

Tamby Seeneevassen

# Beechwood Nursing Home

## Inspection report

41-43 Esplanade Road  
Scarborough  
North Yorkshire  
YO11 2AT

Tel: 01723374260

Date of inspection visit:  
15 January 2020  
24 January 2020

Date of publication:  
05 March 2020

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Beechwood Nursing Home is a residential care home providing personal and nursing care to 15 people aged 65 and over at the time of the inspection. The service can support up to 32 people.

The care home is in one adapted building with accommodation over three floors.

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

Since our last inspection the management team included a new deputy manager who was also a nurse. They supported a new manager at the service to maintain oversight of the nursing care. The provider visited regularly to maintain oversight and offer support to the management team. Quality assurance processes had been improved and audits identified where improvements were needed. Action plans were in place which supported staff to address issues and drive improvements. Training had been increased and the service was working in partnership with external health professionals to improve people's experience and the quality of care.

Risks to people's health and wellbeing were documented. Staff followed detailed guidance in people's care records to minimise these risks. Staff had completed training and knew how to identify symptoms and what actions to take. For example, if someone with diabetes had a hyperglycaemic attack. This is a medical term for high blood sugar levels, which can occur when people have a diagnosis of diabetes.

Staff ensured people's medicines were administered safely, monitored and disposed of appropriately. Infection prevention and control measures had been improved and effective arrangements were now in place. People told us they felt safe and that staff worked well together to support them. Dependency tools had been improved to ensure staffing levels could meet the needs of people living at the service.

Staff knew people's needs well and how best to support them. Care plans were detailed and included people's preferences and how to promote their independence. Staff respected people's dignity and considered their privacy. This included when supporting them with personal care or to eat and drink during mealtimes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care records accurately reflected people's needs and were regularly reviewed to guide staff when those needs changed. Records were in place detailing those involved in making decisions relating to people's care and support needs. People were supported to access activities in line with their hobbies and interests. They had a range of activities available to them and one to one social time in their bedrooms. Staff helped people to access the wider community when they expressed a wish to do so.

The leadership and governance structures in place provided additional support to the manager. Positive feedback was received from people and their relatives about the visibility and approachability of the management team. Staff felt the manager was extremely supportive and the clinical governance advice and guidance had improved.

For more details, please see the full report which is on the Care Quality Commission (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 inadequate (published 23 July 2019) and there were multiple breaches of regulation. These related to person-centred care, consent, dignity and respect, safe care and treatment, staffing and governance. We spoke with the provider following our last inspection and they provided regular actions plans, 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 regulations.

This service has been in Special Measures since 19 July 2019. During this inspection the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Follow up

We will continue to monitor information we receive about the service until we 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 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 well-led.

Details are in our well-led findings below.

Good ●

# Beechwood 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 Care Act 2014.

#### Inspection team

This inspection was carried out on day one by an inspector, a clinical nurse specialist and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day was completed by one inspector.

#### Service and service type

Beechwood Nursing Home 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 did not have a manager registered with CQC at the time of our inspection. The manager had submitted their application to register with CQC and this was in the process of being considered. 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 on the first day and announced on the second day.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We sought feedback from partner agencies and professionals working with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with ten members of staff including the provider, manager, clinical lead, nurse, care workers, activities co-ordinator and the cook. We observed the lunchtime experience and moving and handling practices.

We reviewed a range of records. This included three people's care records and five medicines records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including audits, maintenance and fire safety were reviewed.

#### After the inspection

We spoke with two health professionals who regularly visit 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 inadequate. 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; Using medicines safely; Learning lessons when things go wrong; Preventing and controlling infection

At our last inspection the provider had failed to robustly assess and put measures in place to mitigate risks relating to the health, safety and welfare of people and manage medicines safely or infection control. This was a breach of regulation 12 (Safe Care and Treatment) 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 regulation 12.

- Staff understood how to support people to reduce the risk of avoidable harm. Care records consistently contained detailed guidance, which staff followed to keep people safe.
- Care plans and risk assessments accurately detailed people's needs. Records such as repositioning had been fully completed. These records supported staff to monitor and identify issues. They also demonstrated staff sought advice and followed guidance from external health professionals.
- Medicines were managed safely by competent and knowledgeable staff. Procedures had been reviewed and new measures put in place to record, manage and monitor this area.
- Improvements had been made in the management of 'as and when required' medicines; storage of supplements; recording and more detailed protocols were in place to support staff.
- We identified some minor medicines issues, which were addressed during the inspection. There was no impact to people living at the service and the provider followed our advice to continually improve their practices.
- Infection prevention and control measures were robust in identifying and addressing issues. Management had good oversight in this area and many improvements had been made since our last inspection. For example, carpets had been replaced with improved flooring which was easy to clean and more hygienic. The provider advised improvements were continually reviewed.
- Information relating to accidents and incidents had been shared with the staff team to promote learning. This had improved the quality of care and support provided.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "The staff seem to manage care safely and I feel fine when they are helping me" and, "If I fall I am looked after." Relative's feedback was positive and showed improvements had been made to people's safety. Relatives advised, "We can go on holidays now not wondering when we would get the next call"

- Staff were knowledgeable about how to protect people from avoidable abuse or harm. Policies and procedures were in place and records showed staff had taken immediate action to ensure people's safety and report to the local authority.
- Staff told us they were more confident to use the whistleblowing procedure. Staff felt the new manager listened to them and they were confident they would deal with any issues professionally.

#### Staffing and recruitment

- People's needs had been considered to inform appropriate staffing levels. These had been reviewed and considered the environment and support to manage people's behavioural needs.
- The majority of feedback about staffing levels meeting people's needs was positive. One relative advised, "I visit every day and there are always plenty of staff and call bells are answered quickly." Another relative was concerned that staffing needed to increase to maintain the standards, should the provider admit more people into the service. The provider told us they would be continually reviewing staffing levels to maintain the quality and standard of care delivery.
- The provider's recruitment procedures were robust.



# 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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved 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

At our last inspection the provider had not consistently evidenced that they were working within the Mental Capacity Act 2005 (MCA). This was a breach of regulation 11 (Consent) 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 regulation 11.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service was working within the principles of the MCA. Where people lacked capacity to make decisions for themselves, best interest decisions were in place. Where restrictions had been used such as, lap belts and bed rails. Records showed health professionals input had been sought.
- Staff were knowledgeable about how and when to assess people's capacity to make decisions for themselves. Records had been improved and no conflicting information was present in relation to people's abilities to make decisions.
- DoLS applications had been made to the appropriate authorities.

Staff support: induction, training, skills and experience

At the last inspection the provider had failed to provide staff with appropriate supervisions, appraisals and training and support for their professional development. This was a breach of regulation 18 (Staffing) 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 regulation 18.

- Staff were knowledgeable about people's needs. Staff knew how to provide dignified support to meet people's nutrition, hydration and personal care needs effectively.
- Training and staff competency checks were completed by trainers or senior experienced staff with up-to-date skills.
- Staff received training to meet people's needs in relation to end of life care.
- Staff received improved supervisions and regular team meetings to support them in their role. One member of staff advised, "I had two supervisions in a month, changes are explained. The manager is more approachable, the deputy is very knowledgeable and explains everything we need to know."
- The new manager had received regular supervisions and had meetings with the provider to support them in their role. They told us they felt extremely well supported by the provider and their staff team.
- The provider had a comprehensive training matrix in place to identify when staff were due for refresher training. One member of staff told us, "There have been big improvements, lots more training. Now I understand about the MCA, epilepsy and diabetes."

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

- People were supported to eat and drink in line with best practice guidance. They received regular snacks and refreshments.
- Systems to monitor people's food and fluid intake were effective. Monitoring records were consistently completed to ensure action was taken and people signposted to external health professionals when needed.
- The cook was aware of people's dietary requirements. Records were kept and updated if there were changes to people's needs.

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

- People's needs were assessed before they moved into the service to make sure staff could provide the care and support they needed.
- Care plans provided detailed information and guidance for staff to meet people's needs. For example, mobility and oral health guidance was specific to each person's needs and guided staff to provide good quality care.
- Handover records were detailed and helped ensure important information was communicated amongst the staff team. One staff member told us, "Handovers are very good and helpful. They include if anything changes or any issues and this information is transferred to the nurse and care staff keep their own records too." A seven-day overview summary was in place so staff returning from leave were well informed.

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

- Staff worked in partnership with other professionals to ensure they delivered joined-up care and support for people. For example, diabetes specialist nurses, speech and language therapists, dieticians and physiotherapists.
- People were supported to attend health appointments with their GP and/or hospital appointments. Records showed people received regular tests when needed, such as for eyes, feet and hearing.

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

- The provider had made several improvements to the safety and decoration of the service. They advised this was a continuous work in progress as people's rooms were vacated these were being updated.

# 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 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 supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had not ensured staff consistently respected people's privacy and promoted their dignity. This was a breach of regulation 10 (Dignity and Respect), 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 regulation 10.

- Staff treated people with respect and promoted their dignity. For example, staff supported people to eat and drink whilst sitting at the same level as them and engaging with them. People's privacy was considered such as doors kept closed whilst staff were delivering personal care.
- People's independence was promoted. For example, care plans detailed areas of personal care people could complete on their own. Staff told us they encouraged people to do as much as possible for themselves to maintain their daily living skills.

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

- People's diverse needs in relation to communication had been considered. Staff had reviewed care plans to incorporate more detail to support people who were unable to verbally communicate. The manager told us they were also in the process of incorporating communication tools such as picture cards to empower people to express themselves.
- People told us staff had time to support their emotional wellbeing. We observed staff chatting with people, listening and responding to their needs.
- People's religious and cultural beliefs were considered during assessments and reviews of care needs. A local vicar attended once a week to hold a small service for people wishing to attend.
- Staff showed consideration, care and support to both people and their relatives. Relatives comments included, "The manager has said that my presence is also appreciated, and I am given lunch - on a pension this is an act of kindness and consideration" and, "Every time we visit we are thankful that our family member is here. The staff are warm and caring."

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

- Staff had time to read care plans and risk assessments. One member of staff advised, "We have lots of time to read care plans and this is encouraged now."

- Care records showed some collaborative working to include people in their care planning. Further work was needed to develop this.
- Satisfaction surveys had been completed to gather feedback from staff, relatives and health professionals. The provider had analysed responses and taken steps to action improvements. For example, two relatives had noted improvements in relation to the quality of meals.
- Information was available to people should they need support to express their views.

## 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 now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

At our last inspection the provider had not ensured people received person-centred care appropriate to their needs and reflective of their personal preferences. This was a breach of regulation 9 (Person-Centred Care), 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 regulation 9.

- Care plans reflected all aspects of people's needs and preferences. Risk assessments contained detailed guidance for staff to support people appropriately. Care records detailed people's preferred time to get up and go to bed.
- Reviews identified changes in people's needs and any actions taken to meet additional needs. Information was accurately and consistently recorded. For example, one person required changes to be made to the consistency of their food to avoid choking. This was detailed in their care plan with guidance for staff which was shared with the cook.
- People's emotional and social needs were met by attentive staff. One person advised, "There's plenty of staff and this means I can have a chat and ask questions and there is some quality time during the day for me."

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.

- The provider ensured people had access to information in a format they could understand. For example, large print documents were available if needed.
- Staff adapted the way they worked to support people's communication needs. This included speaking slowly so people could understand and process information.

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

- A new activities co-ordinator had been employed to support personalised activities. A member of staff told us, "[Name of activities co-ordinator] goes into people's rooms and spends time reading or talking or

painting their nails. We record activities in daily notes."

- Staff supported people or provided information in relation to accessing the wider community. For example, local churches, events and shops.

Improving care quality in response to complaints or concerns

- The manager had taken steps to introduce themselves and inform people of their open-door policy should they have any concerns or issues to raise with them.
- People and their relatives felt confident approaching the manager and raising any concerns. The manager had taken on board people's feedback and improved their experience of the service.

End of life care and support

- Care plans detailed people's advance wishes for end of life care. Staff had received training to support them to discuss people's choices, decisions and preferences for the future. The manager advised they were in the process of having discussions with people.
- Best practice guidelines had been followed to ensure advance care wishes were reviewed and shared with other agencies when transitioning between services.

# 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 inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection there were widespread shortfalls in relation to service leadership and governance, which did not promote the delivery of high-quality care. This was a breach of regulation 17 (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 regulation 17.

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

- The provider had implemented a detailed action plan to drive improvements in the service. This was supported by various audits and working alongside the manager to maintain oversight of the progress.
- Improvements in the quality of care and service were seen across the service, for example in records. Feedback from people, relatives and staff confirmed this.
- The provider had adopted a more hands on approach to support the management team. Feedback from people and their relatives in relation to the management approach and leadership was positive. One person advised, "The staff are jolly and the manager is always around so the place is a happy place to be now."
- The provider and manager were aware of their registration requirements and had notified CQC appropriately, such as when restrictions were in place and/or significant events had happened within the service.
- Internal audits and processes identified and addressed issues. For example, audits of care plans had been completed and action plans were in place to demonstrate where improvements had been made. More detailed life histories were now included.
- Investigations and auditing of incidents and accidents were robust, fully completed with measures in place to reduce future risks to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Recommendations made by external health and social care professionals had been acted upon and incorporated into people's care planning.
- The manager and provider had worked in partnership with health professionals to improve the service. The local authority had also provided substantial support to improve the service, the manager commented this had been, "Very supportive and helpful."

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 their duty of candour responsibility

- The manager and provider were visible throughout the service and encouraged an open and honest culture. They were aware of their responsibilities in relation to duty of candour and were open and honest when things went wrong.
- The management team had a clinical nurse to support and have oversight of nursing care and support practices. This had improved the quality and delivery of person-centred care and positive outcomes for people.
- Feedback from people about the manager was positive. Comments included, "This is a family home and it is happier now, so I like being here" and, "The manager leads from the front and the staff appreciate that as [name of manager] is hands on as well."
- People's personal data had been stored securely in line with requirements.