

Skolak Healthcare Limited

# Beechill Nursing Home

## Inspection report

25 Smedley Lane  
Cheetham Hill  
Manchester  
Greater Manchester  
M8 8XB

Tel: 01612050069  
Website: [www.beechillnursinghome.co.uk](http://www.beechillnursinghome.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Beechill Nursing Home (known as 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 26 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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports the Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

There had been a vast improvement in the relationships between the home and the local authority, commissioning and NHS teams. Beechill had taken part in a pilot project with a range of local authority teams and professionals to complete audits and work together to make improvements. All parties said this had worked well.

The home could not evidence the safe recruitment of staff. References were not in place and there was no evidence of these being requested or chased up. A generic risk assessment was used where there were no references, but this did not evidence additional support for the new staff to ensure they were suitable for working with vulnerable adults.

Assessments of people's capacity to make their own decisions were completed when they moved into Beechill. Applications for a Deprivation of Liberty Safeguards were made where applicable. However, people's capacity to make decisions was not regularly reviewed. This meant people were not always supported to have maximum choice and control of their lives. We have made a recommendation for formal capacity assessments to be regularly reviewed.

From our observations, and feedback from people and relatives, staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported support this practice.

There were enough staff to meet people's needs. People and relatives were complimentary about the staff and said communication with the home was good. Staff received the training they needed for their roles.

Staff felt well supported by the management team. A new activities coordinator had been appointed and was starting to develop a range of activities within the home and out in the local community.

Risk assessments and care plans were in place and were regularly reviewed. Staff knew people and their needs well. People received their medicines as prescribed. Some guidance for when 'as required' medicines should be administered needed to be more personalised. The home was clean throughout and PPE was used appropriately.

People were supported to maintain their health and nutritional intake. Referrals to medical professionals were made appropriately. Where appropriate, people were supported to manage their drug or alcohol misuse.

An electronic quality assurance system was now in place. Audits were regularly completed, and actions identified. Action following the local authority pilot visits had been completed or were in progress. We have made a recommendation for the staff file audit to be reviewed.

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 23 December 2021) and there was 1 breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of this regulation. However, a different breach was identified at this inspection.

This service has been rated requires improvement for the last 5 consecutive inspections.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

#### Enforcement and Recommendations

We have identified a breach in relation to the safe recruitment of staff at this inspection.

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

We have made recommendations for capacity assessments to be regularly reviewed and for the staff file audit to fully take in to account the information required in Schedule 3 of the Health and Social Care Act 2008 for the safe recruitment of staff.

#### Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### 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 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 Health and Social Care Act 2008.

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

One inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### 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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 8 people who used the service and 4 relatives about their experience of the care provided. We spoke with 9 members of staff including the registered manager, general manager, clinical lead, senior care workers, care workers, chef and activities co-ordinator. We made observations of people's support throughout the inspection.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our focused inspection in November 2021, we rated this key question good. At this inspection the rating has changed 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.

### Staffing and recruitment

- None of the 4 recruitment files checked had any references from previous employers. We were told that they had been requested but the previous employer had not responded. There was no evidence of the references being requested or being followed up. No character references were sought if employer references could not be obtained.
- A generic risk assessment was used where references had not been obtained. However, this was completed when the new staff started work and not reviewed afterwards. No additional oversight through supervision meetings and spot checks were completed to assure the new staff member was suitable to work with vulnerable people.
- One staff file did not contain any details of their employment history.
- A staff file checklist stated all recruitment files were fully complete.

This was a breach of Regulation 19 (1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff on duty to meet people's needs. This was confirmed by people, relatives, and the staff we spoke with. Agency usage was low. Rota's showed consistent staffing throughout the week, with an additional care staff at the weekend as there were fewer managers on site.

### Assessing risk, safety monitoring and management

- Risks to people's health and well-being were assessed and guidance was in place to manage these risks.
- Equipment was regularly checked and serviced in line with legal guidelines. We saw the fire alarm and emergency lights service was 2 months overdue. The general manager told us this was booked and was completed shortly after our inspection.
- Advice from the local authority health and safety team had been implemented.

### Using medicines safely

- People received their medicines as prescribed. An electronic medicines administration record (Emar) system was used. Care staff recorded on the Emar when they had applied topical creams.
- Guidance for when 'as required' (PRN) medicines should be administered was in place. Where appropriate this included alternative support to be provided before the PRN medicine was to be administered.
- Some PRN protocols did not clearly indicate how the person would communicate they were in pain and needed a PRN pain relief. We discussed this with the clinical lead who said they would ensure this

information was personalised and added to each PRN protocol.

- Findings from the medicines optimisation team audit had been actioned. Additional training for the use of inhalers had been completed.

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

- Staff felt comfortable to raise any concerns they had and had completed training in protecting vulnerable adults from abuse.
- People and relatives thought they were safe living at Beechill. One relative said, "I feel like I can trust them (the staff)."
- Staff knew how to report and record any incidents or accidents. Incidents were reviewed, and risk assessments updated where appropriate to reduce the risk of a reoccurrence. Any incidents were discussed during the handover meetings.

Preventing and controlling infection

- The home was clean throughout.
- We were assured that the provider was admitting people safely to the service. Staff used PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed and the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives were able to visit the home and stay for as long as they wished to.



# Is the service effective?

## Our findings

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

At our last comprehensive inspection in April 2019 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was not always working within the principles of the MCA. Capacity assessments were completed when people moved into Beechill. However, if people's capacity changed after they had moved to Beechill, formal reviews of their capacity were not made. We were told where people's capacity changed they were referred to their GP.

We recommend current best practice guidelines are followed to assess and regularly review people's capacity to make specific decisions.

- A DoLS application was made, where applicable. Any conditions related to DoLS authorisations were being met.
- Staff had received additional training in the MCA and DoLS. We observed and heard care staff asking for people's consent before providing support. Staff explained how they offered people day to day choices.

Staff support: induction, training, skills and experience

- Staff received the training for their roles. Additional training, for example DoLS and safeguarding, had been arranged following recommendations made by the mental health and safeguarding teams. One support worker said, "We're told via email when we need to do a new course or refresher training. They keep reminding us, until we do it."

- A new training provider had been sourced due to issues with the previous provider. A training matrix was now available to show overall training compliance. Staff were in the process of completing refresher training in some courses delayed due to the issues with the previous training provider. The general manager said this should be completed within the next month.
- New staff completed induction training and shadowed experienced staff to get to know people, their needs, and routines before working on the rota.
- Staff said they were well supported by their colleagues, the manager and clinical lead. They felt able to speak with them if they had any concerns or ideas. Daily handovers were held to ensure care staff knew about any changes in people's support needs and well-being.
- Staff had regular supervision meetings to discuss their work and any training they needed. Staff meetings were also held. Staff said they were able to raise any ideas or issues within their supervision meetings or during staff meetings and handovers.

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

- People were supported to maintain their nutrition and fluid intake. We observed staff supporting and prompting people to eat and drink. People said the food was good and they could have an alternative meal if they did not want what was on the menu that day.
- People's nutritional needs were identified in their care plans. The chef was made aware of all people who required a modified diet and if there were any changes in people's dietary needs, although there was no written record of this in the kitchen. A written record of people's dietary needs for reference was provided for the kitchen staff during our inspection.

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

- People were supported to maintain their health. People's health needs were identified in their care and support plans.
- People had access to a range of health care professionals, for example, speech and language team and podiatry, to help maintain their health and well-being.
- Where people had a history of misusing alcohol or drugs they were prompted to access community drug and alcohol support teams. We were told most people did not want to access these teams. The home worked with the GP to manage people's alcohol consumption where appropriate to do so. People, and their relatives, who had alcohol control plans in place said these were well managed.
- Weekly visits were made by the local GP. This helped to ensure people's changing needs were quickly responded to.

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

- Assessments of people's needs were fully completed. A pre-admission assessment was completed for everyone moving to the home. This used the information provided by other professionals, for example the hospital or a social worker.
- Relatives said they were involved in planning and agreeing their relatives care and support.

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

- Work was ongoing at the time of our inspection to improve the building. New fire doors had been installed following a Greater Manchester fire service inspection. New, wipeable, dining furniture had been purchased on the recommendation of the infection control team.
- People's rooms were personalised with their own belongings and photographs.
- Adaptable baths were available on each floor.

# Is the service caring?

## Our findings

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

At our last focused inspection in November 2021, we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff knew people and their needs, well. Care staff were able to refer to the electronic care planning system for people's key information and daily support needs.
- People and relatives said the staff were kind and respectful. We observed positive interactions between people and care staff throughout the inspection. One person said, "It's okay, everyone is friendly" and a relative said, "The staff are positive and encouraging with [Name]."
- People's cultural and religious needs and wishes were recorded. We observed one person ask for a religious service to be put on the television, which we were told they did each day. Cultural dietary needs could be met when required.

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

- A survey was used to gather feedback from people. This included a range of questions around the home, the staff, the food and menu. The results of the latest survey in May 2023 were generally positive. Where responses had been negative, the general manager had spoken with people to ask what changes they wanted. These were implemented where possible.
- People said they were able to speak with the staff or management team if they had any issues or ideas. One person said, "If anything upsets me I just speak to [general manager]."

Respecting and promoting people's privacy, dignity and independence

- People and relatives were complimentary about the care staff. One person said, "I have no complaints about the staff" and another told us, "They're very approachable." A relative said, "They treat [Name] with respect."
- Care plans identified what people were able to do for themselves and people were supported to do be independent where possible. Some people could go out on their own, whereas others needed staff support when going out.
- People's choices and preferences were respected. Some people's bedroom doors were open. When asked, they told us this was their choice, and they could close their doors if they wanted to. We observed where people wanted their bedroom doors closed they were.

# Is the service responsive?

## Our findings

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

At our focused inspection in September 2020 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- Person-centred care plans identified people's support needs and provided guidance for staff on how to meet these needs. These were regularly reviewed.
- Relatives said they had been involved in discussing and agreeing their relative's support needs.

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

- People were supported to maintain relationships that were important to them. A new activity coordinator post had been created and an activity coordinator recently been appointed. They were starting to arrange activities, both within the home and in the local community. We observed some activities taking place during the inspection.
- The activity coordinator had been enrolled on training for their role, with the aim of developing activity opportunities specifically for the client group living at Beechill.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified in their care plans. Communication aids were available where needed, for example staff used Google translate when communicating with 1 person who had limited English. A relative said, "[Name] has their own sign language and staff understand this now."
- When needed, referrals were made to the speech and language team (SALT) for additional support with people's communication needs.

Improving care quality in response to complaints or concerns

- A formal complaints policy was in place. One complaint had been received, which had been responded to appropriately.
- Relatives said when they had raised issues informally with the management team they had been quickly addressed.

## End of life care and support

- People's end of life wishes were recorded where they wanted to discuss them.
- Additional training in end of life care had been completed by all staff, including clinical training for nurses.

# 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 our last focused inspection in November 2021, we rated this key question requires improvement. The rating for this key question has remained 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.

### Working in partnership with others

At the last inspection the registered manager had refused to allow Healthwatch representatives to carry out an enter and view visit. This was a breach of regulation 17 (2) (e) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 17.

- There had been a vast improvement in relationships between the home, various local authority teams and commissioning. Beechill had been part of a pilot initiative organised by Manchester City Council, involving audits and support from various teams, including infection control, medicines optimisation, safeguarding and mental health teams.
- Action plans had been written following each visit. We saw actions had been completed or were in progress.
- All parties commented how constructive this had been, with the home feeling supported and able to seek advice to make improvements at the home. The local authority quality improvement team commented, "They really have come a long way with all the sections on the action plan and have engaged well." The general manager said, "The pilot was successful. It was a lot more supportive and didn't feel critical, it was more collaborative." The clinical lead told us, "We were able to discuss things and were supported by the professionals in each area. It was great and we're all working together."
- Whilst Healthwatch had not visited Beechill, the home was open to a visit taking place.

### Continuous learning and improving care

At the last inspection the lack of detail in some audits meant they were not always robust. This was a breach of regulation 17 (2) (e) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 17.

- A new electronic auditing system was being used. This prompted when all audits were due to be completed. The contents of the audits had been developed with advice from the specialist teams in the recent pilot initiative and referring to best practice guidance.
- Any issues identified were visible to the general manager through the electronic auditing system. An internal messaging system was used to share photographs and actions needed where appropriate, for example where maintenance repairs were needed, or equipment replaced.
- However, the staff file audits had not highlighted the issues we identified in the safe domain.

We recommend the staff file audits take account of the information required in Schedule 3 of the Health and Social Care Act 2008 for the safe recruitment of staff.

- Reviews of complaints and safeguarding logs to identify any patterns or themes had been recommended during the pilot visits. The general manager was starting to complete these each month.

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

- People and relatives were complimentary about the staff team. One person said, "They're good at looking after people." Relatives told us, "[Name's] come out of their shell more [since being at the home]" and "My dad's happy, settled."
- Relatives said the communication with the home was good, and they were involved in agreeing and reviewing their relatives' care plans. Relatives said, "The [staff] do listen to you" and "Staff will tell me if anything changes."
- The activity coordinator was in the process of completing surveys with people. The responses received at the time of the inspection were generally positive, especially around the care staff and the cleanliness of the environment. The general manager followed up any issues raised in the surveys with people.
- The staff team liked working at Beechill. They said communication within the home was good and they could speak with the general manager, clinical lead and colleagues if they needed to do so. One member of staff said, "Management will listen to you, if you have any ideas or suggestions. If somethings not working, we'll look at alternatives as a team."

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

- Managers, team leaders, nurses and care staff were clear about their roles. Tasks, for example observations of PPE donning and doffing and audits had been delegated and were checked by the general manager.
- The registered manager knew their responsibilities under the duty of candour. They had policies in place to ensure they were open and transparent when things went wrong.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed
Accommodation for persons who require treatment for substance misuse	References from the last employer or character references had not been obtained. There was no evidence these had been requested or chased.
Treatment of disease, disorder or injury	One staff file did not have details of their employment history.