

# Flightcare Limited Beechcroft

## Inspection report

62-64 Bidston Road  
Prenton  
Merseyside  
CH43 6UW

Tel: 01516526715  
Website: [www.flightcare.co.uk](http://www.flightcare.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Beechcroft is a care home that provides accommodation for up to 43 people who need help with their personal care or nursing care. At the time of the inspection 23 people lived in the home.

### People's experience of using this service

At the last inspection, the provider was rated inadequate. At this inspection, the provider's rating has improved to requires improvement. During our inspection we found that significant improvements had been made across the service but that further improvements were still required.

The implementation of the Mental Capacity Act (2005) at the home was not in accordance with the MCA Code of Practice. We advised the provider of this at our last inspection but no action had been taken to address this.

Some people's privacy and dignity was not promoted in the delivery of their care and professional advice given in respect of some people's needs had not always been properly followed.

Although records showed that staff had been complimented by relatives on the care and compassion shown to loved ones at the end of their lives, end of life care planning required further development to ensure that people's needs and preferences were always met.

The Accessible Information Standard was not embedded in the culture of the home which meant that there was a risk that people were not provided with information about the service and their care in a way they could understand.

Checks on the quality and safety of people's care had significantly improved but some of these checks were not yet fully effective in driving up improvement. The manager and quality manager were able to tell us about how they planned to improve the service over the next few months to ensure all of the health and social care regulations were met.

People's needs and risks were identified and staff had sufficient information on the care people needed. Records showed that improvements in the consistency and quality of the care people received had been made, especially in respect of diet and fluid intake, skin integrity, accident and incidents and medication management. The systems in place for identifying and responding to abuse were also working effectively.

Staff recruitment was safe and staff had now completed the training they needed to do their job role effectively. Staff spoken with were positive about the new manager and felt supported in their job role.

At the last inspection, people's call bells rang for long periods of time without being answered. At this inspection, staffing levels were adequate and hardly any call bells were heard ringing. Those that did were

answered promptly by staff.

The premises were adequately maintained and fire safety arrangements were significantly improved.

People told us they felt safe at the home and said staff treated them kindly and patiently. It was clear that staff knew people well and that they were well liked by the people they supported. The atmosphere at the home was relaxed and homely and the culture open and transparent. There were activities on offer to occupy and interest people and visitors were welcomed at any time.

The new manager and new quality manager were clear on their job roles and legal responsibilities with regards to people's care and it was clear they were committed to continuous improvement.

#### Rating at last inspection and update

The last rating for this service was inadequate (published 03 May 2019) as there were multiple breaches of the regulations. This related to regulations 9 (Person centred care), 10 (Dignity and Respect), 12 (Safe care and treatment), 14 (Nutrition and hydration), 18 (Staffing) and regulation 17 (Good Governance). The service was placed in special measures.

At this inspection, significant improvements had been made but the provider remained in breach of regulations 10 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A breach of regulation 11 (Need for consent) was also identified.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Follow up

The service is no longer in special measures. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information prior to this 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 findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Beechcroft

## Detailed findings

### Background to this inspection

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

#### Inspection team

This inspection was undertaken by an adult social care inspector, a medicines inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

#### Service and service type

Beechcroft is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

After the last inspection, the previous manager resigned from their post and a new manager was employed. The new manager is registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

After the last inspection, the quality manager employed by the provider to oversee the management of the home resigned from their post.

A new quality manager was employed to undertake this role and to act as the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since it was last inspected. We also contacted the local authority to gain their feedback on the service. We used this information to plan our inspection. The provider was not required by CQC to submit a Provider Information Return prior to this inspection.

During the inspection we spoke with seven people who lived in the home and five relatives. We spoke with the registered manager, the quality manager, two nurses, three care staff and the maintenance person.

We reviewed a range of records. This included five people's care records and people's medicine records. We also looked at three staff files for staff recently recruited. We looked at a range of records in relation to the training and supervision of staff, and the management of the home.

# 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 inadequate. At this inspection, this key question has improved to requires improvement. This meant there were aspects of the service that were still not consistently safe.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.  
At our last inspection the provider had failed to ensure that people's risks were properly assessed and managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, significant improvements had been made. The provider was no longer in breach of regulation 12 (risk assessment and management) but further improvements were still required.

- Professional advice in relation to people's care was not always been followed consistently to mitigate risks to their health and safety.
- For example, the dietary advice in respect of one person had not been followed on two occasions and another person's falls prevention advice had also not been followed appropriately. Neither person was harmed the failure to follow this advice placed them at an increased risk
- People's risks were now identified and staff had guidance on how to mitigate these risk when in the day to day delivery of their care.
- Fire safety and evacuation arrangements had been significantly improved. Following the last inspection, additional evacuation equipment was purchased; staffing levels were increased and the needs of people using the service had been re-evaluated to ensure that their bedroom location maximised their ability to safely evacuate.
- Accident and incidents were documented along with the action taken to support the person's wellbeing at the time the accident or incident occurred.
- The manager had worked hard to ensure staff learned from accidents and incidents. Staff practices had been improved and had resulted in a significant reduction in the number of accidents and incidents occurring.

### Using medicines safely

At our last inspection, the provider failed to ensure medicines were safely managed so that people received the medicines they needed. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, significant improvements to the management of medication had been made. The provider was no longer in breach of regulation 12 (medication management).

- People received the medicines they needed to keep them well.

- Systems to obtain, administer and record the administration of medication were now safe.
- Stock levels in the home were correct and sufficient.

We recommend that the provider improves staff guidance on how and when to administer 'as and when' required medications and medications with a choice of dose. For example, paracetamol.

Systems and processes to safeguard people from the risk of abuse

At the last inspection, the systems in place to investigate, report and respond to allegations of abuse and unexplained injuries were poor. This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 13.

- Staff spoken with knew how to identify and act on potential signs of abuse.
- People told us they felt safe at the home and with the staff team. Their comments included "I am very safe here"; "I just love the staff" and "I am kept very safe here".
- The amount of unexplained injuries sustained by people living in the home had substantially reduced. Any minor injuries that were sustained were properly investigated, documented and reported appropriately to the relevant authorities.
- These improvements assured us that the systems in place to protect people from potential abuse were working.

Staffing and recruitment

At our last inspection, the provider had not ensured staffing levels were sufficient to meet people's needs and protect them from harm. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At this inspection, staffing levels were sufficient to meet people's needs.
- At our last inspection, people's call bells rang continually for long periods of time. At this inspection, hardly any call bells rang and those that did were answered promptly.
- At our last inspection, people told us they often waited a long time for their call bells to be answered. At this inspection, no-one we spoke with raised any concerns about waiting for staff support.
- Staff were observed to be a visible presence in and around the home ensuring people's needs were met.
- Staff recruited since our last inspection had been recruited safely. This ensured persons employed were of good character and had the skills and experience to do their job role.

Preventing and controlling infection

- The home was visibly clean.
- Staff had access to personal and protective equipment such as gloves, aprons and antibacterial gel to prevent the spread of infection.
- There was a system to manage the risk of legionella bacteria developing in the home's water supply.



# 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 inadequate. At this inspection, this key question has improved to requires improvement. This meant the effectiveness of people's care, treatment and support was not always consistent.

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.

- At this inspection, we found that some decisions made on people's behalf had been made adherence to the MCA.
- People's capacity to make a range of different decisions about their care continued to be assessed by conducting multiple capacity assessments at the same time on the same day. This was not good practice.
- Information relating to some people's capacity to make specific decisions was confusing and contradictory. For example, one person was considered by a medical and a health and social care professional to have the capacity to make two serious decisions about their care and treatment. Yet staff at the home had determined they did not have the capacity to open their own mail. This did not make sense.
- People's relatives had signed people's consent forms relating to their care and treatment at the home. Under the MCA, relatives cannot consent on a person's behalf unless they have the legal authority to do so either as a Lasting Power of Attorney or a Court Appointed Deputy.
- One person's walking frame was purposely placed out of their reach during the day to prevent them from mobilising on their own. This was not good practice and restricted their liberty.

People's consent was not always obtained in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At the last inspection, the provider had failed to assess, monitor and improve the quality and safety of the

service in accordance with recognised standards. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider remained in breach of Regulation 17.

- The provider's approach to the implementation of the MCA did not embrace best practice principles or the recommended MCA code of practice. The provider was advised of this at the last inspection.

Staff support: induction, training, skills and experience

At the last inspection, staff had not received appropriate support or training to do their job role effectively. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff training had been updated and staff had received supervision in their job role. Staff had also received an appraisal of their skills and abilities.
- Staff spoken with told us they felt supported by the new manager. One staff member told us "They [the manager] treats us as individuals". They [the manager] are quite responsive to each member of staff". Another said "This manager is spot on, can't fault her, she has been great. If I have a concern it is always dealt with and a plan of action is put in place".

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

- The home was adequately maintained and suitable for the needs of the people living there.
- People's bedrooms were personalised with the things that were important to them to make them feel at home.
- Some people had been re-located with their consent, to a different bedroom more suited to their needs. This promoted an effective evacuation in the event of an emergency.

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

At our last inspection, people's nutrition and hydration needs were not always met. This meant that there was a breach of Regulation 14 (Meeting nutrition and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People's risk of malnutrition was assessed and staff had guidance on how to mitigate the risk of weight loss.
- People's weights were monitored to ensure any changes were identified quickly. One person told us "My weight has gone down recently and the girls are continually checking my weight and encouraging me to eat. Every time I turn around there is food in front of me".
- People's food and drink charts showed that they received enough to eat and drink.
- People's feedback included "I do like the food. It is very good. We get plenty to eat" and "I do like the food; we have choice. The cook asks us what we like".
- A relative we spoke with said, "There appears to be drinks served all the time now rather than at set times.

If you request something for mum it's never a problem". Another relative told us, "The food is good. I sometimes have a meal".

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

- People told us they saw a doctor if they became unwell. One person told us "I have had the doctor a few times. The staff deal with that" and another told us "The staff keep a very close eye on my reaction to medication and will get the doctor to alter it if necessary".
- Records showed that people were referred to a range of health and social care professionals in support of their health.

# 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 requires improvement. At this inspection, this key question has stayed the same. This was because some people's care did not always promote their dignity.

Respecting and promoting people's privacy, dignity and independence.

At the last inspection, people's private information was not kept secure and confidential. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although improvements to the security of people's personal information had been improved, other aspects of their care failed to ensure they were treated with dignity at all times. This meant there was a continued breach of Regulation 10.

- Some people's movements were monitored for safety purposes. The system used to monitor one person's movements was obvious and visible to both their peers and to any visitors to the home and did not ensure their privacy and dignity was respected.
- People's continence products were stored on a shared trolley in a communal corridor for all to see and one person's catheter bag was clearly visible to anyone walking passed their bedroom door. This practice did not underpin the principles of privacy and dignity.

This was a continued breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people's privacy and dignity was not always respected in the day to day delivery of their care.

- During our visit we observed many interactions between staff and the people living in the home. We saw that the staff interacted with people in a polite, respectful manner at all times. People looked relaxed and comfortable in their company.

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

- People's diverse needs were now assessed and planned for in the delivery of care. This meant staff had sufficient information on people's needs to provide good care.
- The manager had introduced checks on the standards of care within the home. This included observing staff practices and behaviours. This was good practice. We saw from the check undertaken in September 2019 that staff were noted as pleasant, kind and caring
- During our inspection, our observations confirmed this. Staff were observed to be patient, friendly and efficient when supporting people's needs.
- People we spoke with, spoke highly of the staff team. Their comments included "The staff are kind and very helpful. When I need help the staff will come"; "The staff are wonderful"; The staff are kind and very

willing" and "They are very kind to me". From people's feedback it was clear that people felt well-supported and cared for.

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

- At the last inspection, there were no residents or relatives meetings organised to help people become involved in the running of the home and share their views. At this inspection we saw that resident's meetings were organised and had taken place in July and October 2019.
- The minutes of these meetings showed that people were encouraged to give their feedback and suggestions on aspects of their care such as menu planning and activities. They also received information about changes to their care and the service. This was good practice.
- The manager had also undertaken a food satisfaction survey with people to gauge their opinions and suggestions on the quality of the catering services within the home.

# 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 inadequate. At this inspection this key question has improved to 'requires improvement'. This meant some people's needs were not always met.

End of life care and support; Planning personalised care to meet people's needs, preferences, interests and give them choice and control

At the last inspection, people's care was not always designed to ensure their needs and preferences were met. This was a breach of Regulation 9 (person centred care) Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made for the provider to be no longer in breach of Regulation 9.

- People's risks and care was regularly reviewed but review records remained meaningless. We spoke with the manager and quality manager about this. They showed us the new care planning system they planned to introduce shortly which included improvements to the reviewing of people's care.
- People in receipt of end of life care did not always up to date care plans in place to advise staff on their needs and care. We spoke with the manager about this and they told us they would address this without delay.
- Since our last inspection, staff had received compliments on the care and compassion shown to people's loved ones at the end of their life. One relative had written "Words can't appreciate all the care and kindness shown to [name of person] and my family in their last days".
- Overall people's support had significantly improved since our last inspection. People were now in receipt of the support they needed with regards to repositioning, wound care, dietary intake and medication.
- People told us that staff knew them well and provided them with the support they needed. Their comments included "I do need lots of help and the staff are very efficient"; "The staff know me well and I usually get what I want" and "I am well looked after".
- A relative also told us, "The staff appear to have a good knowledge of each person and give the correct help. I am confident that mum is safe and well cared for. It takes a lot of responsibility off my shoulders".

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.

- The service did not comply in full with the Accessible Information Standard. Information about the service was primarily in written format. There were no alternative formats for example, large print or pictorial aids to share information with people who may not be able to understand or read this type of information.

- Staff had some information about people's communication needs to guidance them on the best way to connect, reassure and communicate with them in a way they understood.

We recommend the provider reviews its compliance with the AIS in respect of those people living in the home who may benefit from having information about the service and their own care in an alternative format.

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

- Relatives told us they were always made to feel welcome when they visited and could visit their loved ones whenever they wanted. This showed that people's important relationships were fostered by the service.
- Activities to occupy and interest people were provided. On one of the afternoons we visited a Halloween themed sing-along was in full swing and people clearly enjoyed this session.
- One person said, "The lady who looks after the entertainment is very nice and does get us lots to do" and another told us, "I do some reading and watch my TV. I do enjoy the entertainment when it is on". A relative we spoke with said "The activities are good and [Name of person] chooses what they want to do".

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was displayed in the corridor on the ground floor. The procedure outlined how to make a complaint and who to complain to, but it was written in very small print.
- The complaint procedure within the service user guide did not provide people with up to date or sufficient information on how to make a complaint. For example, the contact details for the manager and provider were not provided. The manager told us they would address this without delay.
- People and relatives told us they were happy with the support provided.
- Complaint records showed that any complaints received since our last inspection had been dealt with appropriately by the manager.

# 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 inadequate. At this inspection, this key question has improved to requires improvement. This meant there were still some shortfalls in service delivery and management that needed addressing in order to ensure high quality care was provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At the last inspection, the systems in place to identify and drive up improvements were ineffective and the management of the service was poor. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities).

At this inspection, significant improvements had been made to service but further improvements were still required. This meant there was a continued of Regulation 17.

- The systems in place to monitor the delivery of care had improved. Checks were in place on all aspects of people's care. Some of the governance arrangements in place however were not yet fully effective in driving up improvements to the service.
- For example, further improvements with regards to some aspects of service delivery were still required and were ongoing at the time of the inspection. Improvements to end of life care planning, the implementation of the mental capacity act, promoting people's dignity at all times and the Accessible Information Standard were all needed to ensure they met recognised standards.

This meant that some of the provider's governance arrangements were not yet fully effective in driving up service improvements. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities).

- The new manager and new quality manager were clear about their roles and had sufficient knowledge of the health and social care regulations. They told us about the improvements they had already made and the things they hoped to improve upon over the new few months. It was clear they were committed to continuous improvement.
- Since their appointment, improvements in assessment and care planning; medication management; fire safety; staffing levels and staff support; staff attitudes and work efficiency; safeguarding and the prevention of accidents and injuries had been made. The feedback received about the serviced had also all improved.
- Staff members now acted as champions for various aspects of people's care. For example, dignity and respect, infection control, safeguarding, end of life care. Champions take the lead in their area of interest in order to share best practice across the staff team.



- The new manager and quality manager were open and transparent and positive role models for service delivery and we found this impacted on staff attitude and morale.
- At the last inspection, the attitude and demeanour of some of the nursing team was aggressive. At this inspection, the overall culture of the service and the attitude of nursing staff had significantly improved, as had their knowledge of people's needs and the care they required.
- Staff we spoke with told us, "Things are definitely different now"; "Our opinions are listened to and when appropriate, acted on" and "We are now a really good team with a good manager".

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

- Relatives views on the service were surveyed using a variety of questionnaires and resident meetings now took place to discuss the running of the service and gain people's views. This was good practice.
- People's health and well-being was supported by a range of health and social care professionals. For example, falls prevention teams, community dieticians, chiropody, local GP's, salt and language therapy teams and the opticians. Records showed people accessed specialist medical services as and when needed.

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 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	People's right to privacy and dignity was not always promoted in their care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	People's consent was not always legally obtained in accordance with the Mental Capacity Act 2015.

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	The governance arrangements in place required further development to be effective in identifying and driving up improvements to all aspects of service delivery.