

Skolak Healthcare Limited

Beechill Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Beechill is a care home that provides residential and nursing care to people with a range of needs. At the time of our inspection this included both younger and older adults needing support in relation to physical disability, misuse of alcohol or drugs, mental health and dementia.

The home can accommodate up to 31 people in one adapted building. At the time of our inspection, there were 24 people living at the home.

People's experience of using this service:

We received mixed feedback from people living at the home. Whilst some people were happy living at the home, other people told us they did not want to be there.

The provider had increased the opportunities available to people to go on trips out from the home and had arranged for visiting entertainment to the home. However, day to day there was little of interest to engage or provide meaningful occupation to many people living at the home who told us they were bored.

The home provided care to people with diverse backgrounds and needs. We saw some good examples of how such needs were met. However, we found in one instance that a person was subject to significant restrictions that had not been considered as part of a best interest process. The staff supporting them at the time we visited them were also unable to communicate with them effectively.

People told us staff treated them with kindness and respect. It was also evident that staff knew people well and had developed positive relationships with them. However, during our inspection we saw much of the care provided was task based and not person-centred.

There had been continuing improvements made to the environment, which was light, bright and clean. However, some aspects of the environment continued to need improvement such as the garden area, which was not accessible to everyone and was not enclosed.

Premises and equipment had been maintained as needed. We noted that people could leave the home by the front door freely, including people who would be at risk of harm if they did so. The provider assured us that they did not foresee a risk of anyone living at the home doing this and said they would review the arrangement if such a risk did become apparent. We have made a recommendation that they risk assess this arrangement.

Systems and processes in place to help the provider monitor the quality and safety of the service had been improved. However, we identified shortfalls in relation to keeping accurate records in relation to people's care, and the provider had not notified the CQC as required about all safeguarding incidents.

Rating at last inspection:

The service was rated requires improvement at our last inspection (report published 16 May 2018). This is the sixth consecutive time that the service has been rated inadequate or requires improvement since its' first ratings inspection in July 2016.

Why we inspected:

This was a planned inspection scheduled based on the rating awarded at the home's last inspection,

Enforcement/Improvement Action: Please see the 'action we have told the provider to take' section towards the end of the report. Full information about CQC's regulatory response to the more serious concerns found in inspections is added to reports after any representations and appeals have been concluded.

Follow up: We will continue to monitor the service. We will ask the provider to supply an action plan detailing how they plan to improve their overall rating to at least good.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Beechill Nursing Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of an adult social care inspector, an assistant inspector 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 expert by experience on this inspection had experience relating to mental health and substance misuse services.

Service and service type:

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

The home accommodates up to 31 people in one adapted building. Accommodation is provided on two floors. Four of the bedrooms are sometimes used as shared rooms for two people.

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 was an unannounced inspection. No notice was provided.

What we did:

Prior to the inspection we reviewed information we held about the service. This included previous inspection reports, action plans, audit reports shared with us by the provider and notifications we had received from the provider about safeguarding, serious injuries and other significant events. On this

occasion we did not request a provider information return (PIR) from the service. We took this into account when inspecting the service and making our judgements.

We asked for and received feedback about the service from the local authority quality monitoring team, Healthwatch Manchester and the community infection control team. Healthwatch Manchester shared the findings of an enter and view visit they carried out in October 2018, which can be viewed on their website. The local authority (Manchester Health and Care Commissioning) told us they had no concerns about the service, and the infection control team shared key findings from an audit they carried out in October 2018 where the service received a green RAG (red, amber, green) rating overall.

During the inspection we spoke with eight people living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven members of staff. This included the registered manager, the deputy manager, one nurse, three care staff and a kitchen assistant.

We reviewed records relating to the care people were receiving. This included daily records of care, six people's care plans and six people's medication administration records (MARs). We also looked at records relating to the running of a care home. This included training and supervision records, five staff personnel files, surveys and audits and records of servicing and maintenance of the premises and equipment.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Beechill. One person said, "I feel safe, it's a secure home and I'm happy here."
- Staff understood how to identify and report any safeguarding concerns they might have.
- Records demonstrated staff had identified potential safeguarding concerns and reported these to the local safeguarding authority as required. However, safeguarding incidents that had occurred within the past year had not been notified to the CQC.
- We found the provider had taken appropriate actions to help keep people safe, and to investigate safeguarding concerns when appropriate. However, the nature of safeguarding concerns and details of the outcomes of investigations or referrals were not always clearly reflected in the records.

Assessing risk, safety monitoring and management

- There was evidence that staff had involved people in developing plans to assess and manage risks in relation to their health, safety and well-being.
- A wide range of potential risks were assessed, and staff followed plans to help minimise such risks. Standardised tools were used to assess risks in relation to malnutrition and skin integrity.
- Staff had involved other professionals in the management of risk. For example, we saw staff had requested a multi-disciplinary meeting to discuss the best way to manage risks in relation to one person's care.
- Some people using the service could have behaviours that challenged the service. The level of information recorded in people's care plans and risk assessments about how staff managed such behaviours was variable. One person's care plan contained only very limited detail, whilst other contained information about potential triggers and de-escalation strategies.

We recommend the service reviews good practice guidance in relation to effective care planning in relation to management of behaviours that can challenge.

- The environment and equipment were appropriately maintained and serviced according to requirements. Risks relating to fire and legionella had been assessed by third parties contracted by the provider. The provider had acted on any recommendations made by the competent persons who had carried out the assessments.
- Some people living at the home did not have mental capacity in relation to some aspects of their care, and some people had authorised deprivations of liberty and could be at risk if they left the home without support. At previous inspections we had raised concerns that people using the service could leave by the front door without staff being aware, and we found this was still the case. Staff assured us that no-one living

at the home tried to leave, and they did not believe there was a foreseeable risk that they would do so. The deputy manager told us anyone with an authorised DoLS was not independently mobile, although we found this was not the case.

We recommend the provider risk assesses and reviews the home's practice in relation to security arrangements and all people being able to leave the home without restrictions.

Staffing and recruitment

- There were sufficient staff to meet people's needs. During the inspection we saw people received care and support in a timely way.
- Two people were assigned one to one support as part of their agreed packages of care, and we saw these staff were assigned on the rota in addition to the normal staff complement.
- There were dedicated staff on the rota working in management, administrative, kitchen and domestic roles.
- The provider carried out most of the required pre-employment checks for members of staff working at the home. However, in one case we found gaps in a staff member's employment history had not been adequately explored.
- We found in some instances that applicants relatives had provided character references and questioned the provider about this approach. They said they would strengthen their recruitment processes by not accepting references from relatives in the future.

Using medicines safely

- Medicines were stored securely and at an appropriate temperature. Staff monitored the temperature medicines were kept at.
- There were protocols in place to help staff understand when any 'when required' (PRN) medicines needed to be administered. However, whilst staff were aware when these medicines should be administered, and their expected effects, this was not always clearly recorded in the protocols.
- Staff kept accurate records of the medicines they administered. The exception to this was that staff were not recording when they used thickening agents to thicken people's drinks or food on either the medication administration records (MARs) or daily records of care. Thickeners are sometimes prescribed for people to use who may be at risk of choking or aspiration if they have normal consistency fluids.
- When staff had needed to hand write people's medicine administration records (MARs), we saw they had been checked and signed by a second member of staff to help reduce the likelihood of any errors.

Preventing and controlling infection

- The local infection prevention and control team had carried out an audit of the service in October 2018. The overall findings were positive, with the service receiving a green RAG (red, amber, green) rating.
- We saw personal protective equipment (PPE) was readily available and used appropriately by staff.
- The environment was visibly clean and tidy.

Learning lessons when things go wrong

- Staff made a record of any accidents and incidents. The records detailed any lessons learned as a result.
- The deputy manager monitored accidents/incidents. The accident file contained forms that summarised any incidents and noted any trends so that action could be taken to help improve the safety of the service.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- We received mixed feedback from people in relation to the food they received. Whilst some people told us they liked the meals served, other people told us there was little choice and that the food could be a bit 'samey'.
- We observed meal times during our inspection and found improvements could be made to better people's experience. For example, we found some people had to wait a long time to receive their meal. The radio in the dining room was on very loud during one meal time until a person living at the home got up from their meal to turn it down. We saw one person who needed assistance to eat and drink received support from three different members of staff during their meal. This demonstrated the lack of a person-centred approach over meal times.
- Staff knew and recorded people's dietary requirements and preferences. There was evidence that people's preferences and dietary requirements were considered and met. This included any needs arising from people's religion or culture.

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

- At our last inspection we found there had been improvements to the environment. There had been a continued programme of redecoration since this time, and the home continued to be much brighter, cleaner and lighter than at previous inspections.
- Despite these improvements, there were still some issues in relation to the suitability of the environment for people living at the home. For example, the garden was not enclosed and remained difficult for people with impaired mobility to access. The home is located at the top of a steep drive, which also caused difficulties for some people who used a wheelchair.
- On the first day of our inspection it was a warm day and the heating was turned on. We found one of the communal areas was excessively warm at 27 degrees Celsius, which if people spent long periods in them could have a negative effect on their health. Temperature monitoring records kept by staff showed several communal areas were maintained at around 25 to 27 degrees Celsius. We raised this with the provider who turned the heating off and said they would review how it was controlled.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

- Staff had identified when people may need to be subject to restrictions amounting to a potential deprivation. Applications to the supervisory body (local authority) had been made as required.
- We found one person was subject to significant restrictions, which had increased since their DoLS had been authorised. The provider had introduced these restrictions on the advice and in discussion with another health professional. However, it was not clear, nor documented that staff had carried out a best interest decision, nor considered whether there may be less restrictive options. This person's DoLS was soon to be re-assessed, and the provider had made the supervisory body aware of the increased restrictions.
- Staff assessed people's capacity to consent to their planned care and use of equipment when required. We saw capacity assessments prompted staff to remember that any capacity assessments should be time and decision specific.

Supporting people to live healthier lives, access healthcare services and support;

Staff working with other agencies to provide consistent, effective, timely care

- People told us they were confident staff would support them to access any health care services they needed to meet their needs.
- We saw the service worked with a range of professionals including people's GPs, dieticians, speech and language therapists, social workers and tissue viability nurses to meet people's needs.
- Staff monitored people's health and wellbeing and made referrals to relevant services as required.

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

- Staff carried out a thorough assessment of people's needs, which were used to develop people's care plans.
- Staff recorded the rationale for following a plan of care. This included referencing good practice guidance, including that produced by the National Institute of Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- At our last inspection in April 2018 we found staff had not received training in autism, which was important for them to be able to meet the needs of a person living at the home. This was a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection appropriate training to meet the needs of people living at the home, and found the provider was complying with this regulation. The provider told us no-one living at the home at the time of the inspection had an autism spectrum disorder.
- Staff received a range of training relevant to their roles. They felt they received sufficient training to meet people's needs effectively.
- Staff received regular supervision. Supervisions were used to identify any learning needs the staff member had, and to set goals and actions to improve staff performance. We saw any identified actions were followed up at the staff member's next supervision.
- One member of the nursing staff worked part-time in the role of clinical lead. As part of this role, they provided clinical supervision to other nursing staff. This would help ensure they received any support they required in relation to their clinical practise and enable the provider to more effectively monitor their

competence.

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- When possible, people needing one to one support for specific tasks, or throughout the day, received support from staff who could speak their first language. However, during our inspection we saw one person receiving one to one support was supported by a staff member who did not speak their language. It was documented that this could have a negative impact on their wellbeing. There were cards with phrases written in their first language that staff could use to help them communicate effectively with this person. However, the member of staff on duty was not aware where they were kept.
- Our observations showed that some staff and people using the service had built positive, trusting and friendly relationships. However, we observed there were long periods when there was little interaction between staff and people living at the home. For example, we saw staff sat in communal areas completing records, but did not initiate conversations or interact with people.
- Interactions that did occur were often task based and related to the provision of care. However, these interactions were respectful, and staff kept people informed about the care they were providing. When one staff member got a person a cup of tea, they said, "Thank-you, you're like a mother to me", and then commented to another member of staff who did not respond, "She's lovely she is." People told us they found staff were caring towards them and understood their needs.
- From our conversations with staff, it was apparent that they had got to know people well. Staff understood people's needs, preferences and social histories.
- The home provided support to people from a diverse community. The staff team was also diverse, which meant there were people with shared religions, cultural backgrounds and languages. There was an inclusive culture at the home.

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

- People told us they were comfortable approaching staff to discuss their care needs or anything they might be unhappy about.
- Where people were able, they had signed their care plans to indicate they had been involved in their development.

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with felt staff respected their privacy and dignity.
- Care plans noted people's abilities and areas of their care they were independent or could be supported to complete themselves.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

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

- Records showed people were offered opportunities to take part in a range of activities both at the home and in the local community. However, during the inspection we observed few activities or opportunities for people to receive stimulation or to engage in meaningful occupation. At one point in the inspection, a small group of four people went out for a pub lunch, and we saw a short karaoke session and board games being used.
- There was evidence that staff had asked people about what activities they would like during resident's meetings where it was recorded that people were happy with those currently offered. However, this did not match with comments we received during the inspection, which included, "There's not really anything to do. I'm not happy here", "It's the same thing every day. There's nothing different" and "Telly, that's all".
- We saw scheduled activities did not always take place as planned, and there were missed opportunities to engage people in previous or current interests. At our last inspection we made a recommendation that the provider increased the range of activities available. The provider had done this to some extent by holding events such as a pet safari and a trip out to the cinema. However, there was scope for further improvement, particularly in relation to opportunities for people who could not or did not, want to leave the home.

We recommend the provider reviews good practice guidance in relation to the provision of activities and occupation to meet people's needs and preferences.

- People's care plans were personalised and reflected their needs and preferences in relation to how they received their care and support.
- The provider was meeting the requirements of the accessible information standard. Staff assessed any needs people had in relation to their ability to communicate with staff or others. Care plans identified how staff would meet any such needs.

Improving care quality in response to complaints or concerns

- People told us they would be comfortable to report any complaints they had to the registered manager. One person told us they had complained in the past and that this had been resolved immediately.
- We looked at records of complaints and saw the provider had acknowledged people's complaints and taken action to address their concerns when possible.
- The complaints policy was displayed close to the entrance to the home. We saw the policy directed that anyone wishing to raise a formal complaint should do so in writing. We raised this with the registered manager as this may present difficulties for some people using the service. Soon after our inspection they revised the policy, and this requirement was removed.

End of life care and support

- People's decisions and wishes in relation to the care they received at the end of their life were recorded when they were happy to discuss this.
- We saw one care plan for a person who was approaching the end stages of their life. There was limited information on this person's preferences, although the care plan directed staff to liaise with this person's family. Care planning was focussed on this person's medicines.
- Staff understood the principles of good end of life care. For example, the deputy manager talked about the importance of maintaining people's privacy and dignity and meeting their needs in relation to hydration and oral care.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was also a director of the company that owned Beechill Nursing Home. They had been registered as the manager of the service since February 2015.
- We saw staff were given feedback from the findings of audits of the quality of the service that management staff had completed. This would help ensure staff understood any risks or quality issues identified and involved them in making improvements.
- We noted some issues in relation to the accurate completion of records. For example, it was not always apparent from the records in the safeguarding file, what the concern related to or what the outcome had been. The use of thickening agents was not accurately recorded, and we identified one instance where daily records of care were inaccurate. In this case, the record of a person's food intake stated they had eaten all of their meal, when we had in fact observed that they eaten none of it.

Complete and accurate contemporaneous records relating to the care people were receiving were not always maintained. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst the provider had sent CQC some statutory notifications; during the inspection we found some safeguarding incidents that should have been notified to the CQC had not been. We raised this issue with the provider who sent the notifications to us shortly after the inspection. However, it is required that incidents of alleged abuse are notified to the CQC without delay, which had not occurred in this instance.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- As at our last inspection, there was a clinical lead in post who worked part-time in this role. They supported the registered manager and deputy manager in writing care plans, carrying out supervisions for nursing staff and providing clinical oversight in the home.
- As has been the case at our previous inspections, we saw little of the registered manager during our visit to the home. They were based in an office on the third floor located away from staff and people using the service. However, it was apparent that they knew staff and people using the service, and everyone we spoke

with told us they would feel comfortable approaching them to raise any concerns or suggestions they might have.

- Staff told us they were happy and enjoyed their job roles.
- We saw staff had recently received information on the duty of candour regulation. The intention of this regulation is to ensure services act in an open and transparent way, and let people know when things have gone wrong. This would help ensure the service was able to comply with these requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People living at the home and their relatives were given opportunity to attend meetings at the home. Only one of the people we spoke with told us they attended the meetings. Although other people were aware of the meetings, they told us they were not interested in attending.
- People living at the home and their relatives were given surveys to provide feedback on their experiences of the home. We saw that where issues or concerns had been raised via these surveys, that the provider had acted on the feedback and considered negative responses as complaints. This was good practice.
- Records showed there were frequent staff meetings. Comments recorded in the minutes showed staff were involved in the running of the home and were able to make suggestions about how to improve the service.

Continuous learning and improving care; Working in partnership with others

- There were a wide range of audits undertaken by management to help the registered manager and deputy manager monitor the quality and safety of the service. This included audits of areas including complaints, the environment/equipment and care plans. The registered manager had an overall tracker that helped them monitor the completion of the required audits.
- We saw that action was taken to address any shortfalls identified in these internal audits.
- The provider appointed an external person to carry out audits of the service. We saw they had in most cases, acted upon advice they had received to improve the quality of the service.
- The service worked in partnership with other stakeholders. We saw a range of professionals were involved in people's care and their advice taken into account. The local authority told us they had no concerns about the home.
- Whilst there had been improvements in relation to some concerns identified at our last inspection, there had not been sufficient to improve the home's rating to good overall. The home has a history of non-compliance with the regulations and ratings of inadequate or requires improvement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Accommodation for persons who require treatment for substance misuse	Complete and accurate contemporaneous records relating to the care people were receiving were not always maintained.
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	Regulation 17(1)(2)(c)