

Finbrook Limited

# Beechwood Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Beechwood Lodge is a residential care home providing accommodation and personal care for up to 66 people. There were 61 people living in the home at the time of the inspection. The home has four distinct areas known as Oak, Maple, Holly and Willow. People living with dementia were provided with care and support in the Oak and Maple areas of the home. The building was purpose built and set in a residential area.

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

People told us they felt safe living in the home, and they were happy with the service provided. Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. We found shortfalls in the recruitment of new staff. The home had a satisfactory standard of cleanliness and staff had completed training on the prevention and control of infection. However, staff were not always using personal protective equipment appropriately.

Individual risks had been assessed and recorded, however, we observed one incident when staff did not adhere to the risk management strategies. We also noted the potential risks posed by the storage of toiletries and prescribed creams in people's ensuite shower rooms had not been considered. The management of medicines was not always safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. There was detailed information about any restrictions on people's liberties. People's needs were assessed prior to them using the service.

People were provided with a balanced diet and support to eat and drink. Whilst there were systems to monitor people's food and fluid intake where necessary, staff had not always taken action when a low level of fluid had been recorded.

The provider had appropriate arrangements to ensure staff received training relevant to their role. However, there were no induction training records seen for two members of staff. We made a recommendation in respect of this issue.

People were happy with the way the service was managed and staff told us they enjoyed working at the home. The registered manager had carried out a series of audits, however, most of the audits comprised of a short comment with no actions identified. There was no evidence seen of what checks had been carried out in relation to the audits. There was no evidence seen of provider audits. People had not had the opportunity to complete a satisfaction survey and there was no evidence seen of residents' meetings during 2022.

Following the inspection, the provider sent us an action plan which set out their response to the findings of the inspection. We will check any improvements to the service on our next inspection of the home.

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

The last rating for this service was requires improvement (published 4 February 2020) and there were breaches of regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last six consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection, we found some improvements, however, the provider remained in breach of the regulations.

#### Why we inspected

A comprehensive inspection was carried out on 2, 4 and 19 October 2019. Breaches of legal requirements were found, and we issued three requirement notices and a warning notice. This inspection was carried out to follow up on action we told the provider to take at the last inspection and to check whether the provider had met the requirements of the warning and requirement notices.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of the full report.

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.

During this inspection, we also carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course."

You can see what action we have asked the provider to take at the end of this full report.

#### 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 breaches in relation to the management of medicines, the recruitment of new staff and the governance arrangements.

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

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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.

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 well-led?

**Inadequate** ●

The service was not well-led

Details are in our well-led findings below.

# Beechwood Lodge

## Detailed findings

### Background to this inspection

#### The inspection

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

An inspector, a medicines inspector and an expert by experience undertook the inspection on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspector visited the service on day two and three.

#### Service and service type

Beechwood Lodge 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 Lodge 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 the Care Quality Commission 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

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought feedback from the local authority.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We observed how staff provided support for people to help us better understand their experiences of the care they received. We spoke with ten people using the service, four relatives and friends, five members of staff, the maintenance officer, the administration manager, two deputy managers, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We had a tour of the building and reviewed a range of records. This included three people's care documentation, three staff files and a sample of people's medication records. We also reviewed a range of records relating to the management of the service.

### After the inspection

The provider sent us an action plan in response to the findings of the inspection and the registered manager sent us additional information relating to the management of medicines.



# 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, the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The provider did not have robust procedures to ensure staff were safely recruited. On looking at staff files, we noted shortfalls in the required regulatory checks including a lack of exploration of gaps in staff members' employment histories and reasons for leaving previous employment. We also noted new staff had not been asked for information in respect of any physical or mental health conditions and satisfactory evidence of conduct in previous care settings had not always been obtained.

The provider had failed to operate an effective recruitment procedure. This was a breach of Regulation 19 (2) (3) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Following the inspection, the provider sent us an action plan which detailed their intended actions to improve the recruitment process.

- We observed there were sufficient staff deployed to meet people's needs. People told us there were usually enough staff on duty to meet their needs. One person said, "I'm a lot safer here I couldn't live any longer at home, here I just call the buzzer if I need anything and the staff are prompt at responding"
- Staff confirmed they had time to care for people. However, the deputy managers formed part of the staffing numbers, which left little time for management duties. This arrangement was due to be reviewed by the provider.
- The registered manager monitored the staffing levels and ensured a safe number of staff was maintained.

### Using medicines safely

- Whilst medicines training and competencies had been completed by all staff administering medicines, the provider had not always managed medicines safely.
- The audit system in place did not always provide assurance that medicines including creams were in stock and the systems for recording prescribed creams were not always robust.
- Medicines were stored in line with manufacturers' guidelines and current stock held was within its' expiry date.
- Medicines administration records were generally completed accurately, however there was not enough information about how and where to apply creams so there was a risk they would not be used safely.
- Guidance for 'when required' medicines was not in place, for two medicines, for one person we reviewed.
- A time specific medicine for one person, was not always administered at the times it was prescribed so



there was a risk it would not be fully effective.

The provider had failed to manage medicines safely. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Following the inspection, the provider sent us an action plan, which set out their intended actions to improve the management of medicines. We will check any improvements on our next inspection of the home.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection, the provider had failed to carry out investigations into allegations of abuse and report safeguarding concerns to the relevant authorities. This was a breach of regulation 13 of the Health and Social Care (Regulated Activities) Regulations 2014.

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

- The provider had established systems and processes to safeguard people from abuse. Staff had access to appropriate policies and procedures and training and understood how to raise any concerns about poor practice.
- People told us they felt safe and were happy with the care they received. One person told us, "I feel safe here as there is always someone around to help me day and night, all the staff know me well" and another person commented, "I am well looked after and I love it here." Relatives had no concerns about their family members safety.
- The registered manager had maintained a record of accidents and incidents and made referrals to the local authority. The accidents forms had been completed and included details of action taken, as well as observation and monitoring details.
- The registered manager had carried out an analysis of the accident and incident data to identify any patterns or trends. This information was displayed on a board in the reception area. Any learning learned had been discussed with the staff team both at group and individual meetings.

Assessing risk, safety monitoring and management

- Individual risks to people's health and safety had been assessed and recorded as part of the electronic care planning system. However, staff did not always follow the risk management strategies. We observed one person was due to leave the home without the lap belt fastened on their wheelchair. This situation presented a risk to the person's health and safety. Following our intervention, a staff member fastened the belt.
- Environmental risk assessments had been carried out; however, the majority of the assessments had last been reviewed on 10 March 2021. On a tour of the premises on the first day of the inspection, there were numerous toiletries including denture cleaning tablets and prescribed creams on an open shelf in the ensuite shower rooms. There was no evidence seen to indicate this situation had been identified as a risk.
- The electrical safety check had been carried out on 12 February 2020. The certificate indicated the check was unsatisfactory. There was no evidence to indicate the work identified had been carried out following the pandemic. Arrangements were made during the inspection for the work to be completed. All other safety certificates were complete and up to date.

Preventing and controlling infection

- People were happy with the level of hygiene in the home. On a tour of the building, we observed a satisfactory level of cleanliness.
- After inspecting the infection prevention and control arrangements in the home, we were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured the provider was using PPE effectively and safely This was because not all staff were wearing face masks in line with current guidance. We also observed one example of poor practice during lunchtime on the first day of the inspection.

#### Visiting in care homes

People were supported to have visitors and maintain contact with their friends and families in line with government 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.

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

Staff support: induction, training, skills and experience

At our last inspection, the provider had failed to ensure staff received appropriate support, training, and professional development, to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection, and the provider was no longer in breach of regulation 18. However, we have made a recommendation about staff induction training.

- The provider had an induction programme for new staff. However, whilst two new staff had completed some of the mandatory training there were no records of them completing the induction training when they started work in the home.
- Staff completed the provider's mandatory training programme, which was refreshed at regular intervals. The staff told us the training was informative and relevant to their role.
- Staff were provided with one to one supervision and the opportunity to attend meetings. These forums facilitated discussions around work performance, training needs and areas of good practice.

We recommend the provider ensures all new staff complete the full induction programme.

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.

- Staff had received training and understood the relevant requirements of the MCA. Staff confirmed they asked for people's consent before providing support, explaining the reasons behind this and giving people enough time to think about their decision before taking action.
- People's capacity to make decisions was considered as part of the assessment process. People had signed consent forms, as appropriate.
- The registered manager had ensured appropriate DoLS applications had been submitted to the local authority. There was information about the DoLS applications, approvals and associated conditions readily available to staff on the electronic care planning system and in paper format in all areas of the home. The registered manager confirmed all conditions were being met.

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

- People were supported to maintain a balanced diet. Risks to their nutrition and hydration had been assessed and documented in their care plan. There were arrangements in place for staff to monitor people's food and fluid intake, who were deemed at risk. However, we noted one person's record of fluid indicated a number of small amounts of fluid and 0ml for one day, there was no evidence any action had been taken. The registered manager agreed to investigate this situation and stress the importance of accurate recording to the staff.
- People told us they usually enjoyed the food. However, they felt that 4 o'clock was too early for teatime. We passed on these comments to the registered manager.
- We observed lunch on two different areas on the first day of the inspection. We noted staff supported people in a kind and attentive manner. However, people living on one area were offered soup or yogurt for a starter which they found a confusing choice.

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

- The registered manager ensured people's needs were assessed before moving into the home. However, the assessment format would benefit from updating to include more details about people's needs and circumstances. A more detailed assessment was carried out on admission.
- People's diverse needs were considered during the assessment and care planning process. This included support required in relation to their culture, religion, lifestyle choices and diet preferences.

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

- People were supported to access healthcare services. Staff had developed supportive relationships with other agencies and professionals to provide a flexible and effective service, which adapted to people's needs.
- People's physical and mental health care needs were documented within their care plan. This helped staff to recognise any signs of deteriorating health. People told us the staff obtained medical advice in a timely manner. One person said, "I was poorly the other week and the staff got the GP straight away and informed my family."
- We looked at how staff supported people's oral healthcare and found there were arrangements in place for urgent dental care. However, people spoken with could not recall receiving routine check-ups.
- Staff shared information when people moved between services such as admission to hospital or attendance at health appointments. In this way, people's needs were known, and care was provided consistently when moving between services.

Following the inspection, the provider sent us an action plan which set out their intentions to develop a healthcare matrix, to enable staff to track healthcare appointments.

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

- People told us they were happy living in the home. One person said, "I like to think of Beechwood as a hotel rather than a care home. I am really happy and feel contented."
- The premises were well presented, light and spacious. People living on the ground floor had ready access to the garden areas.
- There were adaptations to help people living with dementia and people could personalise their bedrooms with their personal belongings.

# 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 our last inspection, we rated this key question as inadequate. At this inspection, the rating has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection, the provider did not operate effective systems to ensure the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we issued a warning notice. Whilst some progress had been made, not enough improvement had been made and the provider remains in breach of this regulation.

- We found some improvements in the governance systems had been made since the last inspection. The registered manager had ensured all accidents and incidents had been recorded and the data had been frequently analysed to identify any learning. This had resulted in a reduction of falls.
- Whilst environmental risk assessments had been carried out these were due to be reviewed and updated. We also noted potential risks had not been considered in respect to storage of prescribed creams and toiletries in people's ensuite facilities.
- The registered manager had carried out a series of audits including infection prevention and control audits. However, most of the audits comprised of a short comment with no actions identified. There was no evidence seen of what checks had been carried out in respect of the audits. Further to this, the medicines audit focused on stock checks and did not identify the lack of systems for the recording and administration of prescribed creams.
- We saw no audits or oversight reports completed by the provider or the provider's representative.
- This is the sixth time the service has been rated requires improvement. This demonstrates a lack of progress to make sustained improvements especially in respect of the governance systems. As a result, we have placed the service in special measures.

The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. These findings constituted a continued breach of Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider sent us an action plan which set out their intended actions to improve the governance systems. We will check any improvements on our next inspection of 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

At our last inspection, the provider had failed to notify CQC of specific incidents in the home. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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

- The registered manager was aware of her regulatory responsibilities to submit notifications to CQC. However, we noted she had recorded in March 2022, that 17 safeguarding alerts had been raised with the local authority but only one statutory notification had been submitted. The registered manager believed this was in line with the local authority's procedures and confirmed there were no allegations of abuse.
- The registered manager and provider promoted and encouraged candour through openness. People told us the registered manager and staff were open and honest. Good relationships had been developed between the registered manager, staff, people living in the home and relatives.

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

- People and their relatives told us they were consulted about daily aspects of their care. However, we saw no evidence of any residents' meetings during 2022 and people living in the home had not had the opportunity to complete a satisfaction survey. This meant people had few opportunities to express their views on the service.
- People's preferences and diverse needs were considered as part of the care planning system. This included equality characteristics such as age, culture, religion and disability. Staff understood and met the diverse needs of the people they supported.
- The registered manager and staff worked in partnership with external agencies to learn and share knowledge and information which promoted the development of the service.

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

- The registered manager and staff were committed to delivering a person-centred service to help ensure positive outcomes for people. They had a good understanding of people's needs and preferences.
- The registered manager and staff respected people's rights and encouraged people to make choices and decisions about their care and support.
- Throughout the inspection, people and their relatives spoke positively about the registered manager and the staff team. One person told us, "I know the staff and management do everything they can... I know [registered manager] and she notices everything" and a staff member commented, "[Registered manager] has changed things for the better. She's all for the residents, it's how it should be."
- The registered manager communicated regularly with staff to ensure any changes in practice and learning took place. Staff told us they were comfortable in raising any issues or concerns and confirmed the registered manager was open to feedback.

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  The provider had failed to manage medicines safely. Regulation 12 (g) Health and Social Care Act (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. Regulation 17 (1) (2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had failed to operate an effective recruitment procedure. Regulation 19 (2) (3) Health and Social Care Act (Regulated Activities) Regulations 2014.