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?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Beechwood Lodge is registered to provide personal care and accommodation for up to 66 older people including people with a dementia. The service had four separate units; two on each floor. It is located in the Norden area of Rochdale and is close to local amenities. When we inspected there were 65 people using the service. All bedrooms had an ensuite bathroom.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection was brought forward following concerns raised about the safety and welfare of the people who lived at Beechwood Lodge. The service was inspected in February 2016 and January 2017. At both inspections it was rated Requires Improvement. At the last inspection we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. This was because medicines were not managed effectively, the service did not record and monitor complaints effectively and the service had failed to make all the required notifications to the CQC. The service had produced an action plan and at this inspection we found improvements had been made in these areas.
However, we identified concerns in other areas. We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the deployment of staff and insufficient information to guide staff in care records. You can see what action we told the provider to take at the back of the full version of this report. We also made two recommendations regarding activities and systems to maintain records.

People told us they felt safe and secure at Beechwood Lodge. Precautions were in place to ensure the security of the premises. There were robust systems in place to ensure that when staff were recruited they had the right character to work with vulnerable people, and the staff we spoke with demonstrated a good knowledge of safeguarding and whistleblowing procedures. We observed good interactions between staff and people who used the service, including good and patient support when helping people with mobility.

When we inspected Beechwood Lodge there were twelve care staff on duty , and this number was reflected in the staff rotas we reviewed. However, the layout of the building meant that staff could be away from communal areas whilst they were supporting people with personal care needs. Staff had access to regular training, but when we looked at the induction process we saw that the records did not reflect how new staff were monitored and supervised during their probation period.

We looked around the home and found the communal areas, toilets and bedrooms were clean and free from offensive odours. There was a good standard of hygiene and the home had been awarded a 5 star Food Hygiene rating, the highest available. The home was spacious, well decorated and bright. Furnishing

were modern and in very good condition. There was a stained carpet in one area and the manager told us that an order for a new carpet had already been placed.

Staff we spoke with were able to demonstrate a good understanding of mental capacity and consent issues, and where people were unable to consent to care and treatment at Beechwood Lodge the service had sought appropriate authorisation to provide support.

People told us the staff were caring and friendly, and we observed good interactions between staff and people who used the service. One person told us, "They don't force themselves on us, but they are there when we need them. All the staff are good and kind".

Whilst the service employed an activity co-ordinator, we found that some people did not enjoy the activities on offer and did not receive sufficient stimulation.

We found some inconsistencies in care plans, particularly around behavioural issues, but relatives told us that they had been consulted in planning care, and were informed of any changes in need.

The registered manager audited aspects of the service to ensure standards were maintained. In addition, the area manager completed a yearly audit, which included analysis of safety and suitability of equipment, complaints and record keeping. There were sufficient audits to show how the service managed the control of quality at the care home, but some systems of maintaining up to date records were confusing and haphazard, and did not reflect activity. For example, records to show how many Deprivation of Liberty Safeguarding authorisations had been made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

the number of staff on duty throughout the day and evening was not always sufficient to respond to the needs of people who used the service

Staff demonstrated understanding of how to protect people from abuse.

Procedures were in place for the safe recruitment of staff.

Is the service effective?

Good

The service was effective.

Staff had access to ongoing training and people who used the service told us that staff were competent.

People consented to the care and treatment they received.

Attention was paid to diet and nutrition and people enjoyed the food at Beechwood Lodge.

Is the service caring?

Good

The service was caring.

People and their belongings were treated with dignity and respect.

People told us the staff were kind and caring and made an effort to get to know them.

People's wishes were respected, and staff took care when supporting people with their mobility.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans did not always reflect people's needs.

The activities provided did not meet all people's needs, and people told us there was not enough for them to do.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems in place for monitoring the day to day management of the service were confusing and haphazard.

The service sought feedback from stakeholders to help improve the quality of the service.

The serviced had a registered manager in place.

Beechwood Lodge

Detailed findings

Background to this inspection

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

This was an unannounced inspection and was conducted by three adult social care inspectors on the 05 and 09 October 2017. This inspection was brought forward because concerns had been raised by the local authority and Healthwatch Rochdale. Healthwatch is the independent national champion for people who use health and social care services.

We did not request a provider information return because the service would not have had sufficient time to complete it. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

Before our inspection visit we reviewed the previous inspection report and information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service.

We spoke with five people who used the service, seven relatives, the registered manager and deputy manager, five care staff members and two visiting professionals.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care and medicines administration records for six people who used the service. We also looked at the recruitment, training and supervision records for five members of staff, minutes of meetings and a variety of other records related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

One relative we spoke with felt the service had been understaffed at times, but told us that this had improved over the past couple of weeks. The registered manager told us that a number of new staff had recently been recruited. We looked at the duty rotas to see how many staff were on duty. We saw there were usually twelve staff on days, in addition to the manager and a deputy manager, and six staff on nights. Due to sickness and some staff leaving we did see there were sometimes ten staff on duty during the day. One visiting professional noted there were a lot of new staff and they did not always know service users well enough to give them the right information, but told us that they were generally able to ask someone who could update them on the person's condition. During our inspection we overheard some call bells which were not answered in a timely manner, but when we asked, people who used the service told us that they believed there were enough staff. When we asked relatives about the staffing numbers their responses were mixed. One visitor told us, "Our relative has never waited a long time for any care so I think there are enough staff," whilst another remarked, "On the whole she is well looked after but sometimes there don't appear to be enough staff. There have been a number of new starters and that doesn't help".

During our inspection we saw that the number of staff on duty throughout the day and evening was not always sufficient to respond to the needs of people who used the service. For example, at lunchtime there were enough staff to assist people with eating and drinking on all the units. However, when one person finished eating their meal and wanted assistance to return to their room, there was no-one available to help escort them, so they sat in a nearby easy chair, and then fell asleep. We noticed that the layout of the building meant that some communal areas were difficult to supervise at times. For example, people were taken to their rooms to meet personal care and toileting needs and for some their rooms were some distance from the main lounge and eating areas on each unit. This meant that staff were away from the main areas for up to five or more minutes attending to individual people. We spoke to the registered manager about this and she agreed to review the workplace activities of care staff to ensure that all communal areas were supervised.

These identified issues were breaches of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 staffing.

When we asked, the people we spoke with told us that they felt safe at Beechwood Lodge. One person who used the service told us, "It's a very nice place. My family looked everywhere before they chose this one. The staff look after me well, so I feel safe." A relative said, "I think our relative is very safe here. We went on holiday knowing [our relative] would be looked after."

There were appropriate policies and procedures in place around safeguarding and staff we spoke with were confident that they would recognise any issues and report them immediately. The service had safeguarding procedures and guidance and a copy of the local social services safeguarding policies and procedures to follow. the local initiative. This meant staff had access to the local safeguarding team for advice and the contact details to report any incidents. There was a whistle blowing policy in place, which staff were aware of and they told us they would report any poor practice to their line manager. A whistle blowing policy

allows staff to report genuine concerns with no recriminations. The staff we spoke with informed us that they were aware of how to pass on any concerns about poor practice and felt that if they were to do so they would be listened to. However, they told us that they had not had to use the whistleblowing policy.

We saw the safeguarding folder where any safeguarding issues and any action taken to minimise any further incidents were recorded. Where appropriate, notifications had been sent to the Care Quality Commission(CQC) to alert us to any safeguarding concerns . Where issues of suspected harm or abuse had been reported the service recorded details of incidents, investigation and action taken. Where appropriate, information about incidents was passed to the local authority safeguarding team for independent investigation. We saw evidence that following the conclusion of one safeguarding investigation, the service had provided further training and guidance to minimise the likelihood of a further incident. During the inspection visit we also spoke with the staff concerned. It was clear that they recognised the consequences of their actions on others and were able to describe to us how they would put lessons learnt into practice.

We looked at the recruitment procedures, which gave clear guidance on how staff were to be properly and safely recruited. This helped to protect the safety of people living at Beechwood Lodge. We looked at five staff files. These contained proof of identity, interview notes, a job description, two references and an application form that documented a full employment history and accounts for any gaps in employment. During our last inspection we noted that there was no account for gaps in employment, but at this inspection we saw the registered manager had introduced a 'gaps in employment checklist' to highlight any issue which might be of concern. Checks were carried out with the Disclosure and Barring Service (DBS) before any member of staff began work, and copies were kept on the personnel files. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This meant that checks had been completed to reduce the risk of unsuitable staffing being employed at Beechwood Lodge.

We looked at six plans of care during the inspection. We saw that there were risk assessments for tissue viability, nutrition, moving and handling and falls. Where specific risks had been identified we saw appropriate risk assessments were in place, taking into consideration the needs and wishes of the person, and consulting with relatives where people were unable to give their consent. For example, one person was known to place objects in their mouth. A risk assessment had been completed which advised staff to ensure cupboards were locked and cleaning utensils such as sponges were kept away from reach, advising extra vigilance to monitor. Early in our inspection we saw a person was laid on the floor on a mattress. We asked why and the registered manager told us the person had started to display this behaviour a day or two before. Staff had spoken to the person's relative and produced a risk assessment with them so the relative was aware of what they were doing to keep the person safe.

Accidents and incidents were recorded and followed up according to the service's policy and procedure. Actions and learning from these incidents were recorded and reviewed to try to minimise them happening in the future. We saw that if appropriate the service contacted professionals, for example, the falls team to obtain any advice.

We looked at a folder in which the service retained all their relevant maintenance certificates. We saw that the electrical and gas installation and equipment had been serviced. There were other certificates available to show that all necessary work had been undertaken, for example portable appliance testing, gas safety, emergency lighting, hoists and slings and the fire alarm system. There was also a person employed within the organisation to undertake routine maintenance and repairs, although this person was on holiday on the day of the inspection. However, we saw the manager contacted a plumber for a fault to a tap which showed there was a system in place to cover for leave. There were also checks to ensure the water temperatures

were not too hot to cause scalding.

There was a current fire risk assessment and we saw documents that showed the service tested the equipment to ensure it was functional and held drills for staff so they were aware of the procedures to follow in an emergency. A business continuity plan was in place to help ensure people would be supported in the event of an incident that disrupted the service, such as a flood or loss of power. The service had current public indemnity insurance as required by legislation.

Each person had a personal emergency evacuation plan (PEEP) in their plans of care and an individual copy was retained in a folder to pass to the fire service in an emergency to help evacuate people safely. There was a 'grab bag' near the front door which contained equipment such as a high visibility jacket and torch should they be required.

When we toured the building we found communal areas were well lit, clean and warm. Handrails on all corridors helped people to mobilise independently, and people were free to walk throughout their unit. Walkways were free from any obstacles. We saw good signage, and dementia friendly colours were used, such as for the bathroom doors and toilet seats. Communal bathrooms had thermometers to test the temperature of the water to ensure that when people had a bath the water was sufficiently warm, and bathing charts recorded the temperatures. Call bells were situated by the side of beds, so that people could call for help easily during the night. There were no unpleasant odours. We saw infection prevention and control policies and procedures were in place, and that infection prevention and control training was undertaken by all staff. Clinical waste was disposed separate to general waste, and waste bins outside the building were hidden away behind a fence so they were not unsightly. When we spoke with staff they gave a good account of the infection control and safety procedures they followed when providing personal care or helping to prepare meals. Staff had access to supplies of protective clothing, including disposable gloves and aprons to reduce the risk of cross infection.

We saw that medicines were stored safely in a locked medicine trolleys within a locked clinic used specifically to store medicines. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. These were stored safely in a further locked cabinet. Records were kept for medicines received and disposed of; this included controlled drugs. We observed part of the afternoon medicines round and saw that medicines were administered following the homes procedure by an authorised staff member who had received appropriate training to carry out this role.

We looked at the medicine administration records (MAR) for three people who lived at Beechwood Lodge and found that the records had been completed accurately and were up to date. The MAR sheets showed that people were receiving their medicines as prescribed by their General Practitioner. However, one person appeared to be receiving a 'double dose' of one specific medicine. We raised this issue with the registered manager who forwarded information she had received from the person's GP with agreement as to when the medicines could be administered, showing that the home had operated within agreed protocols. We asked three people if their medicines were administered on time and they confirmed they were. We saw that medicines were given by staff trained to administer medicines and in accordance with safe procedures.

At our last inspection in January 2017 we found that protocols were not always in place to guide staff on administration of as required medicines and staff did not always record when these had been administered, and routine checks of stocks of some medicines were not carried out. At this inspection we saw that the registered manager had introduced new systems to minimise the risk of error. These included 1-2 weekly audits of medicines with regular spot checks on medicines to ensure the system was safe. This included

counting the numbers of tablets recorded in the MAR against the numbers in the packaging and looking to see if there were any gaps or omissions in MAR charts. We also saw the records that showed the registered manager checked staff competencies to ensure they were following safe medicines administration procedures.

We saw there were policies and procedures for the administration of medicines which included self-medication, completing records, as required and covert administration, controlled drugs, the use of patches, errors and incidents, ordering, storage, disposal, repeat prescriptions, and review of medicines. The policies would help staff administer medicines correctly.

Good

Is the service effective?

Our findings

When we spoke with people who used the service and their visitors, they told us that they felt the staff were competent and knowledgeable. One person who used the service told us, "The staff here know their job, and know me quite well." A visiting relative said, "I think the staff do their best but there are a lot of difficult people here. It's all good, [my relative] is well cared for by staff who know what they're doing". Another told us they felt "there are some exceptionally good staff. They have the skills to care for [my relative], she is safe and well looked after", and gave an example of observing good practice by staff hoisting their relative.

Staff told us that they received adequate training, and this was reflected in their personnel files. We saw that staff had completed the essential training required across the Skills for Care Common Induction Standards, which ensures staff have the right skills and level of competence to provide care and support to people who might need it. In addition on-going training was provided for moving and handling, pressure area care, challenging behaviour, fire safety, food hygiene, mental capacity, risk, restraint and dementia, and first aid. Additional training in medication and safe administration of medicine was provided for senior care workers who administered medicines. We asked staff about their induction and they told us that when they began at Beechwood Lodge they spent some time meeting the people who used the service and in orientation to the environment and began their training. However, when we looked at the induction records for staff we found that these records did not reflect how new staff were monitored and supervised during their probation period. When we spoke to the registered manager about this she informed us that the service was revising the methods used to record, monitor and oversee the induction and probation period for new staff.

The deputy manager and the assistant managers worked closely with staff, and provided on the job supervision. The registered manager kept a timetable which showed that all staff received a supervision session every three months and a yearly appraisal. Supervision meetings provide staff with an opportunity to speak in private about their training and support needs, as well as being able to discuss any issues in relation to their work. The staff we spoke with told us that they felt supervision sessions were productive and that they felt able to use the opportunity to discuss issues of concern.

We saw that staff communicated well with each other and passed on information in a timely fashion. All staff attended a changeover meeting at the start and finish of each shift. This helped to ensure that staff are given an update on a person's condition and behaviour and ensured that any change in their condition had been properly communicated and understood. Staff shared information about individual people who used the service and tasks were delegated. We saw one person went early to an appointment but was ready when ambulance personal arrived.

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.

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. The application procedures for this in care homes and hospitals are

called Deprivation of Liberty Safeguards (DoLS). By law, the Care Quality Commission must monitor the operation of any deprivations and report on what we find. 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 were being met.

The registered manager told us and we saw information to show that fifteen applications to deprive people of their liberty had been authorised by the supervisory body (local authority), or requested by the service. Capacity assessments had been completed to determine why people needed a DoLS authorisation. This helped to make sure that people who were not able to make decisions for themselves were protected.

The care staff we spoke with were able to demonstrate a good understanding of capacity and consent issues to help ensure that people's rights were protected, including pathways to reach best interest decisions. One member of staff told us how they supported a person to eat and drink, and provided advice on their diet to ensure that they were able to weigh up risks before making decisions for themselves, which they respected.

We visited each lounge and dining area when we arrived early at the home to see how many people were awake and dressed. Whilst there were a few people up and dressed in each lounge we were told this was because they wanted to be up. A person who used the service told us, "I like to get up early to take my dogs out. I have always got up early." We noted people were given a drink and looked presentable. Similarly, at the end of the day we saw people were assisted to prepare for the night in their own time, with some preferring to retire early, whilst other enjoyed staying up until later.

Inspection of six care records showed each person who used the service had an eating and drinking care plan and that people were weighed regularly. We saw that attention was paid to people's food and drink and people received a nutritionally balanced diet. The kitchen displayed information about specific dietary needs and staff understood the specific dietary requirements of people living at Beechwood Lodge.

The service had been awarded five stars from the food standards agency, which is the highest rating. There was a menu on display outside all dining areas. People told us that they enjoyed the food on offer; one person who used the service told us, "The food is always good, it's fresh and tasty, and they make sure we have enough to drink." One visiting relative said, "The food is fabulous. The meat is very good and comes from a local butcher. They make the cakes in house," and another told us, "[My relative] eats well and has maintained her weight."

People could choose to eat in the dining areas on each of the units, or in their own rooms. Before meals were served the people who used the service were escorted into the dining areas in their own time before being served their meal. Tables were laid with plain linen tablecloths and decorations which helped make mealtimes a pleasant occasion. However, on one unit we noticed the television was left on throughout the meal although no one was watching it. Aprons and gloves were worn by staff handling food, and there were enough staff to support everyone with eating, although one person was supported by their relative. We saw that fruit cocktail was served as a starter, this included oranges which had not been peeled which caused difficulty for some of the people who struggled with dexterity. Portion sizes were adequate. We noticed one person was given a smaller portion as they didn't want much.

A visiting relative we spoke with told us staff referred people to the doctor promptly if needed and another told us the staff had considered their relatives needs and how best to work with them: "[My relative can be difficult. Very unsettled at first but they haven't given up. They have tried to get to know [my relative] and to understand them. They have responded well, and have got the Outreach team in to help. I'm really satisfied

with how they are trying to accommodate their needs, they have liaised with the doctor to get her on the right tablets, and it seems to be working.''

We saw from case records that people had access to professionals and consultants and staff monitored their physical and mental health needs. Records maintained in the plans of care showed people had attended hospital appointments and been seen in the home by district nurses, their GP and speech and language therapists (SALT). They had also attended routine appointments with opticians, podiatrists and dentists. This ensured people's health care needs were attended to. One visiting health professional we spoke with told us that they had established a good relationship with the staff at the home. They told us, "Staff are quite thorough. If they are in doubt they will call us, they err on the side of caution, sometimes the concerns are superficial, but we are happy to respond and they will follow instruction".

On the tour of the building we noted on one area the carpets were stained. The registered manager told us that new carpets were ordered for this unit, and showed us the order. Other improvements had been implemented, including new furniture and dining chairs, equipment such as floor cleaners and a dishwasher and floor coverings in some of the bedrooms. One visiting relative remarked, "I've noticed a lot of improvements, some of the furniture has been replaced and this has created a much better environment".

Good

Is the service caring?

Our findings

One person who used the service told us, "They don't force themselves on us, but they are there when we need them. All the staff are good and kind". A relative we spoke with said, "The staff are very, very caring, even the cleaners. They go the extra mile. The staff are very warm and caring."
One visiting relative told us that they had never seen any practice which would concern them, and said, "Staff are nice and smiley, and they interact well with residents," another said, "Our relative is getting good care. The staff are wonderful". Visitors told us that they were made welcome, and that there were no restrictions on when they could visit.

Throughout our visit we heard good, friendly and familiar interaction between staff and people who lived at Beechwood Lodge. For instance, a person was asked if they'd like to put their feet up, and was brought a pouf to raise their legs; towards the end of a shift as a care worker was writing up notes, they asked a person who used the service to sit with them and talked about the day's events.

When we asked, people who lived at Beechwood Lodge told us that they thought the care staff made an effort to get to know them, and we saw that staff would spend time with people sitting and talking with them either individually or in groups. For instance, on one unit a care worker spent time sitting with people polishing their nails. As she chatted she attempted to bring in other people into the conversation and was able to generate a lively conversation.

We saw that people were clean, tidy and well groomed; their hair was combed, men shaved and some ladies carried their handbags. Staff told us that they felt it was important to maintain people's standards and ensured that they had support to wash and had clean clothes each day.

We observed that when staff interacted with people they were caring, compassionate and respectful to people's needs and wishes. For example, when transferring a person using lifting equipment, we saw staff took care to ensure they were comfortable, and were mindful of the person's dignity, treating them with courtesy and respect. Care was taken when people were being transferred in wheelchairs. For instance, we saw staff check that footrests and lap belts were applied, and any obstructions which may cause knocks or bumps were moved out of the way.

We saw that the service made use of 'doll therapy'. By holding and 'looking after a doll, people with dementia can feel a sense of meaning and purpose, or it can bring back happy memories of caring for a small child. We saw that this helped staff to provide support in a person-centred way; for example, when one person was becoming distressed the care workers suggested they took the doll for a walk and this helped to calm them down.

Care records for people documented their interests and what they enjoyed doing, and included any spiritual or religious needs. When we spoke with staff, they demonstrated an awareness of different cultural requirements, such as diet or religious observance and were able to demonstrate how they would respect these needs. People and their representatives told us that they were offered choice in the delivery of their

care and support, and these wishes were reflected in care plans. We saw that there were no set times for people to get up or go to bed. One person told us that they enjoyed a lie in, and that they would generally stay up later to talk with the night staff.

When we looked in care files we saw that where necessary a DNAR (do not attempt resuscitation) form was in place. A DNAR form is a document issued and signed by a doctor, which advises medical teams not to attempt cardiopulmonary resuscitation (CPR). There was no evidence in care plans, however that people's wishes for end of life care had been considered. We spoke with the registered manager about this and they agreed that they would look at adding a section to the care plan relating to end of life care. However, one relative was impressed with the end of life care. They informed us, "The end of life care is very good. They looked after us as well as our relative when they were ill. They protected our relative's privacy and dignity. The staff do it in a nice way." A comment from a quality assurance survey read, "Thank you for all you do. Thank you for the care you gave showing such affection. Thank you for seeing past our relative's age and the fact that [our relative] was coming to the end of life and allowing that peacefully", and a recent thank-you card read, "We want to say a big thank you for the care and support all the staff provided. Lots of hugs and cups of tea made our last place more bearable".

All the records we asked for were stored securely and only available to those who needed them. Staff had access to confidentiality and data protection policies so would be aware of how to keep a person's records private. When we toured the building we saw that people's privacy was respected, and there were two 'quiet rooms' where people could go if they wanted some peace and quiet. We were told that these rooms were used a lot when families visited, as it allowed for private discussion, and could also be used for family functions. We saw bedrooms were well decorated and colour coordinated with matching curtains and bedspreads, and people were encouraged to bring in their personal belongings, photographs and memorabilia. One person who used the service remarked, "I like the way my room is set up. It's bright and airy and there is lots of space for storage for all my things". We saw that all bedrooms were equipped with a television, DVD player and fridge.

Requires Improvement

Is the service responsive?

Our findings

Care plans did not always contain sufficient detail for staff to deliver care. We saw that where a risk was identified in the plans, equipment was made available, for example pressure relieving devices, and some care plans detailed appropriate responses to specific risks, or need for specific gender to provide care. However, other care plans, particularly around behavioural issues, did not provide adequate detail. For example, one care plan we looked at noted, "Please use distraction techniques when I become distressed'', but did not say what techniques would be appropriate. Another care plan stated that the person could become tearful, anxious and aggressive but there was no guidance in care plans around practical arrangements to deliver care; the plans did not provide advice or guidance to staff to respond to these issues. We saw that where some people exhibited behavioural issues, staff would complete behaviour charts detailing what led up to the behaviour, how the person responded and any consequences. However, there was no evidence that these observations had been used to inform the care plans.

There was evidence that some care plans had been reviewed, but not all. For example, in one care file we reviewed a moving and handling care plan had been reviewed the previous month but a document titled 'typical day care plan' stated that this should be reviewed monthly. This had not been done since June 2016.

This was a breach of regulation 17(1) (2)(c) of the Health and Social Care Act 2008 (Regulated Activities). Systems must be established to maintain an accurate complete and contemporaneous record in respect of each service user

When we asked people who used the service and their relatives about how the service responded to need we received an ambivalent response. One person told us, "The staff are generally responsive. If I ring my call bell, they generally answer promptly. Sometimes I have to wait but I think that is because they are busy elsewhere". Another told us "Sometimes I have to wait a while or ring a few times, sometimes they come quickly". One person who spent much time in their room told us, "If I ring my call bell they generally answer promptly," and another said, "I don't usually have to wait for long, but it depends on what the staff are doing." They went on to explain that they understood that sometimes the staff would be required to assist with other people who, the person felt, had greater needs but that, "In general they respond to me quite quickly".

A relative said, "They keep us informed of any changes. We are happy with the care provided." We looked at six plans of care during the inspection. The plans of care were broken down into care needs such as sleep, eating and drinking, moving and handling, the level of personal care needed and mental health. There was a record of what the need was, the action staff needed to take and the goal to be achieved. We saw evidence that where a problem was identified the service contacted professionals and updated the plans of care.

From looking at the plans of care we saw that people had an assessment prior to their admission to the home. The registered manager or other senior staff visited people and assessed a person's needs to ensure they could meet their needs at Beechwood Lodge. We also saw that social services or hospital staff provided an assessment to provide further details for their admission. Using this information, talking to people and

their families, care staff at the home developed a plan of care. Care files also documented any cultural or spiritual needs and how these needs would be addressed.

Regular checks were made on weight, bathing and regular risk assessments such as Waterlow pressure scores which measures risk of skin breakage, or Malnutrition Universal Screening Tool (MUST) which is a commonly used screening tool which helps identify adults who are at risk of malnutrition or obesity. Where risks were identified appropriate action was taken, for example, referral to health professionals, and advice was acted upon.

Each person had a 'hospital passport'. This was available to accompany them if they needed urgent treatment with another organisation and was broken down into what any other organisation needed to know, such as personal details (red). Amber told other organisations about a person's needs and green what would make their stay better and covered likes and dislikes and how they wanted to be treated.

Beechwood Lodge employed an activity co-ordinator and there was an activities room well stocked with equipment, games and pastimes. A relative we spoke with said, "The activities coordinator has tried to get our relative involved and is now joining in more. They are marvellous with our relative." In addition to organising daily activities the activity co-ordinator would arrange for local entertainers to visit. On the first day of our inspection two singers had been brought in to provide an interactive afternoon of entertainment. The people who attended this session appeared to enjoy themselves. It was provided on one of the units, and people from the other units were invited to attend.

However, the entertainment provided did not suit all tastes, and some people told us that there was not enough for them to do. One visiting professional we spoke with felt that there was insufficient stimulation on the dementia units. Two of the people who used the service told us that they did not enjoy communal activities, and so spent most of their day in their rooms. One person told us, "There is nothing for me here. They look after me when I call, otherwise they leave me alone. I might not see anyone all morning". Another told us, "They do a lot for me, like helping to wash and shower, but they don't sit and talk. Visitors can come anytime, but I don't get many. There are [activities] going on, but I don't bother, it's not the kind of thing I like, so I just sit here in my room. The staff don't sit and talk; they haven't got time, so you don't get stimulation if you don't or can't get involved". This meant that people's need for interaction and stimulation was not always met.

We recommend that the service considers ways of meeting the social needs of people who do not wish to engage in group activities.

At our last inspection we identified a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities), in that the service did not operate an effective system for recording and monitoring complaints. Since that inspection we saw that the registered manager had compiled a complaint log where all verbal and written complaints could be recorded, and analysed to determine trends. There was an accessible appropriate complaints policy and a record of any complaints made. People understood whom they could go to if they had a complaint or were unhappy about something. One person said, "I would tell the staff or speak to the manager. I wouldn't hang about!" We saw the registered manager investigated and responded to any complaints. For one complaint, for example, we saw the registered manager had spoken to staff to prevent the incident reoccurring. However we were made aware that some complainants remained dissatisfied with the response, and one concern regarding the conduct of the home remained on-going at the time of our inspection.

The service held meetings with people who used the service. Relatives could attend if they wished. At the

last recorded meeting we saw items on the agenda included door codes (family members wanted to know if they could be given the codes), ideas for activities, support at mealtimes, food and care plans. The service did not wish the number of codes to be given to everyone because it would prove a security risk although an IPAD was provided after residents and families asked for it. This would help people communicate with their families.

Requires Improvement

Is the service well-led?

Our findings

The registered manager and area manager conducted some audits to ensure standards were maintained. The audits included health and safety, infection prevention and control and cleanliness, a check on the response times it took staff to answer the call bells, plans of care, accidents, moving and handling, electrical equipment, legionella, wheel chairs, hoists and slings, medicines, fire systems and extinguishers. The yearly audit by the area manager also included respecting and involving people, nutrition, net working with other organisations, safety and suitability of equipment, recruitment and staffing, supporting staff, complaints and record keeping. There were sufficient audits to show how the service managed the control of quality at the care home.

However, systems in place for monitoring the day to day management of the service were confusing and haphazard, and did not reflect activity. This could lead to issues being overlooked. For example, when we asked about the people who were subject to a deprivation of liberty safeguarding order (DoLS), the registered manager had some difficulty in determining how many applications had been sent to the authorising body, how many had been authorised, or if any authorisations had expired. This meant that she could not be sure if the service was depriving people of their liberty unlawfully. Following our inspection, the registered manager reviewed the DoLS matrix and produced an up to date list which could be monitored more easily. Similarly systems in place to monitor staff induction and training were incomplete or out of date. We also found that that charts, such as turn charts indicating pressure relief were left loose in peoples' rooms, and did not always have sufficient information to say to whom the chart referred, for example, some charts only recorded the first name of the person. This meant the charts could be misplaced, confused or out of chronological order.

We recommend that the service reviews the systems in place for maintaining accurate and up to date records about the service and the people who use the service.

We asked people what they thought about the management of the home. A relative we spoke with said, "The manager is very approachable and caring. She does more than is needed. She will get involved in personal care. The registered manager will listen to you and you can approach her with any concerns." We also saw the registered manager had received feedback from relatives which included, "The registered manager contributed to the smooth admission of my relative, liaising with the psychiatrist and I do not know what we would have done without their depth of knowledge and reassuring manner. The registered manager has an upbeat friendly and approachable personality, always available for a chat. A prime example of what a good home manager should be," and "The registered manager does everything necessary for her position but goes beyond that. She is a caring person and endears herself to others and has a very calming way. At all times I have found the registered manager professional and helpful. A visiting professional commented, "The registered manager is always helpful and friendly towards visitors and professionals. [She is] a supportive manager who listens to her staff. She has a good sense of humour and is very caring." Another visitor told us, "She is relaxed in her approach. I've seen her spend time with residents, she's hands on''. This person told us that they were always informed if there was a change in her relative's condition or if a GP visited.

We saw the registered manager had sent out surveys to ask people who used the service, family members, staff and professionals what they thought about the care home. Seven were returned from people who used the service, eight from relatives, ten from staff and three from professionals. The results were mostly positive, including all people who used the service said they would recommend the home to others. Comments included, "Residents being treated as individuals is very important. The little things like phone calls of concern that are picked up straight away are important to us"; "The care staff are so caring and patient"; "You all do a wonderful job and are amazing. Our relative is really happy here"; "Lovely home, friendly and very helpful staff. Very clean with no odours. Happy with my relatives care and I have peace of mind that she is looked after. I do not have set days for visiting but every time I visit staff always look relaxed and go about their care in a pleasant manner" and "The phone is not always quickly answered after office hours so it would be better to have a cordless phone. The lift has been out of action and this is an issue for my relative. I find the staff to be excellent, very caring and compassionate. It is a huge comfort knowing my relative is in such good hands." We saw that staff were provided with cordless phones and the lift was working on the day of the inspection. This demonstrated that the registered manager responded positively to suggestions made.

The registered manager was supported by the service providers. We saw that where incidents and safeguarding concerns investigated by the local authority were brought to their attention, the providers took action in line with their disciplinary procedures.

There were policies and procedures to aid staff in good practice issues. Staff had to sign the policies and procedures to show they had read them. Policies we looked at included infection control, what to do if a person went missing, nutrition, the mental capacity act, privacy and dignity, safeguarding, DoLS, whistle blowing, health and safety.

We saw that there were meetings between the registered manager and staff. Items on the agenda of the meeting of October 2017 included personal care of people who used the service, breaks, cleaning, new flooring, health and safety, training, staff concerns, a discussion on various aspects of better care, the use of red alginate bags, the keyworker system, confidentiality and looking after visitors families and friends of people who used the service. Staff were given an opportunity to have their say.

Before our inspection we checked our records to see if any accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant that we were able to see if appropriate action had been taken by management to ensure people were kept safe.
From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. During this inspection we saw that the rating and a summary of the report from our last inspection were available in the foyer and on the service website.

At the two previous inspections of Beechwood Lodge in February 2016 and January 2017 the service had been given a rating of 'Requires Improvement' in this section of the report. At this inspection we found that whilst attention had been focused on improvements in some areas such as audits, complaints and stakeholder views, this had not been consistent across all areas, and this section has once again been judged as requiring improvement. We will be meeting with the registered provider to discuss how the service can maintain continuous improvement.

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 17 HSCA RA Regulations 2014 Good governance care plans did not always contain sufficient information to guide staff and not all care plans were reviewed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing the deployment of staff throughout the day and evening was not always sufficient to respond to the needs of people who used the service