

Premier Nursing Homes Limited

Beechwood Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Beechwood Care Home provides accommodation with personal and or nursing care for up to 60 people aged 65 and over some of whom may be living with dementia. At the time of the inspection 37 people were receiving support. People living on the ground floor of the service receive residential care and those living on the first floor receive nursing care.

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

People have benefited from the improvements made since the last inspection. Their staff were more organised and confident. There was a positive culture in the staff team where they felt confident to speak up and knew they would be listened to. Staff were appreciative of the support they received.

People lived in a cleaner environment. People were safer because the leadership of the staff team had led to significant changes to care plans, risk management and staff knowledge about the people they support. People and their families were listened to and involved in their care.

A positive recruitment process had led to a reduction in the use of agency workers. People were therefore supported by a consistent group of staff who knew them. This had enabled positive relationships to develop. One relative told us, "The staff are brilliant and picked up on my family members personality. They like to joke and kid."

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.

The registered manager and provider had a clear picture of where improvements were still required to embed the systems of monitoring people's health and wellbeing and around the medicines system. There was a positive approach to continuous improvement in the staff team and where required staff were challenged about their performance appropriately.

The leadership of the service has improved since the last inspection and this has impacted on both safety and quality of the service people received.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 28 October 2019) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we did not inspect all key questions. We found improvements had been made regarding the breaches of regulation noted in the safe and well-led key questions and the provider was no longer in breach of regulations in these areas.

This service has been in Special Measures since October 2019. During this inspection the provider demonstrated that improvements have 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

We carried out an unannounced comprehensive inspection of this service in August 2019. Breaches of legal requirements were found.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of safe and well-led. Breaches contained in the last report found in the effective and responsive key questions have not been reviewed at this inspection and remain as a breach of legal requirement.

The ratings from the previous comprehensive inspection for those key questions were not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beechwood Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to communicate with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Requires Improvement ●

Beechwood Care 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

The inspection site visit was carried out by one inspector. Three inspectors supported the inspection remotely by speaking to relatives and staff.

Service and service type

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

Notice of inspection

This inspection was announced one hour prior to arriving at the service.

What we did before the inspection

We used the information we had received about the service and the information the provider had sent us since the last inspection. We sought feedback from the local authority, clinical commissioning group and professionals who regularly visit the service. We used all of this information to plan our inspection.

During the inspection

This inspection was carried out by conducting a site visit, speaking to relatives and staff remotely and reviewing various records remotely. We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered

manager, area manager, deputy manager, residential manager, nurses, care workers and housekeeping team members.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment. We reviewed a range of records and policies regarding the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of systems in place to keep people safe were not effectively used to monitor people's health and wellbeing. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks to people and do all that was reasonably practicable to mitigate them. 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.

- Risks to people were assessed and plans were in place to mitigate those risks. Staff were aware of how to care for people safely. People and their relatives told us the safety in the service had improved. One person said, "Staff make me feel safe, you are vulnerable in the sling but staff tell you what they are going to do and they care for me to make sure I am not hurt."
- Outcomes for people were not always monitored effectively. Staff recorded people's care but did not always use the information to assess and record if there needed to be a change to the care plan. For example; how much a person had drunk was recorded, but it was not reviewed and recorded regularly to understand if the person was at risk of dehydration. We saw no harm to people but staff were not evidencing the informal assessments they were carrying out. This increased the risk of harm if something is missed.
- Accidents and incidents were better recorded and work to understand patterns and trends had been completed. The registered manager had put plans in place to prevent future incidents where this was possible.
- Safety checks had been carried out routinely on equipment and the environmental hazards.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. 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.

- A safe medicines system was in place and work to embed the processes to ensure safe practice was being

monitored by the registered manager. Those people responsible for administration of medicines were working to understand and use the system properly.

- Errors were being highlighted when made and were recorded and investigated properly. Action was taken to make improvements and re-train staff if required. Positive improvements were evident.
- Protocols to support staff to know when a medicine should be administered if it is prescribed 'as and when required' were in place. They did not always state when medical support should be sought if symptoms were not alleviated. The protocol was not always used in conjunction with monitoring of people's health, for example, when to give medicines for constipation based on the monitoring of a person using the toilet.

Preventing and controlling infection

At our last inspection the provider had failed to assess the risks around the prevention and detection of the spread of infection. 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.

- The environment was clean and routine cleaning had improved. The housekeeping team and staff team had worked to implement new regimes to enhance their work during the Covid-19 pandemic. One relative said, "Cleanliness has improved. I'm pleasantly surprised. I regularly see staff cleaning. It seems to be 24/7. I've not seen any mess that hasn't been cleaned. My family members room is always very clean."
- The provider had invested in the environment and some areas had been refurbished prior to the Covid-19 pandemic. Unfortunately plans had to be put on hold because of the pandemic and refurbishment will recommence when safe to do so. Urgent and high-risk work was still carried out if highlighted.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to have effective systems to safeguard people. This was a breach of regulation 13 (Safeguarding service users from abuse and improper 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 13.

- Staff now had robust systems to follow if they had concerns and their knowledge of what to look for had increased and they were aware of their responsibilities around safeguarding people.
- All incidents had been appropriately reported and investigated. How to learn lessons and prevent future harm was embedded in practice.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff who were skilled, competent and experienced were deployed effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we looked at whether there were enough staff and that they were deployed effectively.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 for this element. The second element of the breach around staff support and training remains a breach of legal requirement. This element will be reviewed at the next inspection when the key question of effective is looked at.

- There were enough staff on shift to care for people and keep them safe. The registered manager monitored the staffing levels to ensure people received responsive care in a timely way. They also reviewed the patterns and trends of accidents to understand if more staff were needed. This had led to an increase in evening staff.
- Staff were more organised and better leadership on shift had resulted in a calm atmosphere in the service. A relative said, "In the past there wasn't enough staff. It has improved. It is noticeable that there were less agency staff."
- Staff had been recruited safely with all appropriate checks completed including checks on nurses fitness to practice. There had been lots of recruitment to build a staff team and reduce the reliance on agency workers. A member of staff told us, "We have a stable staff base and there is a different feel to the environment and staff attitudes are more positive and welcoming."

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 requires improvement. We were not able to increase this rating further as there are still breaches of regulation not yet assessed. At this inspection the service was consistently managed and monitored to drive improvement. Leaders and the culture they created promoted good quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

At our last inspection the provider had failed to establish and operate systems to ensure safety and quality. 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.

- Improvements in safety and quality were seen due to effective audit processes and governance. The registered manager and provider had implemented an action plan to introduce safe processes for staff to follow. They were now focused on embedding those systems through staff coaching and support.
- The regular checks completed were robust and the registered manager had highlighted each area we also noted still required improvement. The registered manager had a clear vision of what high-quality care looked like and had motivated staff to work towards their goal. One member of staff told us, "The manager really cares about the service, people and staff and wants everyone to receive good quality care. Their focus is on improving the service totally."
- Good leadership from the registered manager had led to improvements in outcomes for people. Everyone we spoke with were able to tell us about the improvements since the last inspection. A relative said, "The management of the service is superb. The manager is great, very friendly but always professional."
- A positive and open culture had developed. Staff told us, "I feel the service is caring and inclusive." And "We are always asked for our opinion. The manager always listens, we can come and speak to them at anytime."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had worked well with all agencies to make improvements including involving relatives, staff and the people they support. A focus on continually making improvements and learning was

evident. A relative described improvement they had seen, "I don't see any staff dithering, they seem to know exactly what to do straightaway. They know each person's needs and how to manage them."

- Where things went wrong the registered manager was transparent. Relatives were very involved in the care for their family members and told us communication was open. One relative said, "If my family member has had a stumble they always let me know and say what they will do to alleviate it."

- Staff and the registered manager have risen to the challenges presented by the Covid-19 pandemic. Positive feedback about the communication and support was received. A relative said, "Staff have been amazing during the Covid crisis and I feel that the provider did a really good job of closing the service to visitors early on in the pandemic. The provider wrote to relatives to say what was happening and why and has sent regular update letters ever since."