

Finbrook Limited

Beechwood Lodge

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?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Beechwood Lodge is a residential care home providing personal and nursing care to 64 people aged 65 and over at the time of the inspection. The service can support up to 66 people.

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

At this inspection we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities), Regulations 2014. These related to Good Governance, Safeguarding and Staffing. There was also a breach of the Care Quality Commission (Registration) Regulations 2009, as the service had failed to notify us of significant events. We also made a recommendation around mental capacity.

Staff had received some training and supervision, but this was not always enough to meet the needs of the people who lived at Beechwood Lodge. We observed poor moving and handling techniques, and staff understanding of safeguarding and mental capacity act was poor.

Opportunities to minimise risk and learn from untoward events were missed. Where incidents occurred, we found that there were no proactive attempts to understand the factors and causal links which might assist the service to understand and take steps to prevent further occurrences. Moreover, these incidents had not always been reported to the relevant authorities.

People told us that they felt safe and were supported by kind and caring staff. One person told us, "The staff are fantastic. Top notch." Medicines were well managed and there were sufficient staff working at the home, but we were told sometimes there was a reliance on bank staff to cover sickness and annual leave. Staff were vigilant to health needs and people had access to GPs and nurses. They were supported to attend hospital visits when family members were unable to go with them.

The home was clean and well maintained providing a pleasant environment. Staff paid attention to people's dietary needs. At lunch we saw meals were well presented. People told us they were offered choice and enjoyed the food on offer.

Staff treated people with dignity, respect, care and kindness and knew people well. We observed and overheard positive and caring interactions between staff and people who lived in the home. Staff spoke with people in a friendly and patient manner.

Detailed care plans were person-centred. They addressed individual needs and identified people's background, cultural needs and interests. There was a range of activities on offer. People were supported to pursue their hobbies.

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

this practice.

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

Rating at last inspection

The last rating for this service was requires improvement (published 24 October 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received about the high number of falls occurring at the service. We decided to inspect and examine those risks. We have found evidence that the provider needs to make improvements. Please see the effective and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to safeguarding people from abuse, Staff support and training, and poor overall management of the service. Some action we have told the provider to take is noted at the back of the full report. Full information about the CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 section below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective section below.

Requires Improvement ●

Is the service caring?

The service was caring.

details are in our caring section below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive section below.

Good ●

Is the service well-led?

The service was not well-led.

Details are in our well-led section below

Inadequate ●

Beechwood Lodge

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, a Specialist Advisor (SpA) 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. A SpA is a health and social care professional with expertise in areas relating to this inspection.

Service and service type

Beechwood Lodge is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. At the time of our inspection the service had decided not to provide nursing care and did not employ nursing staff. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with thirteen people who used the service and seven visiting relatives and friends. We spent time

observing staff interacting with people. We spoke with the registered manager, regional manager for the provider and thirteen other staff including care workers, senior care workers and an activity co-ordinator. We looked at documentation relating to five people who used the service, four staff records and information relating to the management of the service. 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.

After the inspection

We spoke with the local authority to clarify some issues and validate evidence found during our inspection. We reviewed training data and other documents provided during our site visit.

Is the service safe?

Our findings

Safe- this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant 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.

Systems and processes to safeguard people from the risk of abuse

- The home kept a record of safeguarding concerns and incidents, but these were not always appropriately investigated and followed up or reported to outside agencies. For example, we found a number of incidents involving the same person where, although action had been taken to review care plans and risk assessments, this had not been sufficient to prevent further incidents. There had been eighteen recorded incidents of which only nine had been referred to the local authority.

Insufficient action to investigate and report allegations of abuse and to protect people from further harm was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (safeguarding).

- People told us that they felt safe at Beechwood Lodge. One person said, "I feel perfectly safe here, it's like a 5-star hotel. The staff are fantastic. Top notch."
- Most staff had completed training in safeguarding, but this was not sufficiently robust to ensure they had a good understanding of their roles and responsibilities when supporting vulnerable people.

Assessing risk, safety monitoring and management

- Risks were not always assessed to ensure safety and risk management. We saw care plans had been put into place to help reduce or eliminate the identified risks, but these did not always consider all the factors which might increase risk.
- We saw when transferring people, staff interventions with people were not always safe. For example, during our visit we observed unsafe moving and handling techniques, and inappropriate use of slings.
- Systems and processes did not always ensure people were safe. The home did not always have sufficient storage for all the equipment held within the home. For example, we saw store cupboards were full of walking aids and wheelchairs, bathrooms and corridors were used for storing wheelchairs leaving potential accidents or trip hazards. We spoke to the registered manager who confirmed they would address this following our visit.

Systems for assessing risk are discussed further in the well led section of this report.

Staffing and recruitment

- The home was not following sufficiently robust processes to ensure staff were safely recruited.. Personal records did not include evidence from interviews or demonstrate that additional information in relation to gaps in employment and reasons for leaving previous posts had been explored.
- The home used a dependency tool to determine the number of staff required across the service. This did not take into account the specific needs of people on each of the four units. To accommodate this the

registered manager told us that the activity coordinator would work extra hours in the morning to support staff getting people ready for the day, and that during other busy periods senior staff were instructed to take staff from other units. We saw that there were times when communal areas were left unattended. Staff were very busy and at times were task focused.

- people gave a mixed response to the number of staff supporting them. One person told us, "I think there are enough staff. I've not noticed any problems," but others told us that they sometimes had to wait for assistance, for example if they needed support of two people to transfer. One person told us, "If they come to help me late they have to wash and dress me and help me on the commode. Then by the time I have finished my breakfast at 11 it's time for lunch again at 12."
- Staff told us that they were kept busy when there was a full complement of staff on duty, but told us, "If we are short staffed, it can feel really rushed." One care worker told us, "We have a massive staffing issue. There are some people who always leave early or ring in sick. Nothing really gets done." A person told us, "Sometimes I don't know who is coming through the door. I would like regular staff," and went on to tell us that on two recent occasions a member of domestic staff had assisted them to transfer using a hoist. We discuss staffing further in the effective section of this report

Using medicines safely

- Medicines were managed safely. Staff had completed training to administer medicines and we were told that systems for competency checks were in place. Medicines were securely stored and medicines administration records (MARs) were being accurately completed by staff.
- One person remarked, "I have a lot of medication which they give me and as far as I am concerned it all runs smoothly", and another told us, "I have all sorts of tablets and they give me them regularly during the day on the dot."
- A number of people were being supported to take their medicine covertly as part of a best interest decision. The deputy manager advised that attempts to contact the pharmacist had been made to ensure how medicines should be taken covertly but no response had been provided. We requested that the home take steps to ensure that medicines being given covertly were suitable and that where people were being supported to take medicine covertly this was being done in line with best practice.

Preventing and controlling infection

- Systems were in place to ensure the cleanliness of the environment. The home was generally clean and free from malodours. One the first day of inspection we noted some equipment needed cleaning such as hoist and stand aids. This was addressed by the final day of inspection. We also noticed that a number of pedal bins were no longer in working order. The registered manager agreed to look at replacing these.
- We noted that it was unclear whether equipment, such as slings and handling belts was being treated for single person use only. We saw example that slings were not always labelled and a handling belt in use was labelled for a person who was no longer a resident of the home.
- The laundry was clean and well organised and there was a clear dirty to clean pathway for managing people's laundry.
- The kitchen was clean and tidy. There were cleaning schedules in place and the kitchen staff had a good understanding of how to maintain a clean and hygienic kitchen.

Learning lessons when things go wrong

- The registered manager was keen to work with other service providers to consider alternative methods of improving the service. However, we found that reviews and investigations were not always sufficiently thorough, and necessary improvements were not always made.
- After our inspection we were provided with a whistleblowing concern raised by an anonymous staff member, and the reply. The response did not attach sufficient weight to the concerns raised and there was

no evidence of any investigation into the matters.

Overall the systems for monitoring quality and risk were not sufficiently robust. This is discussed further in the well led section of this report.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We found that the training staff received was insufficient to meet their needs. Not all staff we spoke with had a clear understanding of areas such as safeguarding and deprivation of liberties. A member of staff had completed a 'Train the Trainer' course and provided all other staff at Beechwood Lodge with moving and handling training. However, the content of the training was poorly explained and could not be evidenced by the person delivering the training. During our inspection we observed poor moving and handling techniques, and incorrect equipment being used.
- Some staff told us they received sufficient training. One told us, "I've done my NVQ level 2. I've just finished palliative care found it really enjoyed it and learnt a lot. I feel that nothing has been missing from training." Other staff members felt that they were not provided with sufficient skills and knowledge. One told us, "We haven't had the training for things we need. I've not had the training to deal with challenging behaviour. Training gets booked but then it's gets cancelled and nothing happens."
- We received mixed feedback about the quality of support and supervision and records demonstrated that these practices could be more robust and based on good practice. One member of staff said, "We gets lots of support, we can always speak to the registered manager about things, they are very approachable and supportive. The registered manager does regular checks with use to see how we are." However, others told us, "I've not had proper supervision in a long time. The registered manager will come around with sheets and makes you sign them. It's not proper supervision."
- New staff were not provided with sufficient time at their induction to learn and understand the policies, procedures and mandatory information required to meet people's needs. The registered manager told us that they were in the process of revising induction to allow greater time to develop the skills and knowledge required to meet the minimum standards of care.

Staff did not always receive appropriate support, training, and professional development, to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing).

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. Where people did not have capacity to make certain decisions the registered manager had applied to deprive the person of their liberty and maintained a matrix indicating the date of authorisation and a reminder to reapply close to the expiry date.
- Some of the staff we spoke with had a poor understanding of MCA and DoLS. Senior care assistants knew who was subject to DoLS on their unit, but when we asked care assistants who was subject to DoLS on their unit they guessed incorrectly and were unable to tell us if any conditions applied.

We recommend the provider ensures all staff have a good understanding of mental capacity legislation and know who is subject to any limitations on their liberty.

- People told us they were offered choices in all aspects of daily living. We saw and overheard staff offering choices for example, around what they wanted to wear, where they would like to sit or what they wanted to eat.

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

- People's needs were assessed, and care and support were delivered in line with their preferences. Staff recognised the need to promote equality and diversity and their understanding was reinforced through the provider's policies and procedures
- Prior to their admission to Beechwood Lodge, the registered manager undertook a pre-assessment of the person's needs. This was included in their care records and used to formulate a full care plan, detailing their needs.
- People told us the staff understood their needs. One person told us, "[The staff] know my situation and I feel I get everything I need," and another said, "I think the staff are spot on. They are to look after me if I need help, but I can manage to do most things for myself."
- Since our last inspection the service had begun to use an electronic system to store documents relating to the people who lived at Beechwood Lodge. We looked at these records and saw support plans were thorough and contained person-centred information detailing what was important to the individual. Records, including care plans and risk assessments were reviewed and updated when a change in need was identified.

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

- Most people told us that they enjoyed the food provided at Beechwood Lodge. One person told us, "The food is excellent. For dinner they let you know what's on offer the day before and it's 2 choices with 3 courses. If you don't like something there is always an alternative. At night we can have a cup of and toast if we like."
- Meals were well presented and looked appetising. Tables were set with tablecloths and condiments and served on white plates which allows a good contrast for people living with dementia and poor sight. The cook told us they provided options at each meal and would accommodate any requests.
- The cook had a good understanding of supporting people who had special dietary requirements including those who required a softer diet due to swallowing difficulties and those who needed meals fortified due to weight loss.

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

- People's care records identified any healthcare needs and staff were vigilant to health needs. People had access to GPs and nurses and if necessary they were supported to attend OP appointments.
- All of the people we spoke with said they could see a doctor, dentist or any other health professional whenever they needed to. Care records documented any changes in people's physical or mental health and noted any consultations with health professionals. One person told us, "Oh yes, I have had a doctor and a nurse come to see me."
- Referrals were made to professionals when any issues or concerns had been identified, such as potential pressure areas or poor nutritional intake. When instruction was provided by health professionals this was noted and followed.

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

- The premises were light and airy, well designed and spacious. A large entrance hall provided a welcoming introduction to the home. The communal rooms, corridors and bathrooms were clean and fresh and well decorated.
- Dementia friendly signage helped people to navigate through the home, and other dementia friendly systems were in place, such as blue coloured toilet seats. We noticed that some of these seats were worn and looked uninviting; when we spoke with the registered manager they were looking into getting these replaced.
- Wide corridors allowed for wheelchair access and had contrasting hand rails to aid people with poor mobility. Where they ended comfortable window seats provided an attractive and private space. Pictures and paintings decorated the hallways, providing stimulation.
- People were encouraged to bring personal items into the home, and bedrooms reflected the personalities of the people who lived at Beechwood Lodge.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People were supported by caring staff. One person told us, "I can have a laugh and a joke with [the staff]," and a relative remarked, "[People] have a lovely life in here, everything is okay. It is amazing care; fabulous, you couldn't better it."
- People told us the staff and managers were kind and caring. We saw and overheard kind and patient interventions from staff, offering choice and responding to need in a person-centred way.
- The whole team including managers and ancillary staff knew the people they supported. They respected people's values and beliefs and supported them to maintain their previous lifestyle where possible.

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

- People were involved in their care and supported to make decisions and express their views. One person said, "The staff are excellent really helpful and kind and great to talk to."
- People were supported to express their wishes, needs and preferences, and were consulted in reviews of their care plans. People told us they had seen their care plans. They told us that they got on well with the staff and that, "nothing is too much trouble. I can do most things myself but if I need help I know the staff are on hand."
- Things people had expressed as important to them were recorded. Care records identified likes and dislikes and how their interests and hobbies could be maintained.

Respecting and promoting people's privacy, dignity and independence

- People's dignity, privacy and independence were promoted. During our observations we found staff were respectful of people's privacy and dignity. We saw staff closed doors and curtains to maintain people's privacy. Staff spoke with people in a quiet, calm manner which promoted their privacy.
- People's personal items were generally treated with respect. However, on the first morning of our inspection we found a photograph album had been left at the end of a corridor. It was still there on the last day of our site visit and no attempt had been made to find the owner of the album.
- Care records were stored on a computerised system and other paper records in a lockable cabinet in the manager's office. Prior to our inspection we were given evidence which showed a relative was able to access the main office and view confidential files on both the computer, left on the manager's desk, and in the open cabinet. We raised this issue with the registered manager, who agreed to take action to prevent any future reoccurrence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care plans reflected people's preferences and diverse needs and instructed staff on how to meet identified need in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability. Care plans gave a good accurate picture of the person and recorded any specific risks. Where risk was identified records identified and instructed staff how to respond.
- Since our last inspection the service had begun to use an electronic care planning system and staff were developing competence in recording information. The system reflected the support people received.
- Care plan documents were reviewed regularly to ensure records were up to date and in line with people's preferences, choice and current needs.
- People were encouraged to maintain their independence. One visiting relative told us, "[My relative had a fall and broke her hip. Since she has been here they have encouraged her to walk as much as she can, so she is not just going around in a chair."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans reflected that an assessment of need regarding communication has been completed. People were receiving information in the way they needed to make their own decisions and be kept informed.

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 take part in activities. An activity coordinator was in place and a variety of activities were scheduled across the units. Entertainers were regularly invited to come to Beechwood Lodge to perform. Activities were scheduled for the days when the activity coordinator was not on shift, but it was not clear how staff would accommodate these additional responsibilities.
- Staff told us they were rarely able to take people out on external activities. The activity coordinator advised us that they would arrange for trips out but often had to limit numbers who could attend due to staffing levels.
- During the day we saw a lot of people in the lounges were dozing and not watching the television which was turned on and stayed on during lunch.
- Other people told us they were occupied. One person told us, "I like to go for a walk around the place with my stick or the frame to get some exercise. It gets me up and about. Another person told us "I keep myself busy by making toy models." We saw space had been set aside for this person to maintain this hobby.

Improving care quality in response to complaints or concerns

- The service had a complaints policy which was available in the main reception area of the home. When we asked, people told us that they knew how to complain.
- We reviewed the complaints file but only one complaint had been received since our last inspections. The record did not demonstrate that the complaint had been effectively investigated or if action had been taken to prevent any future re-occurrence.

End of life care and support

- Staff understood how to support people at the end of their life. Where people had agreed, care plans explored people's preferences and choices in relation to end of life care and some staff had received training in end of life care.
- During our inspection we spoke with relatives of people who were receiving end of life care. They told us that staff were diligent to people's needs and helped to support them. One visiting relative told us, "[The staff] are well prepared, and very good with us. They have looked after us as family and explained things along the way."

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider did not have effective systems in place to ensure the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- We found some action was being taken to drive improvements such as frequent audits to provide managerial oversight of the day to day running of the service. However, governance arrangements were not robust or timely and opportunities to minimise risk and learn from untoward events were missed. For example, timely action had not always been taken to safeguard people from abuse and neglect.
- The falls matrix recorded 93 falls in the past year, but there were no proactive attempts to understand the factors and causal links between incidents, Accident forms included a section, 'recommendations' but this had rarely been completed.
- The management team undertook environmental risk assessments. However, they were not always conducted in a timely manner. For example, as we toured the building we found a number of hot taps ran too hot, placing people at risk of scalding. Some call bells were not working correctly, and a bathroom door was faulty meaning a person could be trapped inside. We brought these issues to the attention of the registered manager who ensured the maintenance worker took appropriate action to address the concerns immediately.
- We saw regular checks of the environment, fire equipment and water safety. A maintenance file identified when action was needed to check appliances and review or renew safety certificates. However, the service had not completed any fire drills to test how staff would respond during a real fire.

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 service did not always act in an open and transparent way. A relative told us that they had not always been informed about incidents which their relative had been involved in, and the service had not updated contact details on people's care files.
- The local authority told us that they had not always been informed when there were concerns which might affect the safety and well-being of the people who lived at Beechwood Lodge.
- The service has a duty to inform the CQC about important events which occur at the home. When we checked care notes and accident and incident reports we found a large number of incidents, particularly

relating to safeguarding incidents and injuries sustained that had not been reported to the CQC.

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

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

- Visitors told us that the service adopted a caring and responsive approach to their relatives and that they felt comfortable visiting. One visiting relative said, "We come in a lot. Staff are warm, and they want to do a good job. There is a family approach; the warmth is there."
- Feedback about management and leadership was mixed. A visiting relative told us that the registered manager has, "Built a team of staff with the right people. They love the residents and show they genuinely care." One person, referring to the registered manager by name, told us she was good, and "Gets involved; a very caring lady." However, another told us that when they had raised concerns about their care, "Nothing changes." This view was echoed by a relative who had contacted us prior to the inspection concerned that the management were dismissive of them.
- Some staff told us they felt supported and that concerns were dealt with in a timely way, however this was not consistent throughout the staff team. Other staff felt that they received poor management, and cited examples of poor supervision, inadequate training and indiscreet comments.
- Not everybody knew who the registered manager was, although some people told us, "She is very nice to talk to. You see her about, but she is busy in the office most of the time."

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

- People and their relatives told us that they were consulted about their care, but that they had not recently been invited to attend meetings or their views sought through surveys or questionnaires. The registered manager told us that they had arranged relative meetings in the past but that these had been very poorly attended.
- Care plans ensured people's preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability. Staff understood and met the diverse needs of the people they supported.

Continuous learning and improving care

- The service did not always respond well to concerns raised. The local authority provided us with a copy of a concern raised by an anonymous whistle-blower. We saw the reply given was cursory and missed an opportunity to identify how the service could be improved for staff and people who lived at Beechwood Lodge.
- We saw some accident forms reported faulty equipment on some occasions, for example, alarm calls not working and sensor mats not triggered. However, no action was recorded why or what is to be done. This meant opportunities to improve the quality of service provision were missed.

Working in partnership with others

- Records and discussion showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included service commissioners and local authority quality assurance officers, social workers, and community nurses.
- The registered manager told us that they attended local forums and used phone apps and other communication methods to stay in regular contact with other service providers to remain abreast of current best practice. In addition, they attended regular meetings with managers from homes run by the service provider.

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 18 Registration Regulations 2009 Notifications of other incidents Incidents, particularly relating to safeguarding incidents and injuries sustained had not been reported to the CQC
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Investigations into allegations of abuse were insufficient to prevent reoccurrences, and safeguarding concerns were not always reported to the relevant authorities
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive appropriate support, training, and professional development, to enable them to carry out the duties they are employed to perform.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to ensure the quality and safety of the service.

The enforcement action we took:

warning notice