. Where servicing of equipment had identified faults we saw evidence that these had been repaired. The registered manager had introduced a 'renewals schedule' which clearly identified the dates when each piece of equipment required servicing and details of the company responsible. This ensured there was oversight of equipment servicing.

We found that the machine used to check the blood sugar for those people with diabetes who were

receiving insulin had not been checked to ensure it was giving the correct reading. We informed the registered manager of this and he immediately took steps to arrange for this check to be carried out by an external company on a regular basis.

We looked at how the service assessed and managed the risk of legionella. Legionella is a bacterium that is found in man-made water systems, such as domestic water systems and showers. It can cause serious illnesses if people are exposed to it. At our inspection in August 2017 we found the service had not taken any steps to minimise the risk of Legionella in its water system. This put people living in the home at risk. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach of this regulation. The service had a legionella risk assessment in place and a sample of water had tested negative for the bacteria in October 2017. Regular checks of the water system, including flushing of un-used taps and cleaning of shower heads had been carried out regularly. These checks help minimise the risk of legionella bacteria growing in the water system.

We could not find evidence to show that the Thermostatic Mixing Valves (TMVs) for the hot water system had been serviced. The registered manager told us the TMVs were all new. However, the maintenance person told us there were still some old TMVs in place and being used. TMVs ensure that water is delivered at the required temperature and reduce the risk of scalding. Subsequent to the inspection we received confirmation that the service is arranging for the TMVs to be serviced and the remaining old TMVs replaced. We will check this at our next comprehensive inspection.

At our inspection in August 2017 we identified serious concerns around fire safety and found the service to be in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We referred our concerns to Greater Manchester Fire and Rescue Service who carried out an urgent inspection of the premises. They served the provider with an Enforcement Notice as they found they were failing to comply with fire safety legislation. At this inspection we found the service had taken steps to improve fire safety and they were no longer in breach of this regulation. We saw evidence that Greater Manchester Fire and Rescue Service have judged Beechill Nursing Home to be compliant with fire safety regulations.

At our inspection in August 2017 we found security of the building was poor. We found the front door open on several occasions. This meant there was a risk that intruders could enter the building or vulnerable people, who lacked capacity or might have a Deprivation of Liberty Safeguard in place, could leave without the knowledge of staff. We also found the doors to the kitchen and sluice room were open, which meant there was a risk vulnerable people could enter and harm themselves. Since then the provider had installed new locks and we found the building to be secure during our inspection. A notice was displayed on the kitchen door reminding staff to keep it locked at all times.

During our tour of the building we found there was a plentiful supply of personal protective equipment (PPE) such as disposable gloves and aprons. PPE was available on the corridors and in the bathrooms and toilets. We observed staff using these when carrying out tasks such as serving food. However, two staff were observed wearing long-sleeved cardigans when delivering personal care to people. Department of Health guidelines on the prevention and control of infection in care homes advises that care staff should wear short-sleeved uniforms, as cuffs can become contaminated with bacteria. We brought this to the attention of the registered manager who told us he would raise the matter with staff and make sure they wore appropriate clothing whilst at work. We were shown a copy of an infection control audit carried out by Manchester Health and Care Commissioning Group in November 2017. The service scored 84%, which was a significant improvement on their previous audit in August 2017 where the score was 48%.

We reviewed how the service managed wound care. At our inspection in August 2017 we found there was no evidence to show that people with wounds had them evaluated on a regular basis. Wound evaluation, which includes measuring and photographing the wound and descriptions of the wound bed, is important, as it enables staff to monitor the improvement or deterioration of wounds and identify signs of wound infection. This meant there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we reviewed the wound documentation for two people. Each had a dressing care plan, which described the type of wound, the grade of the wound (if it was a pressure ulcer), the type of wound dressing to be used and the frequency of wound dressing change. Both wounds had been regularly evaluated using photographs and wound measurements. We found improvements had been made in this area and the service was no longer in breach of this regulation.

Risks to people's health, such as from falls, had been assessed. These were reviewed regularly to ensure they remained up-to-date. At our inspection in August 2017 we found that, where people were using bed rails, they had not been assessed as safe to do so. The service did not have adequate bed rail risk assessments and was therefore in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this concern had been rectified and all people who were using bed rails had a bed rail assessment completed which showed that their use was safe. The service was no longer in breach of this regulation.

Since our inspection in August 2017 the service had employed a registered nurse to work part-time as a Clinical Lead. This role included carrying out audits, writing and reviewing care plans, providing guidance and nursing advice and supervising the nursing staff. This helped to ensure there was clinical oversight at the home.

We reviewed the procedure for the recruitment of new staff. At our last inspection in August 2017 we found that the service had not always obtained references. This meant there was a possibility people had been employed who were not suitable to work with vulnerable people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. During this inspection we looked at the records of three newly recruited staff. Recruitment procedures were being followed to ensure only suitable staff were employed by the service. Prospective staff completed application forms and the information provided included a full employment history. Pre-employment checks had been carried out. These included Disclosure and Barring Scheme (DBS) checks, health clearance, proof of identity documents, including the right to work in the UK, and two references, including one from the previous employer. The DBS helps employers make safer recruitment decisions and aims to prevent unsuitable people from working with vulnerable groups. We found the recruitment procedure was safe and effective and the service was no longer in breach of the regulation.

We inspected the systems in place for the storage and management of medicines. At our inspection in August 2017 we found concerns in this area, particularly in relation to topical medicines (creams). We found records had not always been completed fully and there were gaps in records which meant we could not be sure people had received their creams as prescribed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we reviewed all the Medicine Administration Records (MARs) for creams. They contained the required information to ensure creams were applied correctly. This included a body map which was used to indicate where the cream should be applied. We checked the creams MARs and did not find any gaps in the records.

We checked other aspects of medicines administration, including the use of guidance for staff for administering 'as required' medicines, medicines storage, the administration of insulin and the MARs. We found these to be satisfactory. Therefore the service is no longer in breach of this regulation.

At our inspection in August 2017 we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified some concerns around staffing levels. At this inspection we found improvements had been made and the service was no longer in breach of this regulation. We asked people living at the home if they felt there were enough staff to support them. One person told us "They come on time, they come quickly when I call." Another person said "They're busy but have time to chat." From checking the staff rota and through our observations during the inspection we found there to be sufficient staff to meet people's needs promptly.

Beechill Nursing Home is registered to provide care and support to 31 people. At the time of this inspection there were 21 people living there. If the number of people accommodated at the home increases, staffing levels will need to reflect this increased demand on the service. This will be reviewed at our next comprehensive inspection.

# Is the service effective?

## Our findings

At our inspection in August 2017 we identified a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had failed to ensure staff had received adequate induction and training. At this inspection we found some improvements had been made. However, we found further improvements were needed. This was specifically in relation to the provision of training in autism.

From checking the training records we saw that staff had completed training in a range of topics, including fire safety, moving and handling, diversity and equality, safeguarding vulnerable adults, infection control, challenging behaviour and epilepsy. Training was provided either face-to-face, or through e-learning courses.

During our inspection we looked at the care records of a person living at Beechill who had autism. Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them. In their care records, an assessment carried out by the local authority of their needs, stated that all staff working with this person should have a basic awareness of autism. We asked the deputy manager if care staff had received this training. We were told they had been given a leaflet about the condition and had signed to say they had read it. However, when we asked two staff who were caring for this person about their understanding of autism, they were unable to tell us. This meant we could not be sure all staff had sufficient skills and knowledge to care for the person's complex needs and to promote their well-being.

This was a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the records of staff supervision, as at our last inspection we found that staff had not always received this regularly. We found an improvement in this area. There was a well-organised file which contained records of all supervision discussions. These contained information about the items discussed, agreed action plans, timescale for action and person responsible for completing the action. Supervision meetings are important, as they provide staff with an opportunity to discuss their progress and their learning and development needs. Supervision of the nursing staff was carried out by the Clinical Lead, who was a registered nurse. It is important for supervision of nurses to be carried out by a healthcare professional such as another nurse, as they have an awareness of issues and concerns affecting nursing practise.

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 the mental capacity to take particular decision, any made on their behalf must be in their own 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

From reviewing the training matrix we saw that the majority of staff had undertaken recent training in the MCA and DoLS and those we spoke with had a basic understanding of the principles and how they put these into practice to ensure people were supported in line with best practice. One senior care assistant told us, "We don't force them to do anything. If they refuse it is fine, always knock on the door, it's their home not our home. Everyone is offered personal care and encouraged, not forced. They are our family. We see them more than we see our own family. I care about the residents." During our inspection we saw that staff sought peoples' consent before undertaking any care or support task. People who lacked capacity to make decisions had received a mental capacity assessment. However, we found these to be general rather than decision specific.

People living at Beechill, who we spoke with, told us they were able to make choices and decisions for themselves. For example, one person said "I could stay up all night if I wanted to. I choose what to watch on telly." People were able to choose the gender of care assistant to support them with personal care. One person told us, "Yes I choose, I don't want a woman to shower me, I only want men to shower me."

At our comprehensive inspection in August 2017 we found problems around the application process and monitoring of DoLS which meant the service was in breach of Regulation 13(1)(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made in this area and the service was no longer in breach of this regulation.

Where people required a DoLS we found these were in place. Where there had been a delay in the application process we saw evidence that the registered manager had taken steps to follow this up with the local authority.

Staff worked with other healthcare professionals to ensure people's health needs were met. We saw from the care records we viewed that, where needed, people were referred to health professionals for specialist support, for example to their GP or the mental health team. Information about visits from healthcare professionals was discussed in staff handover meetings and recorded in each person's care file with details of the outcome of the visit. This ensured vital information about people's health needs was easily available for staff.

People's nutritional requirements were assessed on admission to the home and were reviewed regularly. People were weighed monthly and a malnutrition universal screening tool (MUST) score was also recorded. The MUST score helps staff identify if a person is malnourished, at risk of malnutrition or overweight. Where people were identified as having a poor diet or fluid intake they were commenced on a fluid and/or nutrition chart to record how much they ate and drank. We reviewed these charts and found that staff recorded the type of food eaten, but not the amount. This meant they did not provide an accurate picture of a person's dietary intake. We discussed this with the registered manager who agreed to look into ways of improving the chart so that it provided a better picture of people's food intake.

We recommend the service take steps to improve the monitoring of people's food intake.

We found that where people needed special diets, for example because they had a problem with swallowing, these were managed well and dietary guidance followed in the preparation of specialist meals.

We observed lunch on the second day of our inspection. Most people sat at the dining tables, which were

nicely laid with napkins and place mats. The food was plentiful and hot and people were offered food and drink choices. Although lunch started at midday, some people arrived later but still received a fresh hot meal. There were sufficient staff to help people who needed assistance with their meal, no-one was left waiting and everyone appeared to enjoy the lunchtime experience.

At our inspection in August 2017 we found many areas of the home were unclean and poorly maintained and decorated. This meant they did not provide a pleasant environment for people to live in. At this inspection we found improvements had been made in the cleanliness, maintenance and décor of the home. Some measures had been taken to make the environment suitable for people living with a dementia, or with sight problems, through the use of colourful picture signage to identify communal rooms, toilets and bathrooms.

Since our last inspection some improvements had been made to the outside of the home, as rubbish had been cleared and the fence mended. However, the garden still needed further attention to make it a pleasant and secure space for people to spend time in. The registered manager told us there were plans to improve the outside environment by wood-staining the fence and providing planters of shrubs and flowers.

## Is the service caring?

### Our findings

People told us the staff were kind and caring. One person said, "Staff are kind to me, they do things that I ask." Another person told us, "Yes I like them all."

We saw that people in the home looked cared for. People wore clean clothes, their hair was tidy and looked smart and they wore appropriate footwear.

We talked to staff about how they ensured people were supported in a caring and dignified way. Staff were able to describe steps they would take to maintain a person's dignity and privacy when carrying out personal care. One member of staff told us, "(name) likes his door shut. This is important to him. We always knock before going in." Another care assistant said "People who can't make their own decisions – we do regular checks to ensure they are not in an undignified state."

Staff encouraged people to do as much for themselves as they were able, at the same time as ensuring they were given opportunities to make choices about their care. One care assistant told us "We ensure that they are supported; we prompt and encourage. We had one person who couldn't walk when they came back from the hospital so we encouraged them to try with their frame. We encourage them to eat themselves with prompts and encouragement. Over time they then try to do this alone. We are patient with them. It would be quicker to get a wheelchair but we take the time to assist them with confidence to mobilise."

During our inspection we observed caring interactions between staff and people living at the home. For example, during the lunchtime meal we saw that all the staff were pleasant and friendly. Where people needed assistance with their meal, staff supported them patiently. We observed a friendly conversation between the registered manager and one person. There was much laughter and joking and it was obvious that they knew each other well.

At our inspection in August 2017 we found the service was in breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care. This was because we found that one particular person was not always treated in a caring and dignified manner. We also found that the poor quality of equipment, dirty furnishings and décor did not provide an environment which was dignified, caring or person-centred. At this inspection we found improvements had been made in this area and the service was no longer in breach of this regulation.

As part of the improvement programme some bedrooms had been re-decorated. We looked at three bedrooms, after getting permission to enter. We found these to be nicely decorated and personalised with pictures, ornaments and personal furniture. People had been given the opportunity to choose the colour of their bedroom and those we spoke with were pleased to have been given this chance. One person had asked for their room to be painted red, as this was the colour of the football team they supported. This showed the service actively encouraged people to be involved in making decisions about matters that were important to them.

## Is the service responsive?

### Our findings

At our last inspection in August 2017 we found that care files did not always contain detailed and accurate risk assessments and care plans. This meant there was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found an improvement had been made in this area and the service was no longer in breach of the regulation.

We reviewed four care files which were well organised and used a numbering system to locate each section of the file. This made the information easy to find. Care files contained personal information, a life history, assessment documents, risk assessments and care plans. For example, we reviewed the care plan for a person who was receiving support with their catheter. This contained detailed information to guide staff on catheter management, including steps needed to help prevent an infection. Moving and handling care plans included details about the use of slide sheets (equipment for moving people who are in bed) and information about the type and size of sling to be used with a hoist. This ensured staff had the correct guidance for moving people safely. Care plans and risk assessments were reviewed monthly to ensure they were up-to-date. From our review of care files we saw that, where appropriate, consideration had been given to planning people's end of life care. Where needed, a Do Not Attempt Resuscitation (DNAR) request was retained on file.

At our previous inspection we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service had failed to provide sufficient meaningful activities to help improve people's quality of life. At this inspection we found some improvements had been made and the service was no longer in breach of the regulation. However, we found further improvements were needed and we have made a recommendation about meaningful activities.

People we spoke with felt there was not enough to occupy them during the day. One person told us, "I get very bored and fed up, it's the same thing every day, sleep, eat, smoke." Another person said, "No-one does much with anyone." Since our last inspection the service had employed a part-time activities coordinator whose role was to organise and plan daily activities. Some people living at the home were taken out on shopping trips or to a local café several times a month and we saw photographs of a trip out to a local pub for lunch. An activities board was on display in the lounge which showed that activities such as board games, arm chair activities, massage and relaxation, movies and craft sessions were offered. However, we found that some elements of personal care, namely chiropody and hairdressing were classed as activities, with no other activity offered on the days when these services were provided. As we have mentioned in the 'effective' section of this report, there was no secure and attractive outside area for people to spend time in or enjoy activities such as gardening.

We recommend that the service take further steps to improve the range of activities available for people living at Beechill Nursing Home.

The service had a complaints procedure which gave a detailed explanation about how to make a complaint

and the timescale for receiving a reply. There was a written record of all complaints. This described the nature of the complaint, findings of any investigation, action taken and feedback to the complainant. The complaints procedure also contained information on what people should do if they were not happy with the outcome of their complaint and needed to seek advice from the CQC.

# Is the service well-led?

## Our findings

The service had a registered manager who had registered with the Care Quality Commission (CQC) in January 2011. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the owner of the home.

This service has a history of non-compliance with the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We carried out three comprehensive inspections of this service during 2016 and 2017. On each occasion we found breaches of the regulations. At our inspection in March 2016 we identified breaches of three of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued requirement notices and asked for improvements to be made. At our inspection in March 2017 we identified breaches of eight of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and again issued requirement notices.

At our inspection in August 2017 we identified breaches of seven of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated the service 'Inadequate' overall and put the service in 'special measures'. Services that are in 'special measures' are kept under review and are inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this time frame.

At our inspection in August 2017 we found very serious problems with the home, which impacted on the safety and well-being of people living there. We asked the registered manager to take immediate action to deal with the most serious concerns, which they did. These concerns were around fire safety, window restrictors, wound care, servicing of the passenger lift, bed rail risk assessments and the monitoring of legionella. We then carried out a focussed inspection of the service in October 2017 to check that these concerns had been rectified. We found that improvements had been made and the risks to people were reduced. We carried out this comprehensive inspection to check that all the concerns we identified in our August 2017 inspection had been rectified and to review the rating of the service.

At this inspection we found that improvements had been made. We have described these in detail in the relevant sections of this report. Since our last inspection the registered manager had implemented a maintenance and re-decoration programme, which is still on-going. This includes work to replace the fascias, soffits, windows and doors, which is being carried out in May 2018.

We talked to the registered manager about the outcome of our previous inspection and the action he had taken since then to improve the environment and increase his oversight of the day-to-day management of the home. He told us that his investment in the home had shown that he was committed to making improvements and that staff now felt more valued. This was confirmed in our conversations with staff. One staff member told us, "We are going in the right direction. Management are listening to us. We all wanted the decorating changed and they did it. The service users are involved in choosing how their rooms are

decorated. It is much cleaner than it used to be."

At our inspection in August 2017 we found there were limited systems in place to monitor all aspects of the service. Although there were some quality assurance checks, these were not robust as they had failed to identify the many concerns we found during that inspection. At that time we found the registered manager did not have oversight of the home and this had exposed people living there to the risk of avoidable harm. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance. At this inspection we found improvements had been made in this area and the service was no longer in breach of this regulation.

The registered manager confirmed that an external care consultant had been advising him on quality issues and had carried out their own audit of the home in November 2017 and February 2018. Where concerns had been identified we saw that action had been taken. In addition, to help with implementing improvements and overseeing clinical practice, a part-time clinical leader had been employed at the service.

Regular audits were carried out by the service in relation to medicines management, care plans, staff training, infection control and the environment. We checked records of these audits and found they had been completed and where areas for improvement had been highlighted action had been taken. We also saw that the registered manager carried out monthly unannounced 'spot checks' of the service at night.

The registered manager adhered to the requirements of their registration with the CQC and submitted notifications about key events that occurred at the service. The service's CQC rating from their last inspection was displayed prominently in the home's reception area.

The service had carried out a survey in March 2018. Questionnaires had been given to family members of people living at the home and 12 completed forms had been returned. However, analysis of the survey had not yet been carried out.

Following our last comprehensive inspection we rated the service overall as 'Inadequate' and it was placed in 'special measures'. Services that are in 'special measures' are kept under review and are inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. At this inspection we found improvements have been made to the service and it is no longer in 'special measures'. Although we found that improvements have been made, we have not rated this key question 'good'. To improve the rating to 'good' will require a longer track record of consistent and sustainable practice.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care       | Regulation 18 HSCA RA Regulations 2014 Staffing  |
| Accommodation for persons who require treatment for substance misuse | <b>Although staff had undertaken a variety of training, they had not been trained in the management of autism. This meant they did not have the skills to care for people with this condition effectively.</b> |
| Diagnostic and screening procedures                                  |  |
| Treatment of disease, disorder or injury                             |  |