

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Beechwood Nursing Home

41-43 Esplanade Road, Scarborough, YO11 2AT

Tel: 01723374260

Date of Inspection: 04 September 2013

Date of Publication: October 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Tamby Seeneevassen
Registered Manager	Mrs. Colleen Coral Moore
Overview of the service	Beechwood Nursing Home is registered to provide accommodation to people who require nursing or personal care for up to 32 people. The home is situated in a residential area of the seaside town of Scarborough. The home is fully accessible for those with mobility needs. There are several communal areas for residents to use.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Beechwood Nursing Home had taken action to meet the following essential standards:

- Cleanliness and infection control
- Management of medicines
- Safety and suitability of premises
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 September 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information sent to us by other authorities.

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### What people told us and what we found

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We visited Beechwood Nursing Home in May 2013 and identified some issues with areas including infection control and cleanliness, suitability of the premises, medication and quality assurance. We had asked the provider to make some improvements. We revisited in September 2013 to make sure that these improvements had been made.

We found during our visit in September 2013 that the manager had implemented systems including extensive cleaning schedules, audits of the environment and cleanliness, medication, care plans, and equipment. Extensive repair and renovation work was underway in the service including redecoration, new flooring and carpets, upgrades to bathrooms and new equipment. This work was on-going.

The manager had arranged for an audit of medication systems from the local authority and had subsequently developed an action plan which was partially completed at the time of our visit. Resident and staff meetings had been held, as well as surveys of satisfaction.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

## Our judgements for each standard inspected

### Cleanliness and infection control

✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

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### Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

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### Reasons for our judgement

People were cared for in a clean, hygienic environment.

During our inspection in May 2013 we had carried out a full walk round of all areas of the building. We noted that most areas were fairly clean, tidy and odour free. We found that bathrooms were damaged and soiled. Bath seats and equipment required upgrading. Tiling around sealant around sinks required repairing. Curtains and flooring were seen to be stained and damaged. Furniture in several of the rooms was damaged and beyond a useable state. There were no cleaning schedules where tasks completed were recorded. There had been no audit system in place for infection control, environmental cleanliness or food hygiene. When we looked at staff training records we saw that there were around one third of staff who had yet to complete any kind of infection control training.

When we visited in September 2013 we found that the manager had carried out a full and detailed environmental audit of the service. This had then been transferred in to an action plan that was being worked through. Several bathrooms had been renovated and now had new baths, sinks and tiling. New flooring was due to be fitted the day after our inspection. These were now clean, hygienic and in a useable state.

All of the bedrooms we had identified as needing repair or renovation had been redecorated and areas such as sinks, vanity units and tiling had been replaced. All of these and several other rooms had also been identified for replacement flooring or carpets and these were due to be fitted the day after our inspection. Some communal areas had also been redecorated and were due to have new flooring. Shower chairs and seat raisers that had been identified as soiled during the last inspection or as part of the audit the manager had carried out had been replaced.

The manager had implemented a system of cleaning schedules which included lists for the bedrooms, lists of deep clean tasks to be carried out on a regular basis, lists for the communal areas and one for the kitchen. Each of these schedules recorded who was responsible for the tasks, when they were due to be completed, and then included

signatures of staff when they had been done. This system had been implemented for a short time when we visited and the manager reported that all staff had been briefed on what needed to be done and how this should be recorded.

The audit that had been carried out included all areas of the home and was extremely thorough. The manager explained that she would be completing this every six months and carrying out walk round checks and checks of cleaning schedules monthly to ensure that staff were completing tasks regularly and to a satisfactory standard.

We saw evidence that all staff had attended an in-house training session on infection control and had used material from the Health Protection Agency to complete this. The manager had also started to book all staff onto external infection control training with the first sessions organised for October 2013. The manager had prioritised those staff that had not previously attended any classroom based training, or whose training had been some time ago.

We observed within the service that all areas were clean, tidy and odour free. The staff were seen to be utilising personal protective equipment such as gloves and aprons during any tasks where infection control might have been an issue. When we spoke with staff they were able to tell us the different ways they minimised the risk of infection.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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Appropriate arrangements were in place in relation to the recording of medicine. Medicines were handled appropriately.

When we had visited in May 2013 we had looked at medication administration, storage and monitoring within the home. We found that there were discrepancies between the amount of medication remaining in the MDS packets and what was recorded on the medication administration sheets (MAR). The staff recorded some discrepancies in a separate book, such as when there were extra tablets left from previous MDS blister pack, but this had not been recorded on the MAR sheet. The MAR sheets recorded when someone refused medication using the letter 'E'. There was also a member of nursing staff who used this letter to sign when medication had been administered so the sheets were not always clear as to whether the medication had been refused or administered by a particular nurse. There had been a large amount of drugs stored in this cupboard including end of life drugs that had been prescribed but then not required and staff were unclear how long these drugs should be retained for and what process should be followed for disposal of these. An audit of fridge temperatures had not been completed since February 2013. There was no overarching audit of medication in place.

When we visited in September 2013 the manager showed us the results of a full audit and evaluation of medication systems and storage within the home that had been carried out by the local authority following our last visit. The manager had requested the visit in order to ensure that any changes made were in line with the correct regulations and procedures. The audit was very thorough and the report that had been produced had included many recommendations. As a result the manager had then produced an action plan of the changes to be made. At the time of our visit the service was part way through implementing the changes included in the action plan.

The manager had implemented a system for monthly audit of medication by herself and then a monthly check by the lead nurse, which would mean that the medication and the records were being checked every two weeks. These had started in July 2013. The one that had been carried out in August 2013 included a list of highlighted issues and then recorded when these tasks had been completed, how and by whom.

We looked at the medication and associated records for 15 people in the service. We found that the records were in line with the stocks of medication and these had all been recorded accurately. Where someone had refused to take their medication this had been recorded appropriately and had been reported to the GP. This had been recorded in their notes. The staff had also considered alternative ways to facilitate the person taking their medication and had followed medical guidance when meeting the person's wishes. We also saw that the controlled drug record book was up to date and had been accurately completed. These records had all been checked in great detail as part of the local authority's audit and we were able to view the results of these checks as well as carrying out our own.

The manager had arranged for staff to attend the local authority's medication training at the end of September and had also ordered a training pack about completing medication records for staff to complete. A further audit tool for medication had also been ordered to ensure that the audits carried out covered all the appropriate areas. These were due to arrive in the next week.

Where the various audits carried out had identified discrepancies, these had been dealt with by the manager using internal staffing procedures, discussion at staff meetings, and the organisation of further training. In all cases medical advice had been sought to ensure the safety and welfare of the people who used the service. The staff member whose initial had been the same as a code for refused medication had altered the way she signed when medication was administered to ensure there was no confusion about the codes used on the recording sheets.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## **Our judgement**

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The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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## **Reasons for our judgement**

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The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

During our visit in May 2013 we had observed that some areas of the home required updating and renovating. Many of the windows did not have opening restrictors or these had been tampered with to allow the windows to be opened. Many of the communal and bedroom areas required decoration as they were not maintained to a very high level. There were also several areas of the home that were not in use due to the need to store equipment such as wheelchairs, walking frames and toilet seat raisers. There was a maintenance man who did odd jobs around the home. The jobs he had recently carried out or been requested to carry out were not recorded so it was not possible to review what kinds of tasks he completed.

As part of our visit in September 2013 we were shown the audit that had been carried out in respect of the environment. This had resulted in an action plan that included renovation and repair of the premises and equipment. Redecoration had been carried out, and some flooring and carpets had been identified as needing to be replaced. This was due to be happening the day after our visit. Areas that had been refurbished included bedrooms, communal areas and walkways.

As part of the audit the manager had identified all the areas that were being inappropriately used for storage of wheelchairs and walking frames. These had all been moved and each individual person's wheelchair or walking frame was now stored in their own bedroom. This had resulted in several bathrooms being accessible again, and these bathrooms had been replaced and renovated to ensure that they were now useable.

The manager had implemented a system of audits for window opening restrictors and this had been carried out in August 2013. As a result of this a large number of restrictors had been replaced or brought back into working order and all windows were now observed to be safely restricted. The manager explained that she would be checking these on a three monthly basis. The boiler had been repaired and several radiators had also been repaired which had improved the ambient temperature in some areas of the home, although it was noted during the inspection that some areas were still difficult to regulate, particularly the

dining room.

The manager had also carried out a check of water temperatures and where any had been identified as being outside of acceptable parameters these were included on the list of further repairs and adjustments to be made. A maintenance book was being used where staff recorded any jobs, tasks or repairs that were required within the service. The maintenance man, or any contractors used then recorded when they had carried out the jobs and if they were completed to a satisfactory standard. The manager explained that she would be checking through the maintenance book as part of the regular environmental audit she was now carrying out and any outstanding jobs would then be raised for completion by the maintenance man.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

When we had last visited in May 2013 we had looked at the checks and audits that were carried out in the service. At the time of our visit there were no records showing any audit of accidents and incidents had been carried out. The manager estimated that this had last been done in May 2013. Care plans had last been audited in February 2013. Records showed that the last recorded check of water temperatures was in December 2012. An audit of hoists being used in the home had last been carried out in March 2012. There had not been any check of window opening restrictors recorded and the manager explained that following our visit this would be carried out immediately. The manager was not aware of any infection control audits being in place. Staff and resident meetings were also reported to be occurring but the last record for these meetings was July 2012. A resident questionnaire had been completed in August 2012 but the new manager was not clear whether any analysis had been carried out or actions taken.

When we visited in September 2013 there had been major improvements in this area and the manager had worked hard to develop a robust system of quality assurance. We saw that the manager had held a resident and relative meeting in August 2013. Topics discussed had included fire testing, cleaning, a newsletter, decorating, activities, key workers, kitchen staff and other staff changes. People had been able to make individual comments and put forward suggestions and ideas. The manager stated that she would be looking to hold these meetings every three to four months from now on.

There had been several staff meetings in July 2013 including one with the cleaners and another with care staff regarding the cleaning schedules and audits that would now be taking place. Staff training had also been discussed.

The manager had implemented a comprehensive system of audits and all of these had been completed since our last visit. The manager had developed a rota of audits to be done each week and month so that staff knew what was to be checked and when. Audits

now in place included the environment, infection control, medication, hoists, lifts, first aid equipment, slings, bed rails, mattresses and bumpers, window restrictors, care plans, review dates, staff training and accidents and incidents. All of these had been done in July and August and had appropriate timescales for when they would next be done. The accident and incident audit had been carried out monthly and included any need for referrals to other services, trends and common issues. Care plans were on a programme of a minimum of three to be updated and rewritten every month so that all plans would be up to date. These would be reviewed if people's needs changed, when any significant incidents occurred or when they were due for their annual review. The manager was monitoring through a recording sheet when each plan had last been updated to ensure this was not an unacceptable period of time.

The manager had also carried out a survey with people who used the service regarding catering. The results had been analysed and the manager showed us the action plan she was developing with kitchen staff to improve some of the highlighted areas. The results had been made available to staff. Another survey regarding the delivery of care and support was currently being undertaken and the manager was awaiting the return of these. The survey covered decoration, staff, cleanliness, dignity, visitors, mealtimes, activities, medication, temperatures and finances. When these had been returned the manager intended to carry out analysis of the responses and develop an action plan. This would sit along-side the action plans developed following the audits to ensure that the improvements made in the service were in line with what people who used the service felt were priorities.

The manager had also prepared a relatives survey which she intended to distribute in December 2013 and a staff survey that was to be carried out at the end of September 2013. These were covering similar areas and meant that the manager would be able to gather a detailed picture of the priority for improvements in the service. The service also had a survey for medical professionals to complete when they visited the home. Staff periodically requested that any GP or district nurse visiting the home completed one although none had been completed at the time of our visit.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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