

Barchester Healthcare Homes Limited

Beeston View

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Beeston View is a residential care home providing personal and nursing care to 49 people aged 65 and over at the time of the inspection. The service can support up to 54 people across two floors, each of which has separate adapted facilities.

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

Governance systems to monitor the quality and accuracy of care being delivered to people, required improvement. Existing systems had failed to identify shortfalls when care plans needed updating as people's needs changed or professional guidance was received. This placed people at risk of receiving unsafe care.

Checks were in place to ensure people lived in a safe environment. However, staff practices within the home such as not locking areas of storage and sluice rooms posed a risk to people at risk of falls and to people living with dementia.

We were assured the provider had effective measures in place to reduce the risks of infection and manage the impact of the COVID-19 pandemic.

Staff were recruited safely. Appropriate checks were undertaken for all temporary staff (agency workers). There were adequate staffing levels to meet people's needs.

Although we found some improvements were needed, we observed positive and caring interactions between staff and people living at Beeston View. People we spoke with were positive about the care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 November 2019).

Why we inspected

We received concerns in relation to poor care, insufficient staffing levels and poor management of the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those

key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

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

During the inspection the provider took actions to reduce the risk. Actions were taken to ensure aspects of the environment did not put people at risk and several care plans were updated in response to our concerns.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beeston View on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to unsafe aspects of the environment and care plans not always reflecting people's changing care needs at this inspection.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 not always safe.

Details are in our safe 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 ●

Beeston View

Detailed findings

Background to this inspection

The inspection

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

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

The inspection was carried out by two inspectors.

Service and service type

Beeston View 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. 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. We used all of this

information to plan our inspection.

During the inspection

We spoke with three people who used the service and six relatives about their experience of the care provided. We spoke with 12 members of staff including the regional director, registered manager, assistant manager, nurses, senior care workers, care workers and housekeeping staff.

We reviewed a range of records. This included 11 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. 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 registered manager to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visits 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's physical health and safety were not always safely managed. Storage cupboards containing equipment and excess prescribed food supplements were unlocked. One bathroom currently used for storage also contained a large amount of equipment and was unlocked. This meant these areas were accessible to people at risk of falls. Action to address this risk was only taken when we raised the issues for a second time during the inspection visits.
- On the second day of our inspection we found all sluice rooms in the home unlocked and accessible. A sluice room is a closed area for the safe and efficient disposal of human waste. We raised our concerns and the rooms were immediately locked; however this practice created a risk to people living with dementia.
- A small number of bedrooms had incorrect names on the doors. This was confusing when reviewing risk assessments and support plans; and created a risk of mistaken identity for unfamiliar staff working at the home.
- People had risk assessments in place to manage specific health and care needs, however a number of care plans had not been updated where people's needs had changed; or professional guidance received. One care plan contained conflicting information about a person's moving and handling support needs and lacked enough detail about a previous medical condition. Whilst we were assured staff understood the care people needed, their care plans did not reflect this. This created a risk that people could receive inappropriate care.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively assessed or managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and registered manager responded immediately during and after the inspection. The environment risks were made safe, names on bedroom doors were changed and action was taken to ensure copies of the most up to date professional guidance was obtained to update the risk assessments and care plans. The provider also spoke with staff to ensure the importance of locking potentially hazardous areas of the home was understood.

- Other systems to assess, monitor and manage risks were safe. Routine checks on the environment and equipment were up to date and certificates supported this.
- Records to monitor people's care needs including food and fluid monitoring and repositioning where a person was at risk of pressure ulcers were detailed and monitored by senior care and nursing staff.

- Relatives told us they felt their loved ones were safe and content living at Beeston View. One relative told us, "I don't have any worries about [name's] care. The staff seem really nice." Another told us, "The staff don't change often, they are wonderful. They treat [name] as an extension of their own family. [Name] is always so happy."

Staffing and recruitment

- One staff personnel record did not contain a full employment history. We raised this and the information was immediately established and recorded. Documentation for all other staff demonstrated safe recruitment. This included checks on temporary staff (agency workers).
- Staffing levels were safe. The registered manager was in the process of recruiting additional staff and had a plan in place to reduce the use of agency workers. Rota's demonstrated that where agency workers were utilised, they were consistent. This helped to ensure people received continuity of care.

Using medicines safely

- Medicines were managed safely. We identified a small number of discrepancies which were immediately resolved by nursing and senior care staff.
- Medicines were stored securely, and only administered by staff who were suitably trained.
- One relative described how they monitored their loved ones care and medication closely and told us they had "no concerns."

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

- People were protected from the risk of abuse; policies and procedures supported this. Staff had completed safeguarding training and were aware of how to raise concerns. Referrals had been made appropriately to the local authority safeguarding team.
- Staff were aware of the provider's whistleblowing procedures and told us they felt confident to raise concerns. One staff member told us, "I have always felt able to speak to managers."
- Systems were in place to record accidents and incidents. This included an analysis of falls, pressure ulcers and significant weight loss. This information was reviewed regularly by the registered manager to look for any trends, ensure appropriate referrals had been made and identify whether future incidents could be prevented.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. 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.

Continuous learning and improving care; Working in partnership with others

- We identified a number of examples where care plans didn't fully reflect people's current needs. Whilst audits and systems such as 'resident of the day' were in place to check the quality of care plans, these hadn't always been effective as they had failed to identify the issues we found during the inspection.
- Whilst the service worked closely with other agencies to ensure people's needs were met; we found their professional guidance was not always adequately and accurately reflected in their care plans.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate accurate, complete and contemporaneous records were maintained in respect of each service user's needs. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and the registered manager responded during and after the inspection having recognised improvements were needed with regard to the quality and accuracy of risk assessments and care plans. The registered manager was being supported by the provider's quality team to train staff and undertake additional audits to drive improvements.

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

- During our inspection we found the registered manager open and transparent and committed to driving improvements.
- The registered manager also demonstrated a clear understanding of their responsibility for notifying the Care Quality Commission of events that occurred within the service.
- The most recent CQC rating was clearly displayed in the reception area and on the provider's website.

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

- Staff spoke very positively of the management team and felt supported. One staff member told us, "The manager is great. She is approachable and supportive. She encourages the whole team to improve and develop." Another said, "I have never worked with a better manager. She is a nurse and will always help us

out if we need it. Even to assist a person to bathroom, she doesn't hesitate. She gets the best out of people."

- Relatives we spoke with were complimentary about the staff and the care their loved ones received. One relative described how their loved one had 'bonded' with individual staff members during the recent national lockdowns and how staff had gone out of their way to reassure them. Another relative told us, "I am extremely happy with the care [name] gets, can't fault the staff. Always been extremely kind."
- The registered manager had a clear understanding of duty of candour; records demonstrated people had been informed when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager engaged with people. Whilst formal meetings had been impacted by the COVID-19 pandemic due to national restrictions, relatives felt well informed and able to express their views.
- Staff had the opportunity to share their views through regular team meetings. Feedback about the effectiveness of supervision was mixed. We found supervision records were generic and not tailored to an individual staff member. We discussed this with the registered manager who told us a new format for supervision was being introduced by the provider.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems were either not in place or robust enough to demonstrate safety was effectively assessed or managed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems were either not in place or robust enough to demonstrate accurate, complete and contemporaneous records were maintained in respect of each service user's needs.