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

Date of inspection visit:
29 August 2017
30 August 2017

Date of publication:
09 November 2017

Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
Is the service caring?	**Inadequate**
Is the service responsive?	**Inadequate**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This inspection was carried out on the 29 and 30 August 2017. Our visit on the 29 August 2017 was unannounced.

Beechill Nursing Home provides accommodation, personal care and nursing care for up to 31 people who have a variety of needs including substance misuse and other complex needs. At the time of our inspection there were 25 people living at the home. Beechill is situated in the Cheetham Hill area of Manchester. Facilities include 23 single bedrooms and four double bedrooms, a large lounge area, dining room, a conservatory and a smoke room. There is a small garden area at the back of the property and car parking at the front and rear of the premises.

We carried out this inspection in response to concerns raised about the service by Manchester City Council in relation to health and safety, staffing levels and environmental living conditions for people at the home.

The previous Care Quality Commission inspection took place in March 2017and the overall rating for the service was 'Requires Improvement'. At that inspection we found breaches of eight of the Regulations of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014 The provider sent us an action plan that detailed how they would make improvements to become compliant with the regulations.

At this inspection we identified breaches of seven of the Regulations of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014, including concerns that placed people at serious risk of harm. We identified breaches in relation to: cleanliness, maintenance, fire safety, security of the building, managing risks and servicing of equipment, wound care, medicines, recruitment, supervision and training, DoLS, activities and governance.

We are currently considering our options in relation to enforcement and will update the section at the end of this report once any action has concluded.

At the time of our inspection there was a registered manager who had been registered with CQC since February 2015. The registered manager was also a director of the company that owns Beechill Nursing Home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We identified serious concerns around fire safety. Immediately after our inspection we referred the home to Greater Manchester Fire and Rescue Service who carried out an urgent inspection of the premises. They served the provider with an enforcement notice as they found they were failing to comply with fire safety legislation. We will review the action the provider has taken following this enforcement notice at our next comprehensive inspection.

The home was visibly very unclean and poorly maintained. We found two window restrictors broken which put people at risk of injury as they could fall out of the windows. These have since been mended. Paintwork, carpets furnishings and equipment were dirty and stained. Some chairs had ripped cushions.

Safety checks for gas, emergency lighting and hoists had been completed and PAT testing was up-to-date. However, the fire extinguishers had not been serviced. This had been identified at our inspection in March 2017, but no action taken. There was no legionella risk assessment or regular monitoring being undertaken to reduce the risk posed to service users in relation to legionella. Since our inspection a legionella risk assessment has been carried out and the fire extinguishers have been serviced.

Security of the building was poor as we were able to enter the building unchallenged on several occasions during our inspection. This meant there was a risk intruders could enter the building or vulnerable people who lacked capacity could leave without the knowledge of staff.

Risk assessments to ensure bed rails were safe for people to use had not been carried out. This meant service users were at risk from poorly fitted and broken bed rails which could cause injury or fatality through entrapment and asphyxiation.

Although medicines were stored and administered correctly, we found that cream charts were not always completed. This meant we could not be sure people had received their prescribed creams. People with wounds did not have these correctly monitored and evaluated, which meant there was a risk their wounds could become infected or deteriorate.

Recruitment procedures were not robust enough to ensure staff were suitable to work with vulnerable people. One person had been employed without the provider receiving any references.

New staff received an induction, although two induction records we viewed had not been signed by senior staff to indicate the people were competent to take up their roles. Manual handling training had been given by a person who did not have the specialist knowledge to do so. None of the nurses had received any supervision during 2017.

Staff encouraged people to make choices where they were able to and sought consent before undertaking care. People we spoke with told us the staff were kind and caring, and we saw that staff respected people's privacy. We saw positive interactions between staff and people living at the home.

There was a lack of meaningful actives to help improve people's quality of life. Many people we spoke with told us they would like more to occupy their time.

People were happy with the quality and choice of food.

Care plans and risk assessments were not always detailed enough and accurate.

There were not sufficient quality assurance systems in place to monitor the service effectively and ensure standards were maintained and improved and people were kept safe from harm. We were not assured that the registered manager had oversight of the service.

Following this inspection we asked the registered manager to produce an action plan to tell us how they were going to rectify the concerns we identified and within what time frame. We are currently monitoring the implementation of this action plan.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

People were at risk of harm because the home was poorly cleaned and maintained. Systems in place to protect people from environmental risks such as fire and infection were inadequate.

Medicines were not always managed safely.

Recruitment procedures were not sufficiently robust to ensure all staff were suitable to work with vulnerable people.

Is the service effective?

Inadequate

The service was not effective.

Staff did not consistently receive supervision.

People were provided with food and drink to meet their needs and were able to access healthcare services when required.

The service was not working within the requirements of the Mental Capacity Act 2005

Is the service caring?

Inadequate

The service was not always caring.

We saw positive interactions between staff and people who used the service.
Staff respected people's privacy.
The poorly maintained and unclean premises meant people were living in conditions not conducive to a caring environment.

Is the service responsive?

Inadequate

The service was not always responsive.

There were few opportunities for people to participate in activities, and they told us there was little to occupy their time. Care plans and risk assessments were not always accurate or

detailed enough to guide staff in supporting people.

Is the service well-led?

Inadequate

The service was not well-led.

The manager lacked oversight of the service. Quality assurance processes were very limited and there were significant failings which had not been identified by the service.

The registered manager had failed to make significant improvements at the home since our previous two inspections.

Beechill Nursing Home

Detailed findings

Background to this inspection

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

This was an unannounced comprehensive inspection which took place on the 29 and 30 August 2017. The first day of the inspection was carried out by three adult social care inspectors and an inspection manager. On the second day of the inspection, three adult social care inspectors returned to the service.

The inspection was in response to concerns raised about the service by Manchester City Council in relation to health and safety, staffing levels and environmental living conditions for people at the home.

Prior to our inspection we reviewed the records we held about the service, including details of any statutory notifications sent by the provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also reviewed an action plan Manchester City Council (MCC) had implemented with Beechill Nursing Home in response to their identified concerns.

The provider had completed a Provider Information Return (PIR) shortly before their last inspection in March 2017. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we spoke with the registered manager, six care assistants, a registered nurse, the chef and a kitchen assistant, a domestic, eight people who lived at the home and three relatives. We looked around the building, including all of the communal areas, toilets, bathrooms, the kitchen, some bedrooms, the conservatory and the garden. We spent time observing a lunchtime meal and watched the administration of medicines to check that this was done safely. We used the Short Observational Framework for Inspection (SOFI) to help us gauge how staff interacted with people.

As part of the inspection we reviewed the care records of five people living at the home. The records included their care plans and risk assessments. We reviewed other information about the service, including

records of training and supervision, three staff personnel files, maintenance and servicing records and quality assurance documents.

Inadequate

Is the service safe?

Our findings

At our last inspection in March 2017 we found the provider had not reported incidents where people had reported having money stolen to the local authority safeguarding team. We found this to be a breach of Regulation 13 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider had not made sufficient improvements, and there was an ongoing breach of this regulation.

People we spoke with told us they felt safe. Staff we spoke with demonstrated a good understanding of safeguarding and were able to describe signs of abuse and the procedures to report any concerns they might have about people's wellbeing. All staff told us they had never seen any safeguarding concerns in the home and would recommend the home to family and friends. However, we found safeguarding procedures were not always effectively operated. We found a folder that contained concerns that had been raised in relation to staff working at the home. One of the documented concerns related to a member of staff who was alleged to have purposefully unplugged a persons call bell and to have ignored instructions from the nurse on duty. There was no recorded follow-up in relation to these concerns, and the registered manager was unaware of the details of the concern. The registered manager told us the incident should have been followed up, but added that they weren't required to sign off the concerns forms that detailed this incident. This demonstrates that procedures for investigating and acting upon potential safeguarding concerns were not operated efficiently to ensure the safety and wellbeing of people living at the home.

This was a breach of Regulation 13(1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found the home to be visibly very unclean and poorly maintained. The carpets in the entrance hall, downstairs corridor, lounge and stairs were heavily stained. Chairs in the lounge were stained and some had ripped cushions. In one room we saw that a pressure relieving cushion was ripped. Paintwork on walls, skirting boards and doors was dirty and chipped and wallpaper outside the passenger lift upstairs was peeling off. Wheel chairs were dirty with a build-up of dried food, and in double rooms screens used to provide privacy were dirty and stained. In one room the skirting board was extremely dirty and there was a stain of what appeared to be faeces on the wardrobe door. The wardrobe door knobs were missing and the surface around the sink was peeling off. The conservatory contained heavily stained chairs and the wall and skirting boards were soiled. The smoking room contained a heavily soiled extractor fan, which we were informed by residents, did not work. This had been replaced on the 2nd day of our inspection. In one bedroom the curtain was hanging off the curtain pole and there was a dirty table lamp which lacked a shade. The registered manager provided us with a refurbishment plan which showed that carpets in the communal areas were due for replacement. However, at the time of our inspection this had not been carried out. Since our inspection the registered manager has provided us with evidence that some furniture has been replaced. This will be reviewed at our next comprehensive inspection.

The dining room contained a freezer which was rusty and the handle was broken. In the kitchen there was a buildup of grease and dirt on the extractor fan over the cooker and tile grouting was stained and dirty. There was a fly screen stored on the floor which was broken. The kitchen had achieved a rating of three stars out of

five at the last environmental health inspection in July 2017, indicating that it was classed as 'generally satisfactory'. Subsequent to our inspection the registered manager provided evidence that the freezer had been replaced. We will review this at our next comprehensive inspection.

We observed staff using the appropriate personal protective equipment (PPE), such as disposable gloves and aprons when dealing with food and personal care. This helped to protect people from the spread of infection. Toilets and bathrooms contained adequate supplies of liquid soap and paper towels and alcohol hand gel was available at various points around the building which enabled people to disinfect their hands.

We found that the sides of the bath in the downstairs bathroom were covered in foam padding which had been poorly applied and was peeling away at the top, making it difficult to clean around the edge. This posed an infection control risk to people using the bath. The bath itself was highly stained.

The provider was failing to maintain a safe and clean environment. Issues in relation to the cleanliness of the environment were contrary to The Health and Social Care Act 2008: code of practice on the prevention and control of infections, and increased the risk that people would contract infections.

These issues were a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the call-bell in one bedroom was not working which meant people were unable to summon assistance. This was however repaired on the first day of our inspection after we reported it to the registered manager.

During our tour of the building we found the window restrictors were inadequate. Health and Safety Executive guidance states 'Windows that are large enough to allow people to fall out should be restrained sufficiently to prevent such falls. The opening should be restricted to 100 mm or less. Window restrictors should only be able to be disengaged using a special tool or key'. We found that all window restrictors were constructed from a thin piece of chain screwed to the window casings and could be easily broken under any type of exertion. The window restrictors in two rooms were broken and the windows could be opened wide enough for a person either to climb or fall out of. This was brought to the registered manager's attention on the first day of the inspection and he advised us they would be repaired. However on the second day of our inspection one remained broken. Subsequent to our inspection we have been informed that all window restrictors have been replaced. We will review this at our next comprehensive inspection.

There was no evidence to show that the passenger lift had been recently serviced to ensure it was safe to use. We asked for this to be carried out. Subsequent to our inspection we were provided with evidence that the passenger lift had been checked, but that some work was required, including a new alarm sounder. We will review this at our next comprehensive inspection.

The interior pane of a double glazed window in the first floor shower room was smashed and there was a large hole in it which had been covered over with tape to cover sharp edges. However there was a risk a person could injure themselves if they fell against it. The shower room was still in use and we were unable to find evidence to show how long the glass had been broken. There was no record of damage to the glass in the maintenance log. Since our inspection the registered manager has told us the pane of glass has been replaced. We will review this at our next comprehensive inspection.

At this inspection we identified that there was no legionella risk assessment or regular maintenance being undertaken to reduce the risk posed to service users in relation to legionella. Legionella is a bacterium that

can result in serious illnesses, to which people living in care homes can be particularly susceptible. It can be found in man-made water systems such as domestic water systems and showers. The regulation for this falls within the Control of substances Hazardous to Health (COSSH) 2002 and also the Approved Code of practice for Legionnaires disease. We have subsequently seen evidence to show a legionella risk assessment has now been carried out.

These issues were a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured the premises and equipment were adequately maintained to provide a safe environment for people living at the home.

During our inspection we identified serious concerns around fire safety. We referred the concerns to Greater Manchester Fire and Rescue Service who carried out an urgent inspection of the premises. They served the provider with an Enforcement Notice as they found they were failing to comply with fire safety legislation. We will review actions the provider has taken subsequent to this enforcement notice at our next comprehensive inspection.

We found the fire risk assessment was very basic and had been completed by the maintenance person who did not have any specific qualification in fire safety. There was no direct external exit (including any windows that could be used as an escape) from the smoke room. The nearest external exit to the smoke room was locked shut and required a key to open two locks on the door. We were told that two staff held keys to assist with escape in the event of a fire. However, two staff on duty were unaware who was carrying the key. This meant people would be unable to escape from this area in the event of a fire. We observed fire exits obstructed by objects, including plant pots on the stairway outside the fire exit from the lounge. The fire exit leading from the ground floor stairwell had overhanging tree branches, which would obstruct the escape route and the lounge fire exit had curtains next to it that could cover the exit. We identified that the certificate of inspection for the fire extinguishers was out of date. This had been brought to the attention of the registered manager at our inspection in March 2017 but no action had been taken. We again requested servicing of the fire extinguishers and we received confirmation that this had been completed two days after this inspection. Fixed electrical installations within the building, which included supply cable distribution boards and socket outlets had not been checked as required. This meant we could not be sure they were safe and were not a fire risk.

On the second day of our inspection we found the fire alarm system was flashing and making an audible sound which indicated there might be a fault in the system. Faults to the alarm system were subsequently also identified by the fire service inspection and an urgent repair was carried out to ensure the system was working correctly.

People who used the service had a personal evacuation escape plan (PEEP) in place which explained how they would be evacuated from the building in the event of an emergency, and contained information about their mobility and any communication problems. PEEPs were kept in the office by the front door so they were easily accessible to staff and the emergency services. However, during the inspection one member of staff was unable to tell us what they were or where they were kept, when asked.

The issues outlined above show the provider was not taking reasonable actions to maintain safe premises and was not adequately assessing and acting to reduce risks, such as those in relation to fire safety. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found servicing had been carried out on the gas supply and the hoists and that PAT testing was up-to-date. However, we found that the chair weighing scales had not been serviced or calibrated so we could not

be sure they gave an accurate reading to enable people's weights to be accurately monitored. The provider told us servicing of the scales was carried out the day after our inspection.

We found the security of the building to be poor. On both mornings of our inspection we were able to walk unrestricted into the home without staff being aware we had entered. We raised this concern with the registered manager on the first day of our inspection, but were still able to enter the building unchallenged on the second morning. This meant there was a risk that intruders could enter the building or vulnerable people who lacked capacity or might have a Deprivation of Liberty Safeguard in place could leave without the knowledge of staff. We saw one person had a risk assessment in their care file in relation to the risk of 'escape' from the building. This demonstrated that reasonable measures were not put in place to help keep people safe. The registered manager told us the front door had a coded key pad and an alarm to notify staff if anyone entered or left the building. He told us staff must have switched this off.

During the morning of the first day of the inspection we found the kitchen door was unlocked and no staff were supervising the area. This meant vulnerable people could enter the kitchen and injure themselves on equipment. In addition we found 16 tubs of powdered food/fluid thickener stored on an open shelf in the kitchen. Food/fluid thickener should be stored securely as it can cause choking if ingested. On the first day of our inspection we found the door to the sluice room on the ground floor to be propped open and a bottle of cleaning fluid visible on a unit base. Chemicals which can cause harm should be locked away to ensure they are not accessible to vulnerable people. Since our inspection the registered manager has informed us that new coded door locks have been fitted to the front, kitchen and sluice doors. This will be reviewed at our next comprehensive inspection.

We found that there were no bedrail risk assessments in place to ensure that they were the most appropriate equipment to use and safe to use for each individual person. In addition service users are at risk from poorly fitted and broken bed rails which can cause injury or fatality through entrapment and asphyxiation. The Health and Safety Executive (HSE) suggests that 'a risk assessment is carried out by a competent person taking into account the bed occupant, the bed, mattresses, bed rails and all associated equipment'. Consideration had not been given about the use of bedrails with other equipment such as airflow mattresses, which raise the person in bed and put them at risk of falling over the bedrails or entrapment. During our inspection we found one set of bedrails in situ that were broken. These were mended on the second day of our inspection.

The provider was failing to adequately identify, assess and manage risks to people's safety and wellbeing. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We inspected the systems in place for the storage and management of medicines. The service had a locked treatment room where the medicine trolleys were securely stored. The medicine's fridge temperature and the treatment room temperature had been recorded daily to ensure medicines were stored at the correct temperature to maintain their efficacy. Some prescription medicines are controlled under the Misuse of Drugs legislation e.g. morphine, which means that stricter controls need to be applied to prevent them from being misused, obtained illegally and causing harm. We saw controlled drugs were appropriately and securely stored and the stock balance checked weekly to ensure it was correct.

We observed a lunchtime medicines round and saw that this was carried out safely by a qualified nurse. We reviewed the medicines files and saw that the Medication Administration Records (MARs) contained information necessary for the safe administration of medicines, such as photographs of people living at the home and information about allergies. There was one MAR however which did not contain any information

about allergies. This put the person at risk of being given medicine they might be allergic to.

The application of topical medicines, such as creams was recorded on a different set of MARs which were contained in a separate file. These records were signed by carers who were responsible for applying creams. We reviewed the file and saw that some records had not always been completed fully and there were gaps in the records which meant we could not be sure these people had received their creams as prescribed. This put their health at risk. For example, one person had been prescribed the antifungal cream Clotrimazole 2% to be applied twice daily. During one week the chart had not been signed at all on five days. During another week the chart had been signed twice on one day, and once on two other days. No other records had been made during that week to indicate the cream had been applied as prescribed.

Failure to ensure medicines were administered in a safe way constituted a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

During our inspection in March 2017 we identified a breach of Regulation 19(1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to carry out all the necessary pre-employment checks to ensure staff employed were of a character suitable to work with vulnerable people in a care setting. At this inspection we found there to be a continued breach of this Regulation.

We reviewed three staff personnel files which each contained application forms and photographic identification. Staff had Disclosure and Barring (DBS) criminal record checks in place. These help the provider to make an informed decision about the person's suitability to work with vulnerable people, as they identify if a person has had any criminal convictions or cautions. One person's file contained only one reference, although two references had been requested. There was no information to show the status of the second reference request. We were subsequently shown a copy of an email which had been sent to chase up the reference, although a reply had not been received. No further references had been requested for this person. The second file we reviewed did not contain any references. We were told these had been requested but never received. There was no information in the staff file to show the reference request had been followed up or further references requested. Failure to obtain references meant the provider could not be sure these staff were of a suitable character to work with vulnerable people.

This constituted a breach of Regulation 19(1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service managed wound care and found that there was no evidence to show that people with wounds had them evaluated on a regular basis by nursing staff. Wound evaluation, which includes measuring and photographing the wound, descriptions of the wound bed and level of exudate are important tools in wound management as they enable staff to monitor the improvement or deterioration of wounds and identify signs of wound infection. We looked at the care records for one person who had a sacral pressure sore, which stated that their wound was 'now a big cavity'. The wound had not been measured or photographed. The nurse on duty told us they did not measure wounds as the sterile dressing packs they used did not include a tape measure. Dressing packs containing tape measures are available on prescription. During our inspection a visiting healthcare professional told us she would arrange for dressing packs containing tape measures to be prescribed in future.

Failure to monitor wounds correctly constituted a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

During our inspection we observed there to be enough staff to attend to people's physical needs promptly and assist at meals times and there were not any long periods where communal areas were left unsupervised. We did not receive any negative comments about staffing levels from people who used the service and we did not see people having to wait long for the support they required. However, we received mixed comments about staffing levels. One carer told us ''Staffing levels are OK, but sometimes it can be short staffed'' and another said ''I feel we need more staff, I don't think we have enough time to look after them''. Care staff also worked in the laundry, as well as supporting people and were expected to arrange activities. There was only one domestic on each day and staff we spoke with felt this was not sufficient to keep the home clean. At this inspection we found the home to be unclean.

We also found care was not being delivered in a person-centred way, which was in part due to levels of staff on duty. For example, there was a 'bathing rota' and we were told people were not always able to receive support to bath or shower at other times due to staffing constrains. We also identified a lack of activities taking place at the home, and there was no dedicated time for staff to support people with activities or provide social support. The registered manager told us they did not use a dependency tool to help determine required staffing levels and it was not clear from our conversations with them how they assured themselves that there were sufficient numbers of competent staff on duty to meet people's needs. The registered manager showed us a grid that gave recommended staffing levels based on the total number of people living at the home. However, this was not based on people's needs so would not be an effective tool to help inform the number of staff required to meet the needs of people living at Beechill, which from our observations varied widely between individuals.

This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inadequate

Is the service effective?

Our findings

At our last inspection in March 2017 we identified a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had failed to ensure staff had received adequate induction and training. At this inspection we identified a continued breach of this regulation.

We looked at the induction records for two new members of staff. Both had been signed by the appropriate person to show they had completed each step of the induction programme. However, neither record had been signed by the person's facilitator to confirm they had completed the programme and were competent to undertake their role. This meant we could not be sure these people had been appropriately trained during their induction period.

We looked at what supervision staff had received. Supervision is important as it provides an opportunity for staff to review their performance and identify any support they need. The registered manager provided us with a supervision schedule. This showed that none of the registered nurses had received any supervision during 2017. The same record showed that eight care assistants had not received any supervision during 2017, neither had one member of the domestic team. The registered manager was unable to provide us with records to show that people had received an annual appraisal, although we were told six people had received their appraisal for 2017. Subsequent to the inspection we were provided copies of four appraisals undertaken during 2017.

Staff training was undertaken through 'Social Care TV', an on-line company which provides accredited e-learning courses for health and social care providers. The registered manager provided us with a training matrix which showed what training staff had undertaken. When we cross-referenced this with a recent staff rota we found that 10 staff members working at the home were not listed on the training matrix. In addition we found not all staff had received training in epilepsy and breakaway. This included two staff who had been assigned to work two to one with a person due to their support needs relating to epileptic seizures and behaviour that could challenge the service. This meant we could not be sure which staff had undertaken training and that they had the skills and competence to meet the health and social care needs of the people living within the service. Since our inspection the registered manager has informed us that all staff will undertake epilepsy training. We will review this at our next comprehensive inspection.

Staff we spoke with were generally happy with the training they had received, although they told us they would like more face-to-face training, rather than e-learning, particularly in relation to the practical aspects of moving and handling. One carer said ''I think we should have more practical training for moving and handling''. The registered manager told us that moving and handling practical training was given by the team leader. This person had not undertaken any training or qualifications to provide them with the skills to teach and assess staff in moving and handling. This meant we could not be sure staff had been trained in the correct moving and handling techniques. However, we did not see any unsafe or incorrect moving and handling during this inspection.

The concerns identified in relation to induction, supervision and training constituted a continued breach of

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

We looked at the environment to see if it was appropriate for people living there. The rooms were of an adequate size for people using wheelchairs and there was a passenger lift for people to access the upper floor. The upstairs corridors were very dim however, despite the lights being on. There was a smoking room accessed via the conservatory. However, we observed people smoking in the conservatory which was situated off the dining room. A notice on the conservatory door stated '' door should be kept shut''. However, we saw this door open during the first day of our inspection and the smell of smoke had filtered through to the dining room.

There was no secure outside area for people to spend time in. Outside the home the area was dirty and poorly maintained and was strewn with discarded disposable plastic gloves, drink cans and bottles. The garden fence was broken and one of the down pipes was leaking. The grassed area was overgrown and neglected and there were weeds and moss to the outside paving surrounding the home. Garden furniture consisted of an old garden bench and two armchairs taken from the conservatory. This did not provide a suitable environment in which people could spend time if they wished. Since our inspection the registered manager has told us that the area outside has been cleaned and has provided photographic evidence that the garden fence and down pipe have been mended. We will review this at our next comprehensive inspection.

We received positive feedback in relation to the food provided at the home. One person told us ''You get two choices or sandwiches'' and another person said ''I like the food and get lots of coffee which I like''. We observed the lunchtime meal and saw that the food looked appetising and people were all positive about enjoying their meal. There was a relaxed and unhurried atmosphere in the dining room, with enough staff to assist those people who needed help. At our last inspection it was noted that napkins were not available and that people were provided with a box of tissues on each table instead. At this inspection we saw this was still the case. Condiments were provided on each table. Pureed food was served appropriately, with each food item pureed separately and kitchen staff were aware of which people needed special diets, such as diabetic, gluten free or pureed.

People were weighed monthly and this was recorded in their care file. We reviewed the weight monitoring for two people and found that it had been completed. Both people had gained weight since their admission. However the scales had not been serviced or re calibrated which meant they could not be relied upon and therefore ineffective in the management monitoring and management of peoples weights. We have since received evidence to show the scales were serviced the day after our inspection.

The Mental Capacity Act (2005) (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack the mental capacity to take particular decision, any made on their behalf must be in their own interests and as least restrictive as possible. During our inspection we saw that staff sought peoples' consent before undertaking any care or support task and always explained to residents what they were about to do.

Staff told us they encouraged people to make choices and always asked people what time they would like to get up in the morning and what assistance they wanted with personal care. However two carers told us they operated a bath/shower rota as staffing levels meant people could not always have a shower when they wished. This is instructional practice and identified a lack of person centred care.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We were told that six or seven DoLS applications had been made to the local authority because these people were using bed rails, which is a restrictive practice. We found a record of these DoLS applications and were told all other applications would be in people's care files. There was no single document that provided oversight of who had an authorised DoLS or a DoLS application, which would make it difficult for staff to know who had an authorised DoLS in place. The registered manager told us no person currently had an authorised DoLS. However, we found one DoLS had been authorised and the others were awaiting authorisation.

We found one person previously had an authorised DoLS in place which had expired in February 2016. There was no evidence that a re-application had been made and in this person's care records there was no indication that they had regained capacity or were subject to less restrictive care practices. We asked the registered manager for evidence of any re-application and they provided us with a copy of the expired authorisation. Discussions with both the registered manager and nurse on duty during our inspection indicated a lack of understanding around the principles of the MCA/DoLS. The nurse was unable to tell us what considerations had been given to the use of bed rails and whether they were the least restrictive option for people to prevent them falling out of bed. The home did not have low profile beds/crashmats/or falls sensors which are alternative methods for minimising the risk to people from falling out of bed and are less restrictive than bed rails. The nurse on duty told us a second person had 'diminished capacity' and would sometimes try and leave the home. We saw there was a risk assessment in their care file in relation to risk of 'escape' from the home that indicated police would be called immediately if this person left the home. Despite this person being subject to such restrictive practice, no capacity assessment had been completed and there had been no DoLS application.

DoLS applications also lacked detail, which would help the managing authority prioritise the applications they assessed. For example, one person had two to one staffing place 24 hours per day and was administered when required medicines to help provide personal care, However, neither of these restrictive practices were referenced in the DoLS application.

The provider was failing to work within the requirements of the Mental Capacity Act (2005) and there was a risk that people were being deprived of their liberty without proper lawful authority. This was a breach of Regulation 13(1)(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found instances where people living at the home had signed consent forms to provide consent for staff to hold their cigarettes and money or to use bed rails. However, for two people the information in their care files about their care needs, and in one case a previously authorised DoLS gave reason to believe these people may not have mental capacity to give their informed consent to these agreements. No capacity assessments had been undertaken to help determine if these people had capacity to give their consent. The nurse on duty told us the service did usually complete capacity assessments when required. They showed us an example of a capacity assessment they had completed in one person's care file. The tick boxes on the completed form suggested the person did have mental capacity. For example, it showed the person could understand and retain information presented to them. However, the conclusion of the capacity assessment simply re-stated the cause of the person's cognitive impairment. This meant there was a risk that this person would not be fully involved in decisions about their care when they had the mental capacity to be involved.

The service was not working acting in accordance with the Mental Capacity Act 2005 and there was a risk that consent to care and treatment was not sought from relevant persons. This was a breach of Regulaton 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived at the home had access to a range of healthcare professionals, such as general practitioners (GPs), continence service and social workers and during our inspection we saw a healthcare professional from the Tissue Viability Service visit to assess a patient's wound and provide a treatment plan.

Inadequate

Is the service caring?

Our findings

People we spoke with made positive comments about the staff and told us they were kind and caring. One person said, "The carers are very good", and another told us "The staff are very good". One person we spoke with told us they had no concerns about their care and that the staff helped them with anything they wanted. Three relatives we spoke with told us they were always made to feel welcome and during our inspection we observed visiting relatives welcomed and offered a cup of tea.

We saw that people in the home generally looked cared for; their clothes and appearance were clean. People were dressed appropriately for the weather and wore socks and shoes or trainers. Men looked properly shaven and people's hair looked brushed. One person who was cared for in bed and was entirely dependent on care staff for their personal care wore clean nightwear and staff had ensured their lips were kept moist.

We observed staff interactions with people and saw that staff were patient and kind. We observed staff using specialist equipment (a hoist) to move people, which can be an upsetting manoeuvre. During the procedure staff offered reassurance, always talking through what they were doing. During our observation of a lunch time meal we saw that where people needed assistance this was provided in a relaxed and unhurried manner, with care staff chatting quietly to people, talking about the meal and checking if they were ok. Carers we spoke with were knowledgeable about the people they supported. We saw that some staff spoke to people in their own language and interpreted for others.

During the inspection we saw that staff respected people's privacy. We saw that staff knocked on doors before entering, and closed doors when assisting people in the bathroom and toilet.

During the course of our inspection we identified serious concerns about the cleanliness and maintenance of the environment. These have been described in detail in the 'safe' domain of this report. The poor quality of equipment, dirty furnishings and décor do not provide an environment which is dignified and caring. For example, we looked at the room belonging to one person who, due to their medical condition, spent all their time there and did not come into the communal areas. The carpet and walls were very dirty and stained, the curtain was hanging off the curtain rail and a side lamp was dirty and did not have a shade. Although there were a few pictures on the walls, these were all hanging at an angle. We saw that staff provided personal care and support to this person on a regular basis. However, we did not see other social interaction, such as spending time sitting and talking quietly, or the use of touch in a therapeutic way, such as through hand massage. We have made a safeguarding referral to the local authority around the care and support this person is receiving.

This was a breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home was able to provide 'end of life' care and seven staff had undertaken some training in this area.

Inadequate

Is the service responsive?

Our findings

At our inspections in both March 2016 and March 2017 we found the provider had not ensured there were sufficient meaningful activities to help improve people's quality of life and they were therefore in breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found there had been no improvement and there was a continued breach of this regulation.

People living at the home commented to us about the lack of activities. One person said ''There's not much going on. I tend to watch the TV''. Another person said, "I'd like more trips out and flowers in the garden,'' and a third person told us ''I get a bit bored; I'd like more activities going on''. One person said, "I'd love it if they took us out; I'd like a minibus''.

The home did not employ an activities coordinator. Staff told us they were responsible for organising activities but they didn't always have a chance. One carer told us, "Care staff do the laundry as well so don't always have time for activities.'' People had access to board games and a karaoke machine but we did not see anyone using these. On the first day of our inspection we saw two people given colouring books and pens and at one point a carer started throwing a football round for a short period. During our inspection we saw that people mainly watched the television. One person listened to music on their personal device. An activity list for 2017 displayed on the notice board listed a trip out each month. However, service users we spoke with told us it was incorrect. We were told some service users had been taken out to a pub for lunch in April 2017. The activities file had no recently recorded activities.

Failure to provide sufficient meaningful activities to help improve people's quality of life constituted a continued breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before a person moved into the home the registered manager and a nurse carried out a pre-admission assessment to establish if the service could meet the person's needs. We saw two pre-admission assessments were only partially complete and sections on personal history, communication, eating and drinking, continence and breathing were all blank. This meant the service did not have the correct information to make an informed decision about admission to the home. This could result in an inappropriate admission to the home and peoples support needs unable to be met which is a risk to their health safety and wellbeing.

We reviewed five care files and saw they contained a range of information, including personal and social details, care plans and risk assessments. Risk assessments we viewed included those for falls, behaviour that challenges, pressure sores and epilepsy. However, where risks had been identified, we found that the control measures put in place were not always accurate or detailed enough. For example, we saw a risk assessment which stated a person was 'unaware of danger while walking about'. The control measures recorded were 'requires some help to minimize risk of fall/injury'. There was no information as to what this help was, nor when it would be required. The risk assessment also said 'needs constant supervision as she is physically unable to control environment,' and 'she needs to be accompanied due to her poor concentration.

However, during our inspection we saw this person mobilized around the home and was not always within sight of staff.

Risk assessments and care plans for people with challenging behaviours had limited information and did not provide detail about behavioural triggers or strategies to manage the behaviour. One person had a risk assessment for aggression. There was no information about what might trigger this person to be aggressive. Another person's risk assessment for aggressive behaviour stated for staff to use 'breakaway techniques' as a control measure. We asked two staff whether they had received 'breakaway' training and they said they had not. They told us they did not use physical interventions and their response would be to run away if necessary. This meant that the persons personal safety and the safety of others could be put at risk.

Care plans we looked at had been reviewed monthly and we saw some examples of where the care plan had been personalised. For example, one made reference to respecting privacy and allowing culturally appropriate behaviours, such as eating with hands. However, several people told us they had never seen their care plans or been involved with planning their care. One person said ''I've never seen my care records; I think they are a bit secretive about paperwork''.

Failure to provide detailed and accurate risk assessments and care plans constituted a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the service's records of complaints. We did not see any evidence of any formal complaints having been received. However, several verbal complaints had been recorded, along with the action taken to address that person's concerns. For example, we saw one person had said they wanted to move from the home, and the outcome was that this person's care co-ordinator had been contacted to arrange a review with this person.

Inadequate

Is the service well-led?

Our findings

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

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

This inspection identified very serious concerns in relation to the cleanliness and maintenance of the home and fire safety. In addition we found concerns around staff recruitment, medicines management, wound care, DoLS, staff training, supervision and induction and lack of activities. Details about our concerns can be found in the separate domains of this report.

During this inspection we looked at the systems in place to monitor the quality of service being provided and found these were limited. Evidence from the inspection showed the registered manager lacked oversight of the home. This meant people living at the home had been exposed to avoidable harm, as governance systems were not sufficiently robust enough to monitor the quality of the service, identify risks and ensure people were kept safe.

Monthly room audits which checked on the cleanliness of bedrooms, toilets and bathrooms had been completed but had not identified the problems with cleanliness the inspection team found in the home during the inspection.

Cleaning records had been completed by domestic staff to show that the home had been cleaned. However the inspection team found walls, skirting boards, carpets, chairs and equipment to be extremely dirty.

The monthly furniture audit had not been completed in May or August 2017 and entries for the other months had not been signed to indicate who had undertaken them. One entry stated 'Room 5 side wardrobe'. There was no indication what this meant or what action had been taken to remedy any identified issue. Another entry stated 'Room 17 wardrobe. Under sink door broken'. There was no indication of what action had been taken. During our inspection we found furniture to be dirty and stained. In one room the wardrobe door knobs were missing and the pressure relieving cushion was ripped. We saw ripped chairs in the lounge. None of these concerns had been identified by the monthly furniture audit.

We saw that a quarterly environmental audit was carried out in January and May 2017 by the team leader and countersigned by the registered manager. However, these audits had not identified any concerns. The registered manager told us he did not carry out any environmental checks of the building themselves, such as undertaking a regular 'walk around' the building, as this responsibility had been delegated to the team leader. This meant the registered manager did not have oversight of the standard of maintenance and cleanliness of the building and equipment.

Quarterly medication audits were undertaken by one of the registered nurses, and countersigned by the registered manager. We saw that the last one had been completed in May 2017. A medication audit had been undertaken by a pharmacist in January 2017 and no concerns had been raised.

We asked the registered manager if they carried out 'spot checks' on the service at night to ensure people were receiving an appropriate standard of care. We were shown records that they had visited four times during 2016. However they had not carried out any night checks during 2017.

We looked at how the service reviewed accidents and incidents. We were shown the accidents/incidents/complaints analysis form showing incidents that had occurred in November and December 2016. This listed each event and gave brief details of the type of incident, date and time of occurrence, action taken and conclusion. There was a note written at the end of sheet saying that there did not appear to any apparent trends. This had been written at the end of January 2017. We were not given any more recent information about the monitoring of accidents and incidents.

Quality assurance processes were not effective enough to monitor the quality of service provided, the maintenance and cleanliness of the building and to ensure the safety of people living at Beechill Nursing Home.
During our inspection we found that the registered manager spent the majority of their time in the office on the top floor of the building and had little contact with people living at the home. Staff we spoke with commented that they felt everyone worked well as a team, but they dealt mainly with the nurses, as the manager tended to stay in their office. We saw that staff meetings had been held twice during 2017. Topics discussed included confidentiality and use of mobile phones while on duty, infection control and residents responses to menu changes.

The home provided care to service users with a range of needs, including those who were receiving nursing care under the regulated activity. The registered manager confirmed they had no clinical background and told us there was no clinical lead at the home. When questioned, the registered manager was unclear as to who had responsibility for clinical management and oversight at the home. The registered manager told us the nurse on duty was the most longstanding member of nursing staff so they would be expected to oversee nursing care. However, the registered manager confirmed they were not afforded any management time or given specific responsibilities to allow them to do this.

These issues constituted a continued breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

The service had a range of policies, including whistle blowing and infection control which were available for staff to refer to for guidance on best practice. These had been reviewed during 2017.

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see

them. At this inspection we saw that the rating from our last inspection was displayed in the entrance hall. However, the rating had not been displayed on the provider's website. The registered manager told us they were in the process of developing a new website and that there were disagreements with the current website provider.

Failure to display the CQC rating on the provider's website was a breach of the HSCA (regulated activities) Regulation 20 (a)(2).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Accommodation for persons who require treatment for substance misuse Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider was not displaying their performance rating as required on their website. Regulation 20(a)(2)

The enforcement action we took:

We issued a fixed penalty notice. A fine of £100 has been paid as an alternative to prosecution.