

European Wellcare Homes Limited

Beechwood Specialist Services

Inspection report

Beechwood Road
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Ratings

Overall rating for this service	Requires improvement	●
Is the service safe?	Requires improvement	●
Is the service effective?	Requires improvement	●
Is the service caring?	Requires improvement	●
Is the service responsive?	Requires improvement	●
Is the service well-led?	Requires improvement	●

Overall summary

This inspection was carried out on 12 & 13 January 2016, the first day of the inspection was unannounced. We carried out this inspection at this time as the home were in special measures and had been rated inadequate and we needed to check that improvements had been made to the quality and safety of the service.

Beechwood Specialist Services is registered to provide accommodation and support for up to sixty adults who require support with their mental and physical health. At the time of this inspection there were 45 people living there.

The building is a large detached property located overlooking the seafront in Aigburth. It provides people

Summary of findings

with their own bedroom and shared lounges, dining areas and bathrooms. Due to the size and layout of the building it does not provide a domestic style of living for people.

The home has 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last comprehensive inspection of the home in July 2015 we had found a number of breaches of regulations. As a result we served warning notices on the home for failing to provide safe care and treatment, safeguard people from abuse and provide good governance for the service. We found that improvements had been made in all of these areas but further improvements were needed to meet all parts of these regulations. However, in response to the improvements that had been made we took the home out of special measures.

We had found that people were not getting the care they needed with their health in a safe way. At this inspection we found that improvements had been made to people's health care and people we spoke with told us they were satisfied with the support they had received. However we found that further improvements were needed as records of the health care support people required were not always in place and a recent investigation had shown that one person had missed an important health appointment.

We had found that safeguarding allegations had not always been reported in a timely manner. At this inspection we found that staff knew how to recognise and report potential abuse and had done so in a timely manner. We also saw that the management team took robust action to deal with any safeguarding allegations that arose. However there had been safeguarding investigations upheld at the home which identified that further improvement was needed in the way the home identified and managed potential safeguarding related to people's health care.

We had found that the provider did not meet the requirements of the Mental Capacity Act 2005 (MCA).

During this inspection we found that this had improved and people were supported to make decisions and were not deprived of their liberty without lawful processes being followed.

We had found that quality assurance systems at the home had not been effective in identifying and improving the service provided. At this inspection we found a number of improvements. This included consulting with people living at the home and their relatives and acting on their views. Action had been taken to improve the environment and make it safe and care records had been re-written and reviewed. However we identified that further improvement were required because systems and processes did not always operate effectively enough to assess, mitigate and monitor risks relating to the health, safety and welfare of service users.

Following the inspection in July 2015 we had also given the home a number of requirement actions. We had required them to make improvements to regulations covering the environment, person centred care and staff training and supervision.

We had found that the building was not always safe and that it did not provide a suitable environment for people to live in. At this inspection we found the safety of the building had improved and it provided a safe environment for people to live in. Action had also been taken to make the building more comfortable and welcoming. The provider had spilt the decoration and building work into two phases. Phase one had been completed and we were assured firm plans were in place for undertaking phase two which would provide smaller units for people to live in.

We had also found that people's views and preferences had not always been obtained. At this inspection we found that the provider had begun the process of consulting with people about their care and their home. This had included meeting with people and taking action on their opinions and views. A contract with an external advocacy agency had been agreed so that people living at the home could receive outside support and advice to make their opinions of their care heard.

We had found that staff had not received suitable training or supervision to enable them to carry out their role effectively. At this inspection we found that staff had received formal one to one supervision from senior staff

Summary of findings

and had undertaken a number of training courses. However staff had not undertaken training to understand the more specialist needs and conditions some of the people living at Beechwood had. Senior staff were not always available to provide a good role model for staff as they carried out their daily role in supporting people.

The care people received was inconsistent. Some people received support from staff who were kind, patient and caring, others received support from staff who appeared disinterested and did not engage with them.

Medication was managed safely and well with systems in place to minimise the risk of errors occurring.

Staff were aware of the action to take in emergencies and accident and incidents were monitored so that any emerging patterns could be noted and acted upon.

There were sufficient staff working at the home to meet people's care needs. People liked the staff who supported them and we found that robust recruitment processes were in place to check staff were suitable to work with people who may be vulnerable.

An occupational therapy department had been created and staff employed to work within it seven days a week. This meant the people received equipment to support their mobility and comfort. It also meant that activities in the home had improved with people being provided with meaningful ways to occupy their time.

People had a choice of nutritious meals and received support if needed to eat their meals.

Summary of findings

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.

People living at the home felt safe however systems and processes did not always operate well enough to prevent or reduce the risk of abuse occurring.

Staff were recruited safely and there were sufficient staff working at the home to support the people living there.

The building provided a safe place for people to live.

Medication was safely managed.

Requires improvement



Is the service effective?

The service was not always effective.

People did not always receive the support they needed to monitor their health care.

Training and formal supervision for staff had improved. However further improvements were needed to provide specialist training for staff and ensure staff were supervised in their daily work.

Improvements had been made to the environment to make it more welcoming with further improvements planned to meet the needs of the people living there.

Procedures for ensuring people were not unduly deprived of their liberty had been followed.

Requires improvement



Is the service caring?

The service was not consistently caring.

Staff had different approaches to supporting people. This meant some people received a caring and respectful service, other people did not.

Systems were in place and planned to obtain people's views and increase their opportunities to be involved in the running of their home and in planning their care.

People said they liked and trusted the staff team who supported them.

Requires improvement



Is the service responsive?

The service was not always effective.

Information in people's care files was not always easy to locate or up to date. This meant risks to people's health and welfare were not always assessed or monitored.

Requires improvement



Summary of findings

Systems were in place for dealing with complaints and the provider used innovative ways to try to resolve people's concerns.

Improvements had been made to the support people received with activities and occupying their time. Further improvements to support people in these areas had been identified and plans were in place to introduce these.

Is the service well-led?

The service was not always well led.

Systems and processes for assessing the quality of the service were in place and had led to improvements within the service. They had also identified that further improvements to the quality and safety of the service were needed.

The home had a registered manager in post and staff felt supported by the new management team.

The home had commenced the process of obtaining the views of people living at the home and their relatives.

Requires improvement



Beechwood Specialist Services

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 was 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.

The inspection took place on 12 and 13 January 2016. The team consisted of an adult social care (ASC) Inspection manager, two ASC inspectors, a specialist advisor and an expert by experience. On the second day of the inspection the team consisted of an ASC inspection manager and ASC inspector. The SPA had experience as a nurse of working with older people and people who required support with their mental health. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our visit we looked at any information we had received about the home including contact from people

using the service or their relatives, agencies including the police and social services and any information sent to us by the manager or provider since our last inspection in July 2015.

We spoke individually with 8 of the people living at Beechwood and also attended a 'residents meeting' that had been pre-arranged by the home. We spoke with 17 members of staff who held different roles within the home. We also spoke with 5 visiting relatives and three visiting professionals.

We looked around the premises and spent time observing the care and support provided to people throughout the day.

We looked at a range of records including ten care plans and a sample of medication records for people living at Beechwood. We also looked at recruitment records for four members of staff and training records for all staff. In addition we looked at records relating to the quality of the service provided.

Is the service safe?

Our findings

We asked six of the people living at Beechwood if they felt safe living there and they told us that they did. One person told us, “I feel safe here,” and another person told us, “I feel very safe here – the staff really take care of us.”

At our last inspection of the home in July 2015 we had found that some parts of the premises were not properly maintained and therefore not safe. At this inspection we found that the premises were safe. For example windows had been replaced and we saw that radiator guards had been fitted to the wall and flooring fixed. We looked at the maintenance book and saw that any known concerns within the environment had been reported and quickly addressed.

At our last inspection of the home in July 2015 we had found that systems and processes in the home did not protect people from abuse. At this inspection we found that there had been improvements made in how the home identified and reported abuse, however we also found that further improvements were needed.

We had some concerns as during the inspection we identified safeguarding concerns in relation to the care of two people who lived in the home and these concerns had been substantiated by the local authority in relation to these incidents. These safeguarding concerns had impacted significantly on the health and well-being of the people concerned. This demonstrated that the service needed to make further improvements to their care practice in order to ensure that all people were safe from potential harm.

We were also aware that two police investigations were currently in progress relating to two other people who had lived in the home. We have maintained close communication with the police and the wider multidisciplinary teams to monitor these issues and the potential outcomes.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because systems and processes did not always operate effectively to prevent abuse of service users.

We asked senior staff about safeguarding arrangements and were shown a file that demonstrated that the service

had improved in recognising safeguarding concerns. They had also improved in reporting potential safeguarding incidents and taking action to ensure that people’s safety was paramount. Staff told us that they had received training in safeguarding and training records confirmed this. They also told us they had access to information on how to report safeguarding concerns and said they would not hesitate to report such concerns. The provider had a whistle blowing policy in place and staff told us they were aware of this and understood how to use it. Whistle blowing protects staff who report something they think is wrong in the workplace.

We looked at accident and incident recording and saw that this had improved since our last inspection. We saw that a record was maintained and issues had been recorded and reported appropriately. We also saw that incidents had been analysed to look for trends and reoccurring themes.

We asked staff what action they would take in the event of a fire or medical emergency. They gave answers which indicated they were competent to deal with emergencies that may rise.

There had been three medication errors reported by the home for investigation under safeguarding adult’s procedures since our last inspection. The management team told us they had taken a number of steps to reduce the risk of errors occurring. This had included ensuring all medication was dispensed by two trained members of staff. In addition the home had recently changed the pharmacist they used to one who specialised in medications for people requiring support with their mental health.

A visiting professional who supported the home with medication told us, “I have been in and out for around nine weeks now and things have really moved on – procedures are in place that were missing previously.”

We saw that medication was stored safely including controlled drugs. We checked stocks and records of controlled drugs for two people and saw that the records tallied with the amount recorded as received and dispensed. Written guidance was in place for medication prescribed, ‘as required’. We checked a sample of medication administration sheets and saw that these had been completed appropriately. Room temperatures had been recorded daily and we saw a record was kept for any destroyed or returned medication.

Is the service safe?

We saw that people who may need pain relief medication were asked if they needed it. If people were unable to verbally express this we saw that their behaviour had been monitored to indicate whether they were in pain and needed their pain relieving medications.

We observed the lunch time medication round and saw that trained staff carried out the administration. People were offered drinks to help with their medication and were told what their medication was for. The senior staff member stayed with the person and observed the medication had been taken before moving on.

Five of the relatives we spoke with told us there had always been sufficient staff available to meet people's needs. One relative explained, "Always enough staff and they are very welcoming."

During our inspection we saw that there were sufficient staff available to meet people needs and spend time interacting with people.

We looked at staff rotas for the six weeks prior to our inspection. We saw that staffing levels had been maintained consistently. We spoke with staff and they told us that they now had enough staff available to support the people living at Beechwood. They told us that they had

spoken with the management team a few months ago as at that time they had felt there were not enough staff, they told us that senior staff had listened and increased staffing levels.

The home were using a high number of agency staff although they made every attempt to ensure the same staff were used to provide consistency for the people living at Beechwood. The staff team told us that they would like more permanent staff, but were aware that this was being actioned and a recruitment drive was on-going to secure more staff for the home. We looked at records which showed us that the provider was taking robust action to recruit suitable staff to work at the home.

We spoke with two members of staff who had been recently recruited to work at the home. They both explained that before commencing work they had completed an application form, attended an interview, supplied references and had a disclosure and Barring Service (DBS) check carried out. We looked at recruitment records for four members of staff and saw that prior to anyone commencing work at the home robust procedures had been followed. This included following up references and DBS checks. This helps to ensure staff are suitable to work with people who may be vulnerable.

Is the service effective?

Our findings

At our last inspection of the home in July 2015 we had found that care and treatment had not been provided safely to people. At this inspection we found that improvements had been made but further improvements were needed.

The people we spoke with who lived at the home told us that their health care needs had always been met. One person told us, “It’s good. They helped me a lot”. Another person told us staff called a doctor if they needed one, explaining, “Just a couple of weeks back I needed a doctor and the staff made all the arrangements for me”

Relatives we met during the inspection were of the same view, one relative explained the home ensured their relative saw the GP when needed and also arranged for an optician for them. A second relative told us that staff had arranged for a dentist, dietician, speech therapist and specialist nurse to visit their relative and provide advice. However prior to the inspection we had spoken with a relative who had provided us with information that their relative’s health care needs had not always been met by the home.

We were aware that there had been some upheld safeguarding investigations at the home in regards to the support people had received with their health. This had included a person missing an important health appointment and a person being admitted to hospital.

Care plans and records showed us that staff had made referrals for people to see health professionals and had usually supported them to attend these appointments. However we also found that it was not always easy to locate information within care records as to whether referrals had been followed up. One person had missed an important dental appointment and it is likely that the lack of a clear recording system in regard to people’s appointments and referrals had contributed to this.

We spoke to one person who needed simple medical tests daily. They told us that the nurse on duty did these tests and said they would like to learn to do them themselves, they told us, “I don’t remember being given the choice”. They also told us that they were not always told the results of this test and would like to have a written record.

We saw one lady who was frail, sitting in a chair and noted that her leg had fallen off the side of the chair. We also saw that her eyes appeared sticky. Three members of staff were in the lounge at various times during the ten minutes we were there and none of them approached this lady to make her more comfortable. We asked a Nurse who was in the nearby office to ensure this lady received the support she needed.

Records for one person stated that photographs of a pressure sore they had should be taken each week. Photographing pressure sores provides a clear way to track whether the treatment being given is effective. However we found that it had been three weeks since a photograph had last been taken. This meant that there was no clear audit trail of any improvements or otherwise to the person’s pressure sore.

Another person needed dressing for their feet and they told us that these had been dressed regularly. However we found no clear records of when the dressings should be or had been replaced. This meant that it was not possible to track whether they had received the care they needed.

These are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because care and treatment was not being provided in a safe way.

We spoke with a visiting equipment specialist who told us that they had seen a number of improvements at the home in recent months. They said staff made appropriate referrals to them and, “The difference is unbelievable, staff are very keen.” They confirmed that staff had followed the advice they had given.

We saw two members of staff supporting a person to increase their mobility skills. Staff provided reassurance and encouragement to the person and we saw that this had positive results for the person.

The home had employed an Occupational Therapist and we saw that they had liaised with other professionals to support people to obtain equipment that would enhance their mobility and comfort.

At our last inspection of the home in July 2015 we had found that staff had not received appropriate training and

Is the service effective?

supervision to enable them to carry out their duties. At this inspection we saw that significant improvements had been made. However we identified that further improvements were needed.

We looked at a training matrix that showed us staff training had improved and staff were receiving more training than we had identified at our previous inspection. However we did not see that staff had received specialist training in order to meet the individual needs of people who lived at the home. For example; diabetes, epilepsy, Huntington's disease, understanding and supporting people with dementia. We discussed this with the management team who informed us that they had identified this and were in the process of planning this sort of training.

During the inspection we observed different care practices; some of which was very good and some was poor. We did not observe any staff role modelling good practice to the care team. The nursing staff and senior staff we observed were in offices, writing in files, not working alongside staff. We raised these concerns with the management team as they had told us that they were trying to change the culture within the home and we had observed evidence of a poor culture in some areas of the home. The management team told us that they were a visible presence within the home and spent a lot of time in the main areas of the home. However this is different from having senior staff providing a good example on a day to day basis of how to support people respectfully and effectively.

We spoke with a relative who told us that they had been actively involved in training a number of the staff to meet their relative's very specific needs. They told us that this training had been positive and reassured them that their relative was now safe because staff knew how to care for them properly.

We asked staff if they had received the training they needed to carry out their role effectively and they told us that they thought they had. Their comments included, "I've had more training in the last six months than I had in the last five years", "The training is good" and "One of the best things here now is the amount of training we get – you are encouraged to do as much as possible."

We spoke to two members of staff who had recently commenced working at the home. Both explained that they were spending their first few shifts as an extra member of staff, shadowing more experienced staff, getting to know

the people living there and how the home worked. One member of staff told us, "They have been brilliant; everyone has a lot of knowledge." They told us that they were satisfied with the induction to the home that they had received.

Staff told us that they felt supported by the management team and that they had welcomed the move of the manager's office downstairs. They told us that the management team were more accessible to them. Staff told us that they had received regular supervision in the last six months and we saw documents to evidence this. One member of staff told us, "I enjoy coming to work now, making a difference."

At our last inspection of the home in July 2015 we had found that people were being

deprived of their liberty without lawful authority. This was because some people could not leave the home when they wished to but applications for a DoLS had not been made on their behalf. At this inspection we saw that these applications had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack capacity to make particular decisions, any made on their behalf must be in their best interests and the least restrictive 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The home kept up to date records of people who had an authorised DoLS in place and for people for whom a DoLS had been applied. We looked at records for four people and saw that applications had been completed as required and the necessary assessments had been completed.

We spoke with one person who lived at the home who knew they had a DoLS in place and understood the process. They told us that they did not agree they should

Is the service effective?

have a DoLS. We discussed this with a senior member of staff who was aware of the person's views. They told us that a 'best interest meeting' was being arranged for the person to discuss this issue. Best interest meetings are held to support people who may not be able to make important decisions themselves. They help to check that the decision being made is in the person's best interests and that their known views are taken into account. We saw that the home had held some best interest meetings, for example for the use of bed rails, and that they had more planned.

At our last inspection of the home in July 2015 we had found that the premises and

equipment were not suitable for the purpose they were being used for. We had found the environment shabby and clinical in appearance and that it did not follow good practice guidance for supporting people living with dementia or enduring mental health needs.

At this inspection we saw that improvements had been made to the building with plans in place for further improvements. This had included decorating several areas. For example we saw that a dim lounge upstairs had been painted a lighter colour, this made it a more relaxing and pleasant room to sit in. Several bathrooms had been refurbished and a number of art works chosen by the people living there had been placed around the home.

We saw that signs had been placed around the home including on bathrooms doors, to help people to find their way around their home more easily. However there was still work to be done to make the environment easier to use and more homely.

A senior manager explained that the work carried out had been 'Phase 1'. They had taken the decision to wait before commencing 'Phase 2' in order to give people living at the home a break from building work. She explained Phase 2 would include splitting the home into separate units and making more facilities for people to practice their everyday living skills.

People told us they had enjoyed the food at Beechwood with one person saying, "There's never a problem with the food – I really enjoyed the soup today – I had two bowls." During the inspection we saw that people were offered drinks and snacks throughout the day. We also saw that people received support when needed, with their meals.

A menu including additional options was displayed in the dining room. We saw that this included hot and cold options and the choice of a three course meal if people wanted it. We visited the kitchen and found that sufficient supplies of food including fruit and vegetables were available. We also saw that special diets had been catered for. In discussion with staff they were able to tell us about the support people required with their meals, including providing a soft diet. We saw examples of clear guidance recorded for staff to follow in safely supporting people to eat.

We recommend that the service completes planned improvements to the environment to enhance its suitability for the people living there.

Is the service caring?

Our findings

One of the people living at Beechwood told us, “They are very good (staff)” and said staff had always been kind to them. Another person told us, “The carers are really good – quite a few left but the ones that have come in are really caring.”

People told us that they made everyday decisions themselves, one person explained, “We can make up our own mind what time we get up and go to bed – it’s up to us.”

A visiting relative told us that they had always found staff to have a caring approach, they said, “(my relative) loves the staff, (they) respond better to them.” A second relative told us, “I am very happy with my relatives care.”

A visiting healthcare professional told us, “I have never seen a problem from a care aspect – all the staff seem happy in their work and do a good job.”

At our last inspection of the home in July 2015 we had found that care and treatment was not designed with a view to achieving people’s preferences. This was because we had seen that people had not always been consulted about their care. At this inspection we found that improvements had been made. For example we were told that one person had been supported to move on from the home.

A weekly ‘residents meeting’ had taken place to provide a forum for people to express their views. As part of this the provider had set up a system called, ‘You said – we did’ to respond. People had requested greater variety of meals, the provider had responded by displaying all meal options in the dining room. They had also arranged for a company to visit the home and hold a tasting session for the people living there to choose the meals they liked.

Minutes of these meetings also confirmed that people living at the home had been involved in choosing recent décor for the home. In addition a company had visited with art works and the people living at Beechwood had chosen the pictures they wanted displayed in their home.

The provider had contracted an independent advocacy agency to work with people living at the home. We looked at the contract for this service and saw that it was due to commence in mid-January 2016. Advocacy provides support for people to make sure their opinions are heard

and taken into account. The contract stated that the advocacy agency would visit three times a week, take referrals to support individuals and maintain contact with all the people living at the home and with provider. The contract made it clear that the agency would work cooperatively with the staff team and build positive working relationships whilst focusing on ensuring people’s views were heard. We discussed this with a senior member of staff who fully understood the process and told us they welcomed the use of advocates to support people living at Beechwood.

During the lunchtime meal we observed one of the people living at Beechwood becoming frustrated. Staff responded patiently, providing consistent reassurance and resolving their concern. We went into two lounges and found the atmosphere relaxed and warm. Staff were engaged in communicating with people who lived in the home in a positive way. It was obvious from our observations that staff knew the people well and knew how to meet their needs. In these lounges people were engaged in an activity, no matter how small, for example we saw two people holding sensory stimulation objects that they were obviously enjoying using. The staff were chatting and relaxing with people and treating them in a dignified way.

We later went into a different lounge and observed very different care practice that was poor, disrespectful and undignified for the people in that room. The staff appeared indifferent towards the people living in the home and made comments to each other in ear shot of the people about the personal care that was needed for some individuals.

We asked one member of staff who was from an agency what she knew about the people in the lounge and the response we received was, “They have got dementia, some worse than others.” We asked her if that was all she knew and she responded, “Yeah” and was unable to tell us people’s names. This member of staff was the only member of staff in the lounge at that time; We saw that the members of staff made no attempt to interact positively with the people using the lounge. This meant that people were not treated in a respectful and caring way. We immediately raised our concerns with the management team who took action to deal with our concerns.

Our observations demonstrated to us that the staff approach to people who lived in the home was inconsistent and that this was impacting on people’s experiences of being cared for.

Is the service responsive?

Our findings

We asked the people living at Beechwood if they knew how to raise a complaint if they had one. Their responses were mixed with some people telling us they did and others unsure.

Relatives we spoke with knew how to raise any concerns they may have and told us that their relatives needs had been met at the home. One relative explained, "All (my relative's) needs are being met."

The people living at Beechwood told us that that they enjoyed themed events and that staff had responded by planning a Burns night event including poetry reading and Scottish Food.

At our last inspection of the home in July 2015 we had found that systems and processes did not operate effectively enough to assess, mitigate and monitor risks relating to the health, safety and welfare of service users. At this inspection we found that improvements had been made but further improvements were still required.

Care files were large documents and it was difficult to locate information within them easily. We discussed this with a nurse working at the home and they confirmed that they had found it frustrating trying to locate information quickly.

We found the contents of people's care plans mixed. Some contained clear advice and were, in parts, centred around the person, others were very clinical. For example we looked at a care plan for one person who lived at the home and did not find information about their personality, how they communicated or the things they liked and enjoyed.

We spent thirty minutes looking in another person's plan and discussing with staff before we were able to establish whether referrals had been made for the person to receive advice around their diet and moving and mobility needs. We saw that the person had been referred to a dietician in October 2015, although staff were able to inform us that this had been followed up we did not see a reference to this within the care plan. Similarly we saw that in October 2015 it was recorded the person was awaiting an occupational therapist assessment regarding mobility aids. We then saw that in November 2015 a referral had been made for a new

chair for the person. Staff told us that a specialist nurse had visited the person recently re their chair. However we were unclear as to whether this met the criteria referred to in October 2015 as needing an assessment for aids.

We looked at a care plan which indicated the person required support with their nutrition. No information was recorded in this section as to whether a dietician had been consulted. However in looking through the plans we saw a letter written by a dietician in February 2015 stating they had seen the person.

One person told us that they required dressings applied to wounds they had, staff and the person told us these had been applied. Staff also told us that a detailed care plan had been written providing guidance to staff on how to care for the wounds. However when we looked this was not in the care file and staff could not locate it. Staff also told us that the dressings were re-applied a minimum of twice a week on set days. We could find no reminders for this recorded anywhere. . We looked at Medication Administration Sheets(MAR) and saw that they had been re-applied on 11 January 2016. However there was no record on the MAR sheet as to when the dressings were next due. We looked at a MAR sheet that commenced 16 December 2015 for four weeks and saw that the dressings had only been signed for on one occasion to demonstrate they had been applied.

These are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because systems and processes did not operate effectively enough to assess, mitigate and monitor risks relating to the health, safety and welfare of service users.

A senior manager told us that the provider had commissioned a Clinical Psychologist who would shortly be visiting to assess the service and provide advice on the support they provided.

Individual care files were in place for all of the people living at Beechwood. The plans we looked at had all been reviewed recently and we saw that they contained a number of assessments of the person's needs with corresponding care plans.

Is the service responsive?

At our last inspection of the home in July 2015 we identified that feedback from relevant people had not been listened to, recorded and acted upon appropriately. At this inspection we found that this had improved.

The complaints procedure was displayed in a number of areas of the home so that people could easily access it. A copy was also readily available in an easy read format with pictures to make it more accessible for the people who lived in the home.

We looked at the complaints log and saw that six formal complaints had been made since our last inspection of the service. Some of these complaints had been made by the same people who were dissatisfied with the service being given. However, the service was able to demonstrate that they had taken a number of steps to resolve the complaints to a satisfactory outcome and had given time to the complainants to try and seek a resolution. We saw that a complainant had attended a meeting with 10 staff members and had been given the opportunity to share their experiences and concerns with staff. This was an innovative way for the home to try and resolve complaints.

At our last inspection of the home in July 2015 we had found that the care and treatment provided for people did not always meet their needs or reflect their preferences. At this inspection we found that improvements had been made. For example we saw staffing sitting down and

engaging with people and that people were more occupied than at our last inspection. For example we saw a sensory group taking place and also noted that a number of people had sensory activities they appeared to be enjoying.

Some of the people living at the home told us that they would like to go out more and we saw that a lot of activities planned were 'in house'. We discussed this with senior managers who told us that they were aware of this and intended to increase opportunities for people to improve their everyday living skills and spend more time accessing their community.

A member of staff explained that if anybody living at the home wished to attend church then staff would arrange for them to go. The timetable of activities for the week also included a church service held in the home.

Since our last inspection at Beechwood the provider has set up an occupational therapy department. This was led by an occupational therapist (OT) with two OT assistants; the team covered seven days a week. Part of their role was to support people living at the home with activities. We looked at an activity timetable they had devised for the week of the inspection. Activities planned included, arts and crafts, newspaper reading, bingo and sensory sessions. We also saw that an activities cupboard had been created with games and arts and crafts people could use.

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Our findings

At our last inspection of the home in July 2015 we had found that systems and

processes did not operate effectively to improve the quality and safety of the service provided. At this inspection we found that improvements had been made.

Staff we spoke with were generally very positive about the management team and the changes that had been made. Comments we received from staff included, “Everything we ask for is provided as long as we can demonstrate that we need it and you can’t say fairer than that.” “Management are very approachable, they know your name, make time to listen,” and “You can talk to any of the managers any time you like – we have meetings and supervisions so we get the time to talk.”

Two other members of staff we spoke with told us that they thought staff morale was low due to the number of changes that had occurred in the home, including with management. However they did acknowledge that the provider had supported them when needed.

A visiting professional told us that they had noticed improvements to the staff team recently, they said, “Staff are motivated, happier.”

The home had a registered manager in post although he was not present during this inspection. The provider had assigned a project manager to work at the home to support the service and registered manager. In addition a full time operational manager was based at Beechwood and line managed by the registered manager. On the first day of our inspection a managing director and area manager from the organisation were visiting the home. This showed us that resources had been put into the home to provide it with the management support it needed.

We spoke with the management team and we saw that significant improvements had been made to the way the home’s progress was managed and monitored. The provider’s quality assurance team had recently analysed the home’s development and had recognised that they had moved from a ‘red’ rating to an ‘amber’ rating. This demonstrated that they recognised the service had improved but further improvements were required.

The home’s management team were open and transparent in their discussions with us and they told us that they were working hard to improve standards in the home but fully recognised that there was still some way to go.

We saw that the heads of each department met on a daily basis to discuss issues in all areas of the home and ensure that these were fully communicated. We also saw evidence that a senior management team ‘walk around’ the home happened daily.

We saw that staff were being supported and that training and supervision had been improved but we still had concerns about some of the care practices in the home and how the home were tackling these concerns and monitoring the daily care being given. In particular some of the poor practice we observed may not have occurred if senior staff who were good roles models were more visible providing day to day support to people.

The home had improved on how it reported notifiable incidents to us. We saw that clear processes were now in place to ensure that the home met the statutory requirements.

A number of systems were in place for auditing the quality of the service provided at Beechwood. This included an external pharmacist carrying out audits of medication within the home. Care plans had been audited and we saw that the audits included a section for any improvements that had been required to the plan.

Weekly meetings had taken place with the people living at the home to obtain their opinions. We saw that a firm plan was in place to increase this consultation with the use of an external advocacy agency. In addition to this relatives’ meetings had been held. The last of these had taken place in January 2016 and had been attended by ten relatives. These meetings provide an opportunity for people to be kept informed about how the service is operating and also to contribute to planned improvements.

Overall we found that the way in which the home was managed and supported by the provider had improved and that this had resulted in improvements to the overall safety and quality of the service people received. However we identified a number of areas during the inspection in which further improvements to quality and safety are

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required. Senior managers who we met with during the inspection assured us that they were aware of the improvements needed and plans were firmly in place to carry these out.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care and treatment was not being provided in a safe way.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Systems and processes in the home did not protect service users from abuse

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes did not operate effectively enough to assess, mitigate and monitor risks relating to the health, safety and welfare of service users.