

Premier Nursing Homes Limited

Beechwood Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Beechwood Care Home is a nursing home providing personal and nursing care for up to 60 older people, some of whom may be living with a dementia. At the time of our inspection there were 24 people using the service. The home has two floors. The ground floor is for people who require residential care and the first floor for people who require nursing care.

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

People were safe. Risks to people's health, safety and wellbeing were managed by staff with the relevant skills and knowledge to meet their needs. Any accidents or incidents were appropriately responded to and were monitored and learned from to reduce the risk of them happening again. The service had made vast improvements, and this was evident in the positive feedback received from people and their relatives.

Medicines were managed and administered safely. Improvements had been made in this area since our last inspection however, a review of medicine guidance was required, and we have made a recommendation regarding this.

People received appropriate support to meet their nutritional and hydration needs. We receive positive feedback about improvements to the food. People were supported appropriately to maintain or improve their weight.

Staff were familiar with people's needs and care records were up to date. Person-centred support was being provided. Communication between staff and people had improved due to the reduction in agency staff use and people were treated with dignity and respect. Support provided to staff had improved and the provider ensured staff training was up to date.

There was a noted improvement in management and provider oversight. The quality assurance processes in place were more effective. More opportunities for people and their relatives to engage with management were put in place. Complaints were managed well and recorded appropriately.

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

Safe recruitment processes had been followed and people told us they felt safe living at the service.

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 19 July 2022) and there were breaches of regulation. 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 found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 12 June 2022. 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 on 25,30 and 31 May 2022. Breaches of legal requirements were found. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Beechwood 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by 2 inspectors on the first day of inspection. The second day of inspection was undertaken by a medicine inspector. An Expert by Experience made telephone calls to people and relatives following the site visits. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Beechwood Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beechwood Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

At the time of our inspection there was a registered manager in post. This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) before this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 12 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, operations manager, deputy manager, senior carer, carers and the chef.

We carried out observations and looked at a wide variety of records. These included multiple care and medicine records, monitoring documentation, quality feedback information and audits used to monitor the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made and the provider was no longer in breach of Regulation 12.

- Medicines were managed safely. However, some improvements were needed within the guidance and records for some medicines such as creams and patches.
- Medicines were safely and securely stored. Staff received training in handling medicines.
- Some people were prescribed medicines to be taken on a 'when required' basis or with a variable dose. Further information was needed for the variable dose.
- Where people required their medicines covertly, the guidance was not clear and needed reviewing. We recommend that the provider reviews the guidance and records kept for creams and patches and consider reviewing the guidance for how people take their medicines, especially when they receive them covertly, hidden in food or drink.

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

At our last inspection the provider had failed to assess, monitor and mitigate risks. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 12.

- Risks to people were assessed and recorded appropriately within their care plans, which included detailed treatment plans for people who were receiving nursing care.
- Risk assessments were improved to include updated information when there were changes in people's care and support needs or in their medical conditions.
- The registered manager had improved the recording of accidents and incidents to gain an effective oversight, which meant appropriate action was taken in response to risks.

Preventing and controlling infection

At our last inspection the provider had failed to operate effective infection, prevention and control measures to reduce the risk of spreading infections. This was a breach of Regulation 12(1) of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 12.

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was using personal protective equipment effectively and safely.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider's infection prevention and control policy was up-to-date.

Visiting in care homes

- Visits to Beechwood Care Home were in line with government guidelines. No restrictions were in place and visits took place during the inspection process.

Staffing and recruitment

At our last inspection the provider had failed to deploy a enough suitably qualified, competent, skilled and experienced staff. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 18.

- The registered manager had made significant improvements in reducing the use of agency care staff. On the day of our inspection there was one agency nurse on duty who had worked at the home regularly. This was a reduction of 90 percent.
- Appropriate identification checks were now completed on agency staff. Agency profiles were improved to contain enough information.
- People, relatives and staff told us they had noticed improvements in the use of agency staff. Relatives told us, "You still see agency staff, but there are a lot more regular staff now" and, "They have got better, there has been a vast improvement, but still more to do."
- Safe recruitment processes had been followed for staff employed by the provider. Appropriate pre-employment checks had been completed.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt safe living at the service. Comments included, "My relative is safe - yes without any doubt - I don't have to worry about them at all." And, "I am very comfortable in thinking and believing that my relative is safe living at the home."
- Systems were in place to safeguard people from the risk of abuse.
- Staff knew how to spot and report safeguarding concerns. Information was shared regularly with staff about safeguarding and this had improved their understanding.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had the skills, knowledge and experience to carry out their roles. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 18.

- Staff were trained and had the relevant skills and knowledge to carry out their roles effectively. Nursing staff now received clinical leadership that wasn't in place at our last inspection.
- Staff training levels were improved to ensure staff skills were maintained. Staff training figures had improved to 98 percent since our last inspection were less than 50 percent of staff were trained.
- Sufficient support was provided to staff. More regular one to one supervision sessions were completed and recorded.
- The induction for agency staff had improved. Agency staff told us they had all the information they needed before starting work.

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

At our last inspection care plans to direct staff were either not in place or had not been updated to reflect people's needs. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 17.

- Pre-admission assessments had taken place to ensure the service could meet people's needs.
- People' had care plans, which had been regularly updated to reflect their current care and support needs.
- The registered manager had introduced a 'person of the month' scheme. An initiative to have a set day, every month, to review each resident's care plan. A relative explained, "They arrange a meeting every month on the same date. This is when we talk about my relative's care and needs - the GP or a Nurse are involved too".

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

At our last inspection the provider failed to meet people's nutritional and hydration needs. This was a breach of Regulation 14(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 14.

- People received effective support to maintain a balanced diet.
- Appropriate aids were provided to allow people to remain independent with their meals. The support required was recorded in people's care plans and staff supported people to use them at mealtimes.
- People were provided with enough fluids. Drinks were always available to people with plenty of choices.
- People who needed a specified amount of fluid for medical reasons, were supported with this. Recording daily targets for fluids had improved and regularly completed and monitored.
- People were supported to manage their weight to monitor their health. Where weight loss had occurred, action had been taken, and people's weight improved and, in some cases, maintained.

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

At our last inspection the provider had failed to work with other professionals to ensure care and treatment was appropriate and safe. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 12.

- People's care and support met their needs. Communication with professionals had improved. For example, skin integrity issues were logged and reported, and appropriate timely referrals made.
- Where professional advice had been provided, improvements ensured this was included in people's care plans to reflect the guidance given.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 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 when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection, we recommended the provider consider best practice guidance in relation to the MCA and update their practice accordingly. The provider had made improvements at this inspection.

- The principles of the MCA were followed. Where people lacked capacity, appropriate best interest decision had been recorded.
- Appropriate records were available to evidence where people had Lasting Power Attorneys in place.
- A tracking system was in place to ensure DoLS applications had been submitted where required.

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

- The environment within the home was designed to meet people's needs. Where required, appropriate aids were in place to support people.
- People had the option to personalise their bedrooms. The lay out of the service enabled people to have their own space as well as use and enjoy communal areas and safe outdoor spaces.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection the provider failed to communicate effectively with people and respect their preferences. This was a breach of Regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 10.

- People were supported by staff who were responsive to their needs, caring and attentive. We noted the improvement in staff attitude, presence with meaningful conversations and interactions. One relative told us, "The carers I see are usually very friendly and very helpful."
- People were supported by staff who respected their culture and background. One relative told us, "The staff are generally good with my relative. They like a bit of banter; it's what they enjoy. They like to be a bit cheeky in return, they have always been like that - it is good for them, not disrespectful."
- People were supported by staff who were equipped with the information they needed from improved care plans.

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

- People and their relatives were supported to express their views.
- People were supported to make choices. For example, we saw people make choices at mealtimes and throughout the inspection.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- The communal areas, bathrooms and toilets were open to everyone, which meant people were able to access them independently.
- People who required additional aids or support with meals to promote their independence, were offered what they needed as instructed in their care plan.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection the provider failed to ensure person-centred care was provided, which reflected people's preferences and met their needs. This was a breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made and the provider was no longer in breach of Regulation 9.

- Care plans were improved with more detail and were updated when changes had occurred. For example, where people's mobility or skin integrity had deteriorated. This was followed up with a treatment plan and guidance and appropriate records. So that people received the right care.
- People were supported by staff who knew them well and agency staff use had reduced to a small number of staff who knew the people for continuity.
- Improved communication between staff had been introduced to ensure important information was handed over to all staff at hand over and this was working well for checking people's progress and noticing changes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans provided information about people's communication needs.
- Information was available in a format people could understand. For example, mealtimes were well organised using photos of foods, showing and asking people if they wanted aprons, and lots of encouragement given to help people make choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities. One person had been supported by staff to revisit their love for knitting and it was going well. Another was supported to use an 'Alexa' to choose their favourite music.

- People were supported by staff to take part in activities. Although there was no an activity co-ordinator employed, the registered manager told us, "We all work together and activities is everyone's job, we have entertainers regularly, but day to day is for everyone."
- Relatives were able to visit the service when they wished. Visits could take place in people's bedrooms or in communal spaces.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place that was followed. Examples had been followed up and recorded effectively.
- People and their relatives told us if they had any concerns, they would raise this with the manager. One relative told us, "I did complain that the chest of drawers was broken and when I went back the next time it had all been mended and sorted."

End of life care and support

- People had end of life care plans in place. These had been updated to include more personalised information about people's end of life wishes.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to operate effective systems and process to assess, monitor and improve the service. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough Improvement had been made and the provider was no longer in breach of Regulation 17.

- The quality assurance processes in place had improved.
- The provider had effective oversight of the service. Audits were regularly taking place and covered all the areas of concern from our last inspection.
- The provider and registered manager worked together with the local authority on an action plan to make and maintain improvements to the service.

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

At our last inspection the provider had failed to seek and act on feedback to continuously improve the service. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 17.

- The Provider made more efforts to actively engage with relatives and residents to seek their views. One relative told us, "We have had two Relatives' Meetings and they were useful".
- People, relatives and staff were invited to complete questionnaires to share their feedback and this was followed up by the registered manager with 'you said, we did' bulletins to share the action they had taken.
- The registered manager liaised with relevant professionals and shared information with the staff team. For example, when assessments had taken place, information and guidance from professionals was added to care plans.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- The registered manager had improved the culture of the service. Staff told us they were happy with the improvements to staffing and communication. One relative told us, "The home has had a good year - they have better staff numbers now. They are building the core staff up and I would be interested in their further plans to build the place back up in numbers."
- People were supported by care staff who valued person-centred approaches and respected people's individuality.

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

- The provider was open and honest throughout the inspection.
- The provider had been open and honest with people, their relatives and the staff team following our last inspection and the improvements that were required to address the previous shortfalls.