HC-One Limited

Beechcroft Nursing and Residential Home

Inspection report

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13 August 2016

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Ratings

Overall rating for this service	Good
Is the service safe?	**Requires Improvement**

Summary of findings

Overall summary

We carried out a focussed unannounced inspection of Beechcroft Nursing and Residential Home on 13 August 2016. We undertook this inspection at 01.00am overnight on the Friday/Saturday because concerns had been raised about staffing levels at night.

We had previously carried out an unannounced comprehensive inspection on 15 December 2014 and 2 February 2015, when we found that the provider was meeting all the regulations that apply to this type of service.

This report only covers our findings in relation to staffing. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Beechcroft Nursing and Residential Home' on our website at www.cqc.org.uk

The home had a registered manager. 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.

On the night of the inspection we found that people were generally settled and in bed asleep. Staff knew the people they were caring for well and worked as a team to deliver the care people needed.

Some improvements could be made around contingency planning for short notice staff absence and emergencies that require additional staff in the night. In addition we found that some staff were unable to take any break because there were no arrangements for cover.

We noted shortfalls in the standard of record keeping, which staff said was due a lack of time; instead of recording medicines and fluids given contemporaneously, they were recording them in retrospect which led to a risk that records were inaccurate.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Staffing levels were in need of review to ensure that there was always enough staff to meet the complexity of needs of the people using the service.

Staff needed to ensure that service user records were kept contemporaneously.

Beechcroft Nursing and Residential 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 checked whether the provider was 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.

We undertook a focussed inspection of Beechcroft Nursing and Residential Home at 01.00am on 13 August 2016. This inspection was completed to check on concerns raised about staffing levels at night. We inspected the service against one of the five questions we ask about services: is the service safe? This is because the concerns we received related primarily to the safety of the service.

The inspection was undertaken by one adult social care inspection manager. At the time of the inspection The Director of Adult Social Services for Halton, the Chief Nurse for Halton CCG and the Divisional Manager for Halton Borough Council were also visiting the premises to carry out a spot check with regard to staffing levels at night and we worked in cooperation with them.

During the inspection we spent time on the residential unit and spoke with the two staff working there. We also received feedback and discussed the collective findings from the senior staff from Halton Borough Council and CCG, who had visited the nursing unit.

We looked at staff duty rotas, some medication records and monitoring charts.

Requires Improvement

Is the service safe?

Our findings

The residential unit had 25 people living there at the time of the inspection. One senior carer and one carer were on duty. The senior carer had worked at the home for a number of years and knew the people living on the unit, and their routines well.

The carer had only recently started working at the home but said she felt well supported and had received a good induction.

During the inspection all the people living on the unit were in bed and settled; the unit was very quiet. Staff told us that they did not have a break off the unit as there were no arrangements for replacement cover. We asked what happened if someone needed to go to hospital and staff were required to escort them.

The senior carer told us that they would normally try to arrange for a family member to meet the person at the hospital but if this was not possible a carer from the nursing unit would come over to cover for the carer that went on escort duty.

The senior carer described the usual evening routine and told us that when they came on duty there were normally a number of people to whom they would serve supper and then assist to bed. The senior carer also administered the evening medicines. We were told that sometimes an additional member of staff worked a twilight shift between 7pm and 11pm but that very frequently this member of staff was diverted to go and work on the nursing unit.

We looked at the staff duty rotas and could see that on a frequent basis there was no senior carer on duty from 8pm onwards. The senior carer explained that she worked four nights per week and that the other senior carer that generally worked the other three nights was off on long term sick leave. On the nights when no senior carer was on duty the senior carer who was on day duty sometimes stayed later to administer the medicines, or the nurse from the nursing unit came over to administer them. We have since been told that the senior carer has returned from sick leave and this matter is now resolved.

We looked at some of the Medicine Administration Records (MARs) and saw that no entries had been made for that night to indicate that a number of people had been given their evening medicines. The senior carer told us that because the early evenings were very busy, she didn't always sign the MARs when she gave out the medicines but signed them later in the night when she got time. This is not safe practice and could lead to errors in administration. Following the inspection we spoke with the registered manager about this who agreed to discuss this with all the staff responsible for administering medicines.

We asked which people living on the unit required particular monitoring due to health care needs and were told that monitoring charts were kept for three people that needed their fluid intake to be kept under review. We looked at the charts for these people and could see that nothing had been recorded on any of their charts since 4pm the previous afternoon. The senior carer said these people would have been given drinks but they updated the records when they had time during the night. If records are not maintained

contemporaneously there is a risk that staff will be reviewing the person's care needs based on inaccurate information. We spoke with the registered manager about this and were satisfied that she had an action plan is place to address this issue.

The nursing unit had 38 people living there at the time of the inspection. There was one nurse and three carers on duty overnight on the unit. Staff demonstrated that they knew the people they were caring for well and were confident in identifying when assistance was needed from other healthcare professionals, for example the NHS 111 service.

Staff on the nursing unit stated that the workload could vary between nights and was heavily influenced by the needs of the people living on the unit in respect of risks of falling, ability to eat and drink, continence and pressure relief requirements. The team appeared to know each other well and described clear systems of work allocation and routines, however much of the nurse's time was taken up with administering medication and supporting the people with the most complex needs.

Following the inspection we spoke with the registered manager about staffing levels at the home. The registered manager told us that following feedback to them from the local authority and the CCG about this visit, they were developing a joint action plan to address the issues identified. The registered manager acknowledged the need for contingency plans to be in place to direct staff when there was sickness or absence at short notice and said that HC-One was looking at the dependency tool and ways in which it could be linked to determining staffing levels. The registered manager was also looking at ways to enhance staff working across different areas of the home so that staff, would know the people better if they had to move and work in a different unit.

This inspection focussed on staffing but a small number of other issues were identified which the local authority was going to follow up on. For example the nursing unit was noted to be very cluttered and a number of fire doors were left open on the residential unit. A malodour was noted in some parts of the home.