

Beechwood (Liverpool) Limited

Beechwood Specialist Services

Inspection report

Beechwood Road South
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Tel: 01514273154

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Beechwood Specialist Services is registered to provide nursing and residential care to up to 60 people with a variety of mental and physical health needs. At the time of our inspection 33 people were living at the service.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. We also found governance systems were not effective at ensuring regulations were met. Not enough improvement had been made at this inspection and the provider was still in breach of Regulations 12 and 17. An additional breach of regulation relating to consent was identified at the last inspection but not considered as part of this process.

The environment and systems in relation to fire had not been safely managed. Staff did not consistently adhere to the relevant guidance for the use of personal protective equipment (PPE). Some staff failed to wear face masks correctly and maintain social distancing as required. Evidence of appropriate review of risk following incidents was missing from care records. Staff had not received recent training to ensure they could safely intervene when people were at risk of harm. Action was taken by the provider when these concerns were shared.

The service did not have robust and effective systems in place to monitor, assess and improve the safety and quality of service being provided. This placed people at unnecessary and avoidable risk of harm. Because some records were not sufficiently completed, it was unclear if the manager and provider had notified The Care Quality Commission (CQC) of all significant events which had recently occurred. Some aspects of the service had improved since our last inspection but, further improvement is still required to meet regulations.

Staff demonstrated kindness and respect in their interactions with people. It was clear they provided care in an individualised manner. Staff and relatives spoke positively about the level of communication from managers at the service.

Some aspects of environmental safety had improved following the last inspection. For example, the building was noticeably clean. Cleaning schedules had been increased to address the additional risk posed by COVID-19. Medicines were managed safely at the service and people received their medicines as prescribed by competent staff.

The people we spoke with and their relatives told us they felt the service was safe. Staff were safely recruited subject to the relevant checks.

Rating at last inspection and update:

At the last inspection the service was rated requires improvement (report published 28 June 2019).

During the last inspection we found breaches of Regulations 11, 12, and 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

The last rating for this service was requires improvement (published 28 June 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected:

We carried out an unannounced comprehensive inspection of this service on 29 and 30 May 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve consent, safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. The Key Question Effective which contains the breach of regulation 11 was not inspected at this time.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beechwood Specialist Services on our website at www.cqc.org.uk.

Enforcement:

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safety and management of the service.

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

Follow up:

We will meet with the provider to discuss our findings and 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 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 ●

Beechwood Specialist Services

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

Beechwood Specialist Services is a 'care service'. People in care services receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission although an application had been submitted. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was announced at short notice to ensure the risks relating to COVID-19 were safely managed.

What we did before inspection:

Before the inspection we checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. The

provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also obtained feedback from the local authority and a healthcare professional.

During the inspection:

We looked around the premises, observed the interactions between people living at the service, care delivery and activities provided at the service. Because of the increased risk of cross-infection we were unable to complete more extensive observations.

We spoke with two people living at the service, four relatives and several staff who held various roles at the service, including the manager, operations manager, a nurse, a nurse assistant and carers. We looked at a range of documentation including four people's care records, medication storage and records, four staff files, accident and incident records, safeguarding records, health and safety records, audits and records relating to the quality checks undertaken by staff and other management records.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We looked at training data, risk assessments and quality assurance records. We spoke with two professionals who have regular involvement with the service.

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 Requires Improvement. At this inspection this key question has remained the same. 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.

Assessing risk, safety monitoring and management; Preventing and controlling infection.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) 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 12.

- The environment and systems in relation to fire had not been safely managed. Four out of six fire doors checked did not close properly and would not have been effective in limiting the spread of a fire.
- The provider audit process did not include a robust system to ensure such checks were completed therefore, safety issues had been left unnoticed.
- Staff did not consistently adhere to the relevant guidance for the use of personal protective equipment (PPE). Some staff failed to wear face masks correctly and maintain social distancing as required.
- We were not provided with evidence risk assessments had been reviewed following significant incidents.
- Staff had not received recent training to ensure they could safely intervene when people were at risk of harm.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all the actions relating to fire doors were now completed and suitable checks of the environment and equipment were in place.

- Some aspects of environmental safety had improved following the last inspection. For example, the building was noticeably clean. Cleaning schedules had been increased to address the additional risk posed by COVID-19.

Learning lessons when things go wrong

- Accident and incident policies and procedures were in place and there was a system to record and report them.
- Records indicated what action had been taken in response to any accidents and incidents that had

occurred. This information was also regularly reviewed to help identify any emerging patterns or trends. However, the records were not always sufficiently detailed to ensure all required actions had been completed. For example, risk assessments being reviewed, and notifications being sent to CQC.

Using medicines safely

- Medicines were managed safely and people received their medicines as prescribed by competent staff.
- Medicines were stored and recorded in line with national guidance and best practice. However, it was not always clear what involvement health and social care professionals had in making best-interest' decisions to administer covert medicines. A breach of regulation was found at the last inspection in relation to consent. This will be considered as part of the next comprehensive inspection.

Systems and processes to safeguard people from the risk of abuse

- Most people were unable to discuss their experience of care due to varying health conditions. However, those we did speak with told us they felt safe living at the service.
- Policies and procedures were in place to guide staff in relation to safeguarding vulnerable adults and whistleblowing.
- Staff received safeguarding training and information about how to raise safeguarding concerns was visible throughout the service.
- Records showed how staff took appropriate action when any such concerns arose.

Staffing and recruitment

- We looked at the service's staff rotas, dependency tool and observed staffing levels during our inspection. There were enough staff to meet people's needs and staff attended to people promptly. People and relatives said there were enough staff to support people living at the service.
- Staff were safely recruited. Records showed the required information and pre employment checks, such as criminal records checks, had been completed.

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 remained the same. This meant that 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; Continuous learning and improving care

At our last inspection the provider had not maintained accurate, complete and contemporaneous records relating to people's care and did not have robust and effective systems in place to monitor, assess and improve the safety and quality of service being provided. 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

- The service did not have robust and effective systems in place to monitor, assess and improve the safety and quality of service being provided. This placed people at unnecessary and avoidable risk of harm. For example, the concerns with fire doors and those relating to infection, prevention and control we found during our inspection had not been identified.
- Systems did not clearly demonstrate the completion of actions and the development of learning following significant incidents. Records did not demonstrate how risk had been reviewed following incidents.
- The repeated rating of requires improvement and the failure to address the previously identified breaches does not demonstrate good governance.

The service did not have robust and effective systems in place to monitor, assess and improve the safety and quality of service being provided. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A manager had been appointed in February 2020 and was in the process of registering with CQC.
- Not all records were sufficiently completed, it was unclear if the manager and provider had notified CQC of all significant events as required.
- A range of policies and procedures were in place that staff could access if they needed any guidance; these were up-to-date and regularly reviewed.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff demonstrated kindness and respect in their interactions with people. It was clear they provided care in an individualised manner.
- Some aspects of the service had improved since our last inspection but, further improvements were identified to meet regulations.
- The manager and operations manager were open and supportive during the inspection. However, some information requested after the inspection was not provided.

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

- Staff and relatives spoke positively about the level of communication from managers at the service.
- People had been provided with information regarding COVID-19 and changes that were being implemented to keep people safe. Information had been adapted to make it more accessible as required.

Working in partnership with others

- Staff engaged well with other health and social care professionals to ensure people's health and wellbeing was maintained.
- Referrals to other health services were managed well and appropriately followed up on.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	There was evidence environmental and individual risk were not subject to robust review. Staff did not consistently adhere to the latest guidance regarding the use of personal protective equipment.

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
Treatment of disease, disorder or injury	Systems and processes for monitoring safety and quality were not robust. People were exposed to avoidable risk because some records were lacking in detail.

The enforcement action we took:

MRM convened. Decision reached to issue a warning notice.