

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 responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Beechill Nursing Home (Beechill) is a nursing home providing personal and nursing care for up to 31 people with a range of needs. This included both younger and older adults needing support in relation to physical disability, the misuse of alcohol or drugs, mental health and dementia. At the time of the inspection 28 people were living at Beechill.

There are 23 single rooms and four double rooms across two floors. Each floor has shared bathrooms and toilet facilities.

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

People and relatives were positive about living at Beechill. The staff knew people's needs and how to support them.

At the time of our inspection new care plans were being computerised, and paper care records continued to be in use. Records we reviewed identified people's care needs, risks they may face and guidance was provided for staff in how to meet these needs. Staff however didn't always have immediate access to the computerised care documentation system. After our inspection we were informed by the registered manager the service was reverting to the paper-based system.

People received their medicines as prescribed. Guidelines for when to administer 'as required' medicines did not always contain enough details on how the person would inform staff they needed the 'as required' medicine. The registered manager told us they would review this.

Staff knew the reporting procedures for accidents, incidents and safeguarding. Records of investigations completed and action taken following these reports were variable, with some not being available on the day of our inspection. We have made a recommendation that national good practice guidelines are followed for the recording of investigations and actions taken following an accident or incident.

The home was visibly clean. Staff wore appropriate PPE when supporting people, however we observed some staff incorrectly wearing their masks in the communal dining area. We have made a recommendation that government guidance for the wearing of PPE through the Covid-19 pandemic is followed in all areas.

A quality assurance system was in place, with regular reviews and audits being completed. Staff were safely recruited and there were enough staff to meet people's needs.

An activity officer was in place and staff had completed training on activities and exercise provision. Many people did not want to take part in group activities. Unfortunately trips within the local community had been stopped due to the Covid-19 pandemic.

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 and update

The last rating for this service was requires improvement (published 19 June 2019) and there were two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We also met with the provider to discuss our concerns and monitor their progress in meeting the action plan.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The service remains rated requires improvement. This is the seventh consecutive Requires Improvement rating. We will continue to monitor the service and will meet with the provider to discuss how they will make changes to ensure they improve their rating to at least good.

#### Why we inspected

This was a planned inspection based on the previous rating. We undertook this focused inspection to check the service had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, responsive and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvements. This is based on the findings at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beechill Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor the service and 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 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 safe.

Details are in our safe findings below.

Good 

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# Beechill Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this focused 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 domains of safe, responsive and well-led and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period of notice for the inspection due to the Covid-19 pandemic, to ensure we had prior information to promote safety. Inspection activity started on 16 September 2020 and finished on 23 September 2020. We visited Beechill on 21 September 2020.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, safeguarding teams and clinical commissioning group. We received intelligence during the planning of this inspection which we included into our inspection plan. The feedback given by the

clinical commissioner is referenced in the Responsive and Well-led domain of this report. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with eight people who used the service about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager, clinical lead, regulatory and compliance manager, nurse, team leader and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance and incident records. We spoke with the clinical commissioning group who had been reviewing people's care records at the service. We telephoned five relatives of people living at Beechill to ask about their experience of the care provided at the service.

# 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 improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection we recommended the provider reviewed good practice guidance for effective care planning in relation to management of behaviours that can challenge. The provider had made improvements.

- Risk assessments and care plans included information about de-escalation techniques to be used if the person became anxious. One person's care plan was not as specific in the details, which was in part due to the person's unpredictable behaviours. However, staff knew the person well and were able to describe how they managed and de-escalated any behaviours that did arise.

At our last inspection we recommended the provider assessed and reviewed the home's security arrangements as it was possible for people to leave the home without staff being aware. The provider had made improvements.

- Security key pads had been fitted to the front door to ensure those people who were assessed as needing support were safe and not able to leave the home unaccompanied. Staff opened the door for people who were able to access the local community on their own, this was to ensure the safety of those people who were unable to access the community independently.
- Potential risks had been assessed and plans were in place to manage the known risks. Staff knew people's needs and preferences so support could be provided to keep people safe.
- Equipment and the environment were serviced and maintained in line with the legal requirements. External contractors assessed the risks associated with fire and legionella's disease, with recommendations being actioned.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff knew how, and who, to report any safeguarding concerns or incidents to.
- A summary sheet was used to monitor the frequency of incidents across the home. However, this only gave very brief detail of any action that had been taken following the incident. We were told full investigations were completed where required, but the details of these were not available on the day of our inspection. This same issue was identified in our last inspection in April 2019. Following the inspection we were sent some investigation reports.

### Staffing and recruitment

- New staff were safely recruited. Full employment histories were obtained. Two references were obtained

from a previous employer.

- One reference from a previous employer had been sent to the provider by the applicant. This had not been verified as being from the previous employer. Verification was confirmed following our inspection.
- There were sufficient staff on duty to meet people's needs. One person said, "I always go out with staff if I'm going out; there's enough staff for me to do this."

#### Using medicines safely

- People received their medicines as prescribed. Medicines administration records (MARs) had been fully completed.
- Guidance for when people may need an 'as required' (PRN) medicine, for example for pain relief, were in place. However, not all of these detailed how the person would inform staff they needed the PRN to be administered, for example verbally or by gestures. The registered manager said they would review this.
- It was recorded on fluid monitoring charts when people were prescribed thickener in their fluids to reduce the risk of choking. Staff signed these charts to confirm they had added the thickener to the fluid and the quantity of fluid people had consumed.

#### Preventing and controlling infection

- The provider had policies and procedures in place to prevent and manage infection outbreaks, including for visitors and people moving to the service. Staff had access to PPE and the home took part in regular testing for staff and people living at the home for Covid-19. At the time of our inspection there had not been any cases of Covid-19 during the pandemic.
- Staff wore masks, unless they were exempt from doing so. However, we observed some staff whose mask was not fully covering their nose and mouth when in the communal dining room. Staff confirmed that they did not always wear masks in the dining area as they were able to social distance from people. However, staff were providing meals for people and moving around the dining room, which meant they were at times within two metres of people.

We recommend current government guidance is followed for the wearing of appropriate PPE within the home.

- The home was visibly clean throughout. Relatives also said the home was always clean.



# 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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At our last inspection we recommended the provider reviewed good practice guidance in relation to the provision of activities to meet people's needs and preferences. The provider had made some changes to the activities provision at Beechill.

- A planned activity programme was in place, although this had been changed to take account of the restrictions around the Covid-19 pandemic and the support needs of the people who lived at the service . Unfortunately, access to community activities had reduced given the current health emergency.
- Staff told us they tried to involve people in activities, but many refused. Relatives confirmed that activities were offered but their relative often refused to get involved. One staff member said, "Activities are offered (games, cards) but many of the residents don't like doing them." One person told us, "They don't offer many activities but we do play cards and have puzzles. I used to like going to the cinema, but I can't go now."
- Visitors to the home had been restricted due to the Covid-19 pandemic. People had been supported to maintain contact with their relatives through phone calls and video calls. In two cases staff facilitated safe visits where the person greatly benefited from contact with their relatives. This was either a window visit to maintain a safe distance or outside with appropriate masks being worn.
- People who were able to access the local community independently were provided with appropriate masks and gloves. Staff also reminded people about maintaining social distancing when they were out to keep themselves as safe as possible during the Covid-19 pandemic.

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

- At the time of this the inspection the CCG were in the process of reviewing all the nursing care plans. Feedback from them was that information was not always to hand when requested. Information was also not easily found within some of the care plans. When we inspected we reviewed three care plans. The care plans we reviewed were personalised and contained guidance for staff in how to meet people's identified needs. Care plans we asked for were readily available.
- New care plans were being written on the computer. However, the file names were not dated so it was not possible to know which was the most up to date version. Therefore, staff may not look at the current version of a document. We were informed after the inspection that care records were to continue to be paper based and would not be computerised.

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.

- A relative told us how staff had referred their relative to the speech and language team to create a communication passport so staff were able to communicate with their relative. Another relative said the staff had ensured their relative's hearing was checked and their hearing aids worked correctly.
- Care plans contained information about people's communication needs.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew who to make a complaint to if they needed to.
- A complaints tracker detailed the complaints received since June 2020. A brief description of any outcome of the complaint was noted. A full description of the complaint was also made; however not all complaints had a record of the actions or investigations undertaken in response to the complaint.

End of life care and support

- No one was at the end of their lives at the time of our inspection. People's end of life wishes were recorded in their care plan.
- Shortly before our inspection we were made aware of a concern that a person's syringe driver (a device to administer end of life medication to make people comfortable) had not been set up correctly. We saw that additional training had been completed by all nurses and all syringe drivers checked.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection, complete and accurate contemporaneous records relating to the care people were receiving were not always maintained. This was a breach of Regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made. The provider was no longer in breach of Regulation 17 but further improvements could be made.

- An external consultant was supporting the service and improvements had been made to the governance of the service and record keeping. Some minor record keeping issues were identified at this inspection as detailed in the Safe and Responsive domains of this report. The registered manager told us they would review the identified records.
- Staff and managers said incidents and complaints were looked into and the findings fed back to the staff teams as appropriate. This enabled the staff team to discuss and learn from any incidents that did occur. One member of staff said, "Information about any incidents is passed on in the handovers by the nurse; they're very thorough (handovers) – like a staff meeting."
- Relatives told us they were informed about incidents or accidents involving their relative. One told us, "They (the deputy manager) told me about it (the incident) and it was thoroughly investigated."

We recommend the provider reviews good practice guidance in relation to the recording of actions and investigations taken following a complaint, incident, accident or safeguarding referral.

At our last inspection Beechill had not notified the CQC of all safeguarding incidents. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found improvements had been made and the provider was no longer in breach of this Regulation.

- CQC were notified appropriately of any accidents and incidents at the service.

### Working in partnership with others

- Staff at the service worked with a range of professionals to support and ensure people received the care they needed. One relative told us they had received positive feedback about the home from different professionals involved in their relative's care.
- We were included in correspondence that showed there was a strained relationship between the home and the clinical commissioning group (CCG). This could hinder the home being transparent and working collaboratively with the CCG to improve the care and support for people living at the home.

### Continuous learning and improving care

- A range of audits were completed by the deputy manager, clinical lead and regulatory and compliance manager to help monitor the quality and safety of the service. The registered manager also carried out their own audits to provide an oversight of the service. Action had been taken where shortfalls had been identified in the audits.
- Daily managers meetings were held to discuss the running of the home and the wellbeing of the people living at the home.

### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives told us they had been involved in agreeing and reviewing their relatives care plans. One relative said, "I've been involved in every aspect of [person's] care and I'm kept informed about everything that is going on."
- All relatives said that they had good communication with the managers and staff and could raise and ideas or concerns directly with the deputy manager or clinical lead. Surveys and meetings for people who used the service were used to gather feedback. Where issues were raised, these were followed up by the management team. Some relatives said they had received surveys to complete, but others said they hadn't.
- All the staff we spoke with were positive about working at Beechill. They said they were well supported, had access to training and the management team were always available if they needed to speak with them.