

Milewood Healthcare Ltd

# Beechwood House

## Inspection report

1 Priory Gardens  
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Website: [www.milewood.co.uk](http://www.milewood.co.uk)

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26 September 2022  
29 September 2022

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Beechwood House is a care home providing personal care to 5 people with a learning disability. The service can support up to 5 people.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

**Right Support:** People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People had a choice about their living environment and were able to personalise their rooms. Staff supported people to take part in activities and pursue their interests in their local area. The home ensured people had access specialist health and social care support in the community.

**Right Care:** People received kind and compassionate care. Staff promoted equality and diversity. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Enough appropriately skilled staff were deployed to meet people's needs and keep them safe. The home gave people opportunities to try new activities that enhanced and enriched their lives.

**Right Culture:** The provider's quality assurance systems had not identified the gaps in the monitoring of people's financial support and ensuring the MCA code of practice was followed. People received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive to their needs. People and those important to them, including advocates, were involved in planning their care.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

This service was registered with us on 16 July 2021 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to the failure to follow the principles of the Mental Capacity Act (MCA) at this inspection.

We have made a recommendation that the provider keeps their quality monitoring system under review to ensure it effectively monitors the quality and safety of the service.

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

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our Effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement 

The service was well-led.

Details are in our Well-Led findings below.

# Beechwood House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

Beechwood House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beechwood House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 26 September and ended on 10 October 2022. We visited the service on 26 and 29 September 2022.

#### 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people who lived at the home. We spoke with 5 members of staff including the registered manager, the deputy manager, a senior support worker and two support workers.

We looked at the care records of 2 people, a sample of medicines records and other records related to the management of the home. We emailed 5 external health and social care professionals and asked for feedback about their experience of the service. We received 1 reply.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's financial records were not always well maintained. The registered manager immediately addressed the matter putting additional checks and new documentation in place.
- Systems were in place to protect people from the risk of abuse. Staff had completed safeguarding training and posters were displayed to support people and staff to raise a safeguarding concern.
- The provider had safeguarding processes in place; including reporting to the appropriate authorities and investigation procedures. No safeguarding concerns had been raised.

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

- There was a system in place to assess, monitor and manage risks to people. Risk assessments were in place to support staff to keep people safe.
- People lived in a safe environment. The provider regularly completed health and safety checks and people took part in fire drills. Individual plans were in place to support people to evacuate safely in an emergency.
- Accidents and incidents were recorded. The registered manager reviewed and analysed accidents and incidents on an individual basis. On the second day of inspection the registered manager had created new documentation to review the information across the home to help ensure any trends or themes were identified.

Staffing and recruitment

- Staffing levels were determined by people's care and support needs. The home had enough staff, including for one-to-one support for people to take part in activities and visits.
- People were supported by a familiar and consistent team.
- A robust recruitment process was in place. This included a completed application form, a record of the interview and obtaining satisfactory references and checks with the Disclosure and Barring Service (DBS).

Using medicines safely

- Medicines were managed safely. The home followed best practice for the receipt, storage, administration and disposal of medicines. Medicines records were accurate and regular audits were completed.
- Staff had completed medication training and received regular competency reviews.
- People were supported to receive their medicines in their preferred way. Staff were attentive to people's needs and were patient, allowing time for people to receive their medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of

infection.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's visiting policies and procedures adhered to current guidance.



# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The home did not always work within the principles of the MCA.
- Best interests assessments had not taken place prior to restrictions being placed on people. No best interest discussions were recorded as taking place to establish if the restrictions placed on a person were the least restrictive options for them.

The home did not always act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Following the inspection, the registered manager told us the provider had taken direct action, with protocols sent to all of the provider's services to ensure mental capacity assessments and best interests assessments were in place prior to restrictions being applied to people.

- Staff had completed MCA training. Staff supported people throughout the inspection to make day to day decisions and choices.

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

- People's needs were assessed before they moved to the home to ensure their individual needs could be met. Staff worked with people to transition to the home safely. Staff supported people to visit the home and to become familiar with the staff team.
- People were fully involved in discussions about their care and support. Regular reviews were completed to ensure care records were accurate.

Staff support: induction, training, skills and experience

- People were supported by well-trained and experienced staff. Training deemed mandatory by the provider was monitored by the registered manager.
- Staff completed additional training relating to people's specific care and support needs.
- Supervisions and appraisals were regularly conducted. Supervisions took the form of individual meetings or learning discussions within groups.

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

- People received support to eat and drink enough to maintain a balanced diet. Staff supported people with guidance about healthy eating. Fresh fruit was readily available.
- Staff supported people to be involved in preparing and cooking their own meals. People had access to a drink or snack at any time.
- Care plans outlined people's preferences. People were regularly involved in the planning of the menu and purchasing the shopping.

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

- Beechwood House had a homely feel. People had space to socialise with others, engage in activities or spend time alone if they wished.
- People's rooms were personalised. Staff supported people to design and adapt their rooms to their own tastes and preferences. The home had a personalise your front door project, supporting people to be creative with picking patterns, colours, doorbells, door knockers and signs.
- People had access to a large outside area. Areas had been developed for those who enjoyed gardening or the sunshine. People had been consulted about the creation of a large painted mural in the garden.

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

- Staff supported people to have access to healthcare professionals including doctors, dentists and opticians to maintain their health and wellbeing.
- People were supported to take part in an annual health check. The home was also proactive in encouraging and working with people to take part in gender specific healthcare screening.
- People had hospital passports readily available to support them if they required emergency care in hospital.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People appeared happy in the company of staff. Staff interacted with people in a friendly and respectful way. One person told us, "The staff are lovely."
- Staff were knowledgeable about people's care and support needs, likes and dislikes. A social care professional commented, "The staff were so caring and well informed."
- The provider promoted equality and diversity. Pride events were celebrated, and the home supported people with their sexuality and gender identity. A LGBTQ+ charity recognised their commitment with a champion status award.

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

- Staff encouraged and supported people to express their views and choices. Regular key worker meetings and house meetings were held to gather people's views.
- People were supported to make decisions about the running of the home to decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff were respectful and supported people in a dignified manner. Staff were patient with people and allowed them to take the lead.
- Staff supported people to be as independent as they were able to. People were supported to complete daily tasks, including preparing meals, and cleaning their rooms. Staff ensured they were on hand to give positive reinforcement and encouragement.
- People's privacy and dignity was respected. Care plans outlined how people would indicate when they wished to have time alone.
- People's confidential information was held securely and only accessible to staff who needed the information to perform their role.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care. People were involved in decision making about their care and support needs. Staff ensured people were supported to contact advocacy services and facilitate visits.
- Care plans were detailed, and person centred. Care plans included an assessment of people's strengths and needs and clearly outlined how people wished to be supported.
- Care plans were regularly reviewed. Records were accurate and reflected people's current care and support needs.

Meeting people's communication needs

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

- The home adhered to the Accessible Information Standard. The home used a range of accessible information standard formats to support people in expressing their choices and decisions.
- Care plans outlined people's preferred method of communication. Care records had been created in easy read formats.

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 a range of activities. Both individual and group activities were available, including arts and craft, baking, and fitness.
- The provider's local homes joined together to enjoy group events. People took part in Pride celebration; a colour run for charity and were planning their Halloween party visiting homes.
- Staff supported people to maintain important relationships and develop new friendships. A social care professional told us that one person had not been on a holiday for 40 years. The home supported the person with a friend from a neighbouring home to a weekend break by the sea.
- The home supported people to maintain their religious beliefs.

Improving care quality in response to complaints or concerns

- The provider had a complaints process to record, investigate and respond to the issue raised. No complaints had been received.

#### End of life care and support

- Staff supported people with end of life discussions so their needs and wishes could be met at this important time. If people wished an end of life book was created.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had systems to monitor and assess the quality of the service. However, these did not identify the gaps in the monitoring of people's financial support and ensuring the MCA code of practice was followed. The provider addressed these issues at the end of the inspection, introducing new protocols and documentation across all of their services.

We recommend the provider keeps their quality monitoring system under review to ensure it effectively monitors the quality and safety of the service.

- The registered manager had a strong presence at the service and led by example.
- Staff understood their roles and responsibilities. Staff worked together to ensure people had positive outcomes.
- The registered manager had notified the Commission about events taking place at the home.

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

- Staff told us they felt supported by the registered manager and provider.
- People were encouraged to share their opinions.
- Staff supported people to be involved in all aspects of the home. People were involved in staff recruitment, creating interview questions or taking part. People were central to the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their duty of candour. The home had an open and transparent culture. There had been no notifiable safety incidents which required them to act upon this duty.
- The registered manager was open with people when things went wrong. The registered manager was responsive during the inspection and addressed issues identified.

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

- People had opportunities to share their views. Regular meetings for people were held, and people were

encouraged to give feedback daily.

- The provider fully considered the equality characteristics of people and staff.

#### Continuous learning and improving care

- The provider conducted regular visits to the home to carry out reviews. This included looking at records and speaking with people and staff. This information was used to drive improvement in the home.

#### Working in partnership with others

- The home had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing. A social care professional told us the home was responsive to people's needs, ensuring requests were made in a timely manner.
- The provider's local homes worked together. Events were supported across the local homes, including day trips, supporting local charities and a planned Halloween get together. News from each home was celebrated in the 'Milewood Messenger,' the provider's newsletter.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The home did not always act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.</p> <p>Regulation 11</p>