

Czajka Properties Limited

Beanlands 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Beanlands Nursing Home is a nursing home that was providing personal and nursing care to 37 people aged 65 and over at the time of the inspection.

Why we inspected: This inspection was prompted by a serious incident and information of concerns we received.

People's experience of using this service: People told us that they were happy at the service. They said that staff were busy which meant that at times they waited for staff to attend to them.

We have made a recommendation about this.

People and their relatives told us staff treated them well and with kindness and respect. Relatives said they were always made to feel welcome when visiting their family member.

Medicines were not always managed safely. An electronic system was in place at the start of our visit. Nursing staff told us they had not received proper training and they found using the system difficult. The provider withdrew the system during our inspection.

Records relating to risks associated with people's care were not always completed. Risk assessments were not always up to date, and some had not been updated following an incident.

Systems were not in place to monitor accidents and incidents. Safeguarding incidents had not been reported to the Care Quality Commission (CQC) or the local authority. Notifications regarding events and incidents that had occurred at the service were not always submitted. This is a requirement of the providers registration.

The provider did not always maintain appropriate records relating to the requirements of the Mental Capacity Act 2005 (MCA). Authorisations under the Deprivation of Liberty Safeguards (DoLS) had expired. The safeguarding lead took prompt action to address this.

Agency staff did not receive an induction before they began providing care to people.

Staff had not completed all subjects of mandatory training to ensure they had the skills they required for their roles. Records showed staff did not always receive supervision and appraisal of their performance. The provider had plans in place to address this.

There was a complaints policy in place. People and their relatives knew how to complain. Records relating to investigation and outcome of complaints were not always available for us to review.

The governance of the service was not robust. The provider had an awareness of the issues we identified, but had not taken sufficient action to manage the associated risks within the service.

Activities were on offer to all people who used the service. There was a timetable in place and dedicated staff to organise and facilitate activities.

Rating at last inspection: At the last inspection the service was rated Good (report published 30 June 2018).

Enforcement: We have identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 in relation to the safety and governance of the service. In addition to this, we also found two breaches of the CQC (Registration) Regulations 2009 where the provider failed to notify us of incidents and deaths which had occurred at the service. The provider is legally required to inform us of these incidents. We are dealing with this outside of the inspection process. More information is in detailed findings below.

Please see the action we have told the provider to take at the end of this report.

Follow up: We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will monitor the progress of the improvements working alongside the provider and local authority. We will return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 caring.

Details are in our Caring findings below.

Good ●

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 ●

Beanlands 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.

The inspection was prompted in part by us receiving information of concern relating to an incident following which a person using the service died. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls. This inspection examined those risks and falls from moving and handling equipment and falls from beds.

Inspection team: The inspection was carried out over three days. On the first and second day two inspectors were present. One inspector was present on the third day of the inspection.

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

The service had a manager registered with CQC. 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. The registered manager was not present at the service at the time of our inspection. On the second day of the inspection, the provider informed us that a new manager would be managing the home going forward. We will refer to them as the new manager throughout the report.

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection, we liaised with the local authority and the safeguarding team. We did not ask the service to complete a Provider Information Return before this inspection. This is information we

require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all the information we held about the service including notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection, we spoke with five people and two relatives. 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 also spoke with nursing staff and care staff, agency staff and the cook. Throughout the inspection we liaised with the provider, the new manager, the human resources manager, the clinical and safeguarding lead, the area catering supervisor and the deputy manager.

During the inspection we reviewed five staff recruitment files, three agency staff profiles, nine people's care records and medication administration records (MARs). We also looked at records relating to the management of the service. We spoke with three visiting professionals at the service.

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 were not met.

Assessing risk, safety monitoring and management

- The provider failed to identify and manage risks within the service. This included the management of accidents and incidents and safeguarding issues.
- Risk assessments in people's care records were not always up to date. Records did not always reflect risks associated with people's current care needs.
- Due to the inaccuracies in people's care records, staff did not always have proper guidance to follow on how to support people. For example, one person deemed to be a high risk of falls did not have a care plan to provide staff with guidance on how to ensure the person's safety.
- Agency staff did not receive an induction when they began working at the service. One member of agency staff told us they were not aware of the action they would need to take in the event of an emergency such as a fire.

Systems and processes to safeguard people from the risk of abuse

- Prior to our inspection we had received a range of concerns about the service. We looked at these issues throughout the inspection and liaised with the safeguarding team and the local authority about this.
- The provider had not ensured they reported all safeguarding incidents to the local authority. They also failed to notify the CQC of incidents which occurred at the service. Following the inspection, the new manager submitted some of these.
- Staff were knowledgeable about how to protect vulnerable people from the risk of harm or abuse.

Using medicines safely

- Medicines were not managed safely. This included storage and disposal of medicines and stock control. Staff told us this was partly due to the electronic system in place for managing medicines. Nursing staff told us they had not completed adequate training on the system and spent most of their time dealing with medication related issues. On the second day of the inspection, the provider changed the system back to using paper-based records. Staff reported this was much better and meant they could use their time more effectively.
- Where people managed their own medicines, they did not have risk assessments and care plans in place.
- Staff did not always have guidance to follow to administer 'as required' medication.

The lack of risk assessments, poor management of safeguarding and medicines demonstrated a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- The provider had not ensured accurate records were kept relating to accidents and incidents that occurred at the service. We saw documents were used to log incidents but there was no analysis being carried out to look for trends or patterns. We were therefore unable to evidence that any learning from incidents took place.

Staffing and recruitment

- Staffing levels were regularly supported using agency staff who did not have an induction to the service.
- Staffing levels at the service were calculated in line with people's needs. However, we saw that staff were very busy and call bells sounded continuously during the three days of our inspection.
- Some staff told us they were busy and felt there were not always enough staff on duty. Other staff told us staff were not always deployed effectively and this meant people had to wait for their care needs to be met.
- People and their relatives told us that staff were busy and at times they waited for staff to attend to them. The new manager told us they were looking at the deployment of staff to address this.
- The provider recruited staff safely. Nursing staff had their registration (PIN) checked to ensure their registration was up to date.

We recommend the provider review staffing levels at the service.

Preventing and controlling infection

- Staff followed good infection control practices.
- Staff were provided with gloves and aprons to use to help prevent the possible spread of infection.
- We observed hand washing facilities were available for staff around the service. Visitors were encouraged to use hand sanitizers when they entered the building.

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 were met.

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 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.

- The provider system for monitoring DoLS had failed to identify that four people's authorisations had expired. This was rectified, and the safeguarding lead was in the process of submitting applications.
- Records showed people's capacity to consent to various aspect of care or treatment had been assessed. Where a person lacked capacity to make a decision, a best interest decision had been made with family members and other professionals, such as social workers or GPs.
- We observed people being asked for their consent before staff provided care. Staff asked people whether they wanted any support and respected their decisions.

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

- People's needs were assessed before they moved into the service to make sure the service was suitable for them.
- People were supported to have access to a range of healthcare professionals. Where healthcare professionals had recommended equipment for people, the provider ensured this was obtained.

Staff support: induction, training, skills and experience

- Training records showed most staff had not completed up to date training in a range of training subjects the provider deemed mandatory.
- Agency staff were not inducted to the service. They told us they relied on other staff to orientate them to the service and for handovers to communicate people's care needs.
- Records showed staff had not received regular supervision and an appraisal of their work performance.
- The provider planned to address the shortfalls with dates booked for training. Supervision meetings of care staff were planned, and the new manager was meeting with nursing staff in formal supervision sessions.

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

- The provider monitored the quality of people's mealtime experience in the dining room area of the service. However, for those people who chose to eat in other areas, their experience was not monitored. The area catering supervisor said this would be included in the quality monitoring system.
- People and their relatives told us the food was of a good quality with a choice at each mealtime.
- People said they received assistance with their meals if they needed it.
- People had care plans and risk assessments in place to identify their dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with healthcare professionals such as GPs, dieticians and mental health professionals. Their advice was included in people's care records.
- Health and social care professionals provided mixed feedback about the service. One health professional advised, "Staff do their best for people but are somewhat limited due to how busy the service is." Another told us, "People are well looked after here, and families are happy with their relative's care."

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

- The environment of the service was homely and spacious. Signage was in place for those people who were living with dementia.
- There were spacious gardens which people enjoyed during the warmer weather.
- People had the opportunity to personalise their own rooms with items which were special to them. Some bedrooms were undergoing improvement works and the provider had a plan in place which meant this work was ongoing.

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 were supported and treated with dignity and respect; and involved as partners in their care.

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

- People had opportunities to make choices. They were asked by staff what they would like to eat or drink and where they would like to spend their time. One person told us, "Staff always ask me if I want to join in any activities."
- People's families said they felt involved in their family member's care. They also said they felt welcome at the service.
- There were details available for people relating to accessing advocacy services. Advocacy services represent people where there is no one independent, such as a family member or friend, to represent them and their views.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People told us, "Staff always knock on my door before coming in."
- Relatives told us staff respected their family member's abilities and promoted their independence. One relative said, "Staff are very good at reminding my family member to use their frame to walk short distances."
- Care records contained information about people's preferences as to which gender of staff they would be cared for by. One person told us this was very important to them and staff respected their wishes about this.

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

- We observed staff's approach to be warm and supportive. It was clear that staff knew people well and people appeared comfortable and relaxed in staff company.
- People told us staff were helpful, thoughtful and looked after them well. They also said that staff were kind and treated them with respect.
- Not all staff had completed training on equality and diversity. The provider had plans in place to ensure this was addressed.

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 were not met.

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

- Care plans were not always updated when people's needs changed or when incidents had occurred.
- Reviews of care plans were due to be carried out monthly. Nursing staff told us they had not always been able to achieve this.
- There was limited evidence of people's involvement in their care planning.
- People's life histories were not always included in their care records. Without this information, staff were less able to provide person-centred care based on people's experience and preferences. The new manager told us work was ongoing to improve people's care records.

The lack of proper management of records demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Daily recordings made by care staff were often repetitive and did not accurately reflect interventions made by nursing staff. The new manager took swift action to ensure nursing notes were completed on a shift by shift basis by nursing staff. One nurse told us they thought this was a big improvement.
- People had individual communication care plans in place, which staff were aware of and followed.
- Activities were planned and facilitated on regular basis. This included one to one time with dedicated staff for people who preferred to spend their time in the rooms.

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider understood the requirements of the Accessible Information Standard (AIS) and had implemented this at the service.

Improving care quality in response to complaints or concerns

- Information regarding the investigation and response to complaints was not always available. The new manager took action to ensure all records relating to complaints were stored appropriately.
- The provider had a policy and procedure to advise on how to make complaints and concerns. This was displayed in the reception area of the service.
- People and their relatives told us they knew how to complain. One person told us, "I have no complaints but if I did I would go straight to the staff."

End of life care and support

- The provider worked closely with other organisations to make sure people received the support and treatment they wished for at the end of their lives. An example of this was the service's accreditation with the National Gold Standards Framework (GSF) in the provision of end of life care.
- Peoples care records identified if they had specific wishes about how they wanted to be cared for at the end of their life.

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 were not met.

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

- Notifications had not been submitted to the CQC. Statutory notifications contain information about changes, events or incidents that the registered provider is legally required to send us so that we can monitor services.

This is a breach of regulation 18 of the CQC (Registration) regulation 2009. There is also a breach of regulation 16 of the CQC (Registration) regulation 2009. This is related to the failure by the provider to notify the CQC of deaths. We are dealing with these breaches outside of the inspection process.

- Governance arrangements in place were not robust and as a result we identified breaches of regulation. The provider had failed to ensure that action was taken to address areas of concern within the service. For example, staff training, management of medicines and submission of notifications to the commission.
- Staffing levels were regularly supported using agency staff who did not have an induction to the service. We found this at our last inspection in May 2018 which demonstrated a lack of action to address this by the provider.
- Care records including records relating to management of medicines were not always accurate and up to date. We found no evidence to demonstrate that regular and robust auditing of records within the service was taking place.
- Records relating to accidents and incidents were not always up to date and fully completed. For example, investigations were not always completed. We were therefore unable to evidence that any learning from incidents took place.

This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had established forums in place to communicate with people, their relatives and staff.
- People and their relatives told us they felt able to raise concerns with staff and management at the service.
- Staff told us they did not always feel listened to or well supported. However, nursing staff told us they had confidence in the new manager that changes would be made where needed.

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

characteristics; Working in partnership with others

- Staff meetings were taking place during the inspection to update staff about changes within the management team.
- The management team were working with the local safeguarding authority to drive improvements and learn from recent incidents.
- Health professionals provided mixed feedback about the service. One health professional told us, "The number of agency staff being used at the service impacts on communication at times." This related to agency staff not always having up to date information.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>Medicines were not always safely and guidance for staff was not always available.</p> <p>Risks associated with people's care needs were not always identified. Records relating to risks were not always updated following incidents.</p> <p>Safeguarding incidents were not always reported to the local authority.</p> <p>12 (1) (2) (a)(b)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider had failed to ensure robust governance systems were in place at the service.</p> <p>Records were not always up to date, and did not contain guidance for staff to follow about people's current care needs.</p> <p>17 (1) (2) (a)(b)(c)(d)</p>