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 a large detached property in its own grounds. Accommodation is provided over two floors and divided into four separate suites. The upper floor can be accessed via a passenger lift. The service provides accommodation and personal care for up to 66 older people, some of whom are living with dementia. At the time of our inspection there were 63 people living at the home. This was an unannounced inspection which took place on the 18 and 20 January 2017. The inspection was undertaken by two adult social care inspectors, a pharmacist inspector and an expert by experience.

The service was last inspected in February 2016. During that inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. This resulted in us making three requirement actions for; medicines not being managed effectively, recruitment procedures were not robust enough to ensure people were protected from unsuitable staff and staff had not received all the induction, training and supervisions necessary to enable them to carry out their duties effectively. Following the inspection the provider wrote to us to tell us what action they intended to take to ensure they met all the relevant regulations. During this inspection we checked if the required improvements had been made. We found that improvements had been made and two of the requirement actions had been met.

However during this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of 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 CQC.

You can see what action we have told the provider to take at the back of the full version of the report.

Staff had received appropriate training in the safe handling of medicines and had regular assessments of their competency. 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. Routine checks of stocks of some medicines were not carried out. Records were incomplete and body maps were not always completed to guide care staff when and how to apply topical creams. One person had not received their pain relief as prescribed.

We saw evidence that complaints had been responded to, but the service did not operate an effective system for recording and monitoring complaints.

The service had not notified CQC of all events they are required to. They had notified CQC of safeguarding concerns, serious incidents and events but had not notified CQC when DoLS authorisations were authorised.

The service is required to have a registered manager in place. There was a registered manager in place at Beechwood Lodge. A registered manager is a person who has registered with the CQC 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. The registered manager was present during this inspection. Most people were positive about the registered manager, the service and the way it was managed.

The home was very clean, tidy, brightly decorated, well maintained and well furnished.

People told us they felt safe living at Beechwood Lodge. Staff had received training in safeguarding adults. They were aware of the correct action to take if they witnessed or suspected any abuse. Staff were aware of the whistleblowing (reporting poor practice) policy in place in the service. Staff were confident the registered manager or the provider would deal with any issues they raised.

Recruitment procedures were in place which ensured staff had been safely recruited. There were sufficient staff to meet people's needs. Staff received the training, support and supervision they needed to carry out their roles effectively.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The registered manager was meeting their responsibility under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people's rights were considered and protected.

People's support needs were assessed before they moved into Beechwood Lodge. We found care records were detailed; person centred and also included information about people's daily living skills, routines and preferences. Risk assessments were in place for people who used the service and staff. They described potential risks and the safeguards in place. Care records had been reviewed regularly and had been updated when people's support needs had changed.

People had their health needs met and had access to a range of health care professionals and records were kept of any visits or appointments along with any action required. People at risk of poor nutrition and hydration had their needs regularly assessed and monitored. People told us the food was good.

All the people we spoke with were positive about the staff and the caring nature of the support provided. People told us staff were gentle, friendly, cheerful and listened to them. We found the atmosphere in the home to be relaxed and friendly. The service placed great importance on maintaining and promoting peoples dignity. We observed that people were well presented. The registered manager and staff were caring and responsive with people who used the service and their visitors. Staff were patient and spent time with people.They all knew people well.

Accidents and incidents were appropriately recorded. Risk assessments were in place for the general environment. Appropriate health and safety checks had been carried out and equipment was maintained and serviced appropriately. The service had an infection control policy; this gave staff guidance on preventing, detecting and controlling the spread of infection and staff received training in infection prevention and control. Staff had access to and wore personal protective equipment when undertaking person care tasks.

There were a range of activities and social events on offer in the home and community to reduce people's social isolation and promote their well- being. Individual activities were also offered to people who didn't want to join in group activities. People were very positive about the activity coordinator and told us they enjoyed the activities on offer.

Systems were in place to monitor the quality of the service but they were not all robust enough. We have recommended the service reviews its monitoring and auditing systems to ensure they are sufficiently robust.

All the staff told us they enjoyed working at Beechwood Lodge. They were very positive about the registered manager, the support they got from her and the way she ran the service.

The CQC rating and report from the last inspection was displayed in the entrance hall and on the providers website.

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.

Medicines were not managed effectively.

People felt safe. Staff were trained in safeguarding adults and were aware of how to identify and respond to allegations and signs of abuse. Staff were aware of the whistleblowing (reporting poor practice) policy, and how to raise any concerns.

There was a safe system of recruitment in place to help to ensure people using the service were protected from unsuitable staff. There were sufficient staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff received the training, support and supervision they needed to carry out their roles effectively. Staff felt supported.

People's rights and choices were being respected. The provider was meeting the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

The home was very clean, tidy, brightly decorated, well maintained and well furnished.

Is the service caring?

Good

The service was caring.

People told us staff were gentle, friendly, cheerful and said they were listened to.

The service placed great importance on maintaining and promoting peoples dignity and independence.

The registered manager and staff knew people well. We saw support provided in a gentle, friendly and relaxed way. Staff were patient and spent time with people.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was a complaints procedure. The system for recording and monitoring complaints was not effective.

Risks to people's health and wellbeing were identified and direction was given to staff on how to reduce or eliminate those risks. Care records were person centred, detailed and contained good information about people's support needs, preferences and routines.

There was a range of activities and social events on offer in the home and in the community to reduce people's social isolation and promote their well- being.

Is the service well-led?

Requires Improvement

The service was not always well-led.□

The required notifications had not been made to CQC.□

The systems in place to assess, monitor and improve the quality and safety of the service provided were not all sufficiently robust.

Staff were very positive about the registered manager and working for the service.

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 comprehensive inspection which took place on the 18 and 20 January 2017. The inspection was undertaken by two adult social care inspectors, a pharmacist inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert by experience had experience of services for older people and dementia care.

Prior to the inspection we looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also received feedback about the service from the local authority and Healthwatch Rochdale.

As some people living at Beechwood Lodge were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

During our inspection we spoke with ten people who used the service, seventeen visitors, the registered manager, the area manager, two deputies, six carers, a chef, a laundry assistant, the activities co-ordinator, the head housekeeper, the maintenance person and a visiting health care professional.

We carried out observations in public areas of the service. We looked at five care records, a range of records relating to how the service was managed including medication records, four staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at Beechwood Lodge. People we spoke with said, "I feel very safe here and feel that I can approach the staff on any matter" and "I feel safe. I like living here and feel happy. I don't feel there are any restrictions and the staff are very good and always respond immediately to any of my requests, I just need to press my buzzer." Visitors we spoke with told us, "We are very happy with every aspect of this home. [Relative] is safe now, which is a huge relief" and "I feel that [relative] is very safe here."

At our last inspection we found that medicines were not always safely managed and a requirement action was made. During this inspection we looked to see if the required improvements had been made. We found staff had received appropriate training in the safe handling of medicines and we saw records showing staff received regular assessments of their competency.

We looked at six Medicines Administration Records (MARs) and spoke with the senior carers responsible for medicines on each of the four units. Medicines were stored securely and access was restricted to authorised staff. Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. However, staff did not routinely carry out balance checks of controlled drugs to ensure they were correct. We found a discrepancy in the controlled drugs register on the upstairs unit dating back to 23 December 2016 which had not been identified and adequately investigated.

Room temperatures where medicines were stored were recorded daily and were within safe limits. We checked medicines which required refrigeration and found temperatures were not monitored in accordance with national guidance because only the current temperature had been recorded. In addition, we found a sample bottle of urine had been stored along with people's medicines in the fridge on the upstairs units. Staff could not provide us with temperature records for this fridge on the day of our inspection. This meant we could not be sure medicines stored in the fridge on the upstairs units were safe for use.

All service users had photographs and allergy details completed on their MARs; this helped to prevent medicines being given to the wrong person or to a person with an allergy. We checked the stock balances of medicines in the trolleys and store cupboards and found they were correct.

Three people were prescribed fluid thickeners to be added to their drinks to reduce the risk of choking. We found staff did not record when these had been added or how much had been used. This meant records did not reflect the treatment people had received. In addition, one person's records did not contain any information to guide staff how to thicken their fluids to the correct consistency, which increased the risk of choking.

Some people were prescribed medicines to be applied to the skin, for example creams and ointments. Topical MARs and body maps were not always completed to guide care staff when and how to apply these creams; this meant people did not always receive them as they had been prescribed. For example, one person should have had their emollient cream applied each day. We found this had only been applied on

nine out of 18 days in January, and on six out of 31 days in December. We found three tubs of this cream in the person's room; one of which had been dispensed in September 2016 and two of which were unopened. This suggested it was not being applied as often as it should be. We were told the cream had not been applied because the person had refused it. However, this had not been recorded on the MAR with a code or signature. This meant records did not reflect the care and treatment people had received.

Some people were prescribed medicines to be given 'when required'. We found protocols were not always in place to guide staff on when and how to safely administer these medicines. In addition, staff did not always record their reasons for administering 'when required' medicines. This meant staff may be unable to tell whether the medicine had had the desired effect.

Some people did not receive their medicines as they had been prescribed. For example, one person was prescribed a strong pain relief patch which should have been changed each week, on the same day of the week. We found this patch had been applied two days late on one occasion in December 2016 and three days late on a second occasion in January 2017. This meant there was a risk the person could have experienced pain or discomfort because their patch had not been changed in accordance with both the prescriber's and the manufacturer's instructions.

The manager showed us monthly medicines audits, the last of which had been carried out in November 2016. Two of the audits had identified some problems with record keeping; however an action plan had not been put in place to ensure this was followed up.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Failure to provide safe care and treatment. We found the provider did not ensure the proper and safe management of medicines.

During our last inspection we found systems of recruitment were not always safe. During this inspection we found improvements had been made and the requirement action had been met.

We looked at four staff personnel files. All the staff files we looked at contained an application form with any gaps in employment explored, proof of the staff members address and identity, at least two written references, and information about terms and conditions of employment. All of the personnel files we reviewed contained a check with the Disclosure and Barring Service (DBS); 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. These checks should help to ensure people are protected from the risk of unsuitable staff.

We saw the service had policies and, procedures to guide staff on staff recruitment, equal opportunities, sickness and disciplinary matters. These helped staff to know what was expected of them in their roles.

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. We found policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Training records we looked at and staff we spoke with confirmed staff had received training in safeguarding. Staff we spoke with had a good understanding of safeguarding and whistleblowing and their reporting responsibilities. They were able to tell us the potential signs of abuse, what they would do if they suspected abuse and who they would report it to. Staff we spoke with told us they were confident they would be listened to and that the registered manager would deal with any issues they raised. One staff member said, "If I see anything I would report it to [registered manager]." The registered manager told us that they and a deputy manager had undertaken

'train the trainer' training to enable them to train staff in safeguarding. The local authority was due to visit to review the training offered in the near future.

We saw that the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. It also contained telephone numbers for organisations outside of the service that staff could contact if they needed. Staff we spoke with were aware of the company policy.

We looked at the staffing arrangements in place to support the people who lived at the home. Most people we spoke with told us that there were usually enough staff to provide people with the support and care they needed. One person who used the service told us, "They always come when you press the buzzer." Some people told us that they thought evening and night time staffing was not always sufficient, particularly if staff phoned in sick and cover could not be found. We were told this resulted in five staff being on duty at night instead of six. One visitor told us, "I do think they are short staffed if someone phones in sick."

Staff rota's for the nine weeks prior to our inspection showed that there had been eight occasions when there had been five rather than six staff on night duty. Staff we spoke with told us that if cover could not be found they covered between the four units to ensure people received the support they needed. The registered manager and staff we spoke with told us cover for sickness and leave was usually provided by permanent staff completing extra hours. The registered manager told us that the home was now fully staffed with no vacant hours which had improved the staffing cover.

On the first day of our inspection we arrived at the home at 7.a.m. We saw that people who were in the lounge areas had been given drinks. Night staff we spoke with told us that there was no pressure to get people up. It was people's choice if they wanted to stay in bed but they checked people to ensure they were clean and comfortable.

Examination of the all staff rotas showed us staffing levels were usually provided at consistent levels and that absences such as annual leave and sickness were usually covered by existing staff. This meant that people received consistent care and support from staff from people who knew them well. We saw that since our last inspection the registered manager completed a 'residents needs' tool, which was used to assess the staff support needs of people who lived at the home. They told us this was updated when a new person started to live at the home or when someone's needs changed.

Staff we spoke with thought that there were enough staff available to meet people's needs most of the time. One staff member said about evenings and night time shifts, "It's not difficult. You can manage it. Everyone doesn't have to go to bed at 9 o'clock. People get good care. I would speak out if they weren't. It's someone's grandma and parent." Others said, "We definitely have time to provide people with what they need. In my last job [at another home] I couldn't" and "We always can answer the buzzers. We have plenty of time to do our checks. Two hourly checks are always done."

During our inspection we observed people received the support they needed in a timely manner and call bells were answered promptly. We saw that staff provided support when people needed it in an unhurried way. We saw that staff did not always wait to be asked for support, they asked people if they needed anything.

We found people's care records contained risk assessments. We saw these records identified the risks to people's health and wellbeing and gave direction to staff on how to reduce or eliminate those risks. We found these included moving and handling, falls, personal care and continence, nutrition and hydration,

weight loss, mobility, medicines and pressure areas. We saw that records had been reviewed regularly and we found that where changes had occurred the records had been updated.

We talked to the maintenance person for the home. They told us that they took health and safety of the service very seriously, knew the workings of the home well and said that health and safety was, "A team effort."

We saw that the maintenance person had a health and safety file which showed there was a system in place to check hot water, nurse calls, showerheads and the fire safety system. We saw that the registered manager had reviewed these records to ensure the health and safety checks had been carried out. We saw risk assessments were in place for the general environment.

All 'keep locked shut' fire doors for example to the COHSS and electrical rooms were checked and found to be locked.

We saw that valid certificates were in place for gas safety and the testing of portable appliances. We were made aware that the testing of hoisting equipment and other items, such as profiling beds, were undertaken by an outside contractor. This meant the provider had taken seriously any risks to people's health and well-being and put in place information to guide staff on how to reduce or eliminate identified risk.

A staff member told us, "We have got everything we need to do the job." Staff told us that if equipment needed to be repaired then this was always dealt with quickly by either the maintenance person or a suitably qualified person. Equipment needed such as hoists and stand aids were available on the suites. Assisted bathrooms had electric bath chairs available for people to use.

We spoke with the deputy manager responsible for undertaking moving and handling training. They told us that they had undertaken a four day 'train the trainers' moving and handling course, which enabled them to train staff in how to use a hoist, stand aid, slide sheets and turn tables. Staff received a full days training on health and safety legislation and physiology. Staff also completed a work book to help ensure they had understood the training and also how to complete a risk assessment.

We found that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person who used the service. PEEPs described the support people would need in the event of having to evacuate the building. These were kept in people's care records and in a "grab bag" which was kept in the main office for use in the event of a fire or other emergency. This included important information that staff would need to pass to emergency services.

We saw that the service had an infection control policy and procedures. These gave staff guidance on preventing, detecting and controlling the spread of infection. They also provided guidance for staff on effective hand washing, disposal of contaminated waste and use of personal protective equipment (PPE) such as disposable gloves and aprons. Staff told us that PPE equipment was always available for use and we saw that it was used appropriately by them.

We talked to the head housekeeper. They told us that there was a good housekeeping team in place who worked well together. We saw that the home was clean and tidy throughout and no malodour was detected. Paper towels and liquid hand wash was seen in all communal toilets and bathrooms and waste bins with foot pedals were used. Housekeeping staff used colour coded mops and buckets.

The laundry was set out with a dirty in and clean out route to help prevent cross infection. We saw that red

bags were used to transfer soiled items safely to the laundry and sluice wash facilities were available in the commercial washing machine. The head housekeeper told us that if a person had an infection then their bedrooms would be deep cleaned to help any further spread of the infection.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident and any treatment of action following the incident. One record we looked at showed that following a person who used the service having a fall; staff had started to monitor the person for any further falls and had arranged for the person to have their medicines reviewed by their GP. We saw that records were reviewed by seniors. The manager told us they did not review the accident records, but were made aware of any accidents through the daily handover. They told us they completed a monthly audit of all falls. We have addressed this in the well-led domain of this report.

We looked to see what systems were in place in the event of an emergency or an incident that could disrupt the service or endanger people who used the service. The service had a business continuity plan. This informed managers and staff what to do in the event of an emergency or incident and included loss of gas, electricity, water, telephones, heating, breakdown of essential equipment, catering disruption, damage to the building and severe weather. We saw that the plan contained forms for staff to complete to record what action they had taken and when.

Good

Is the service effective?

Our findings

People we spoke with told us, "I like that I can do exactly what I want, when I want to do it. The home is very clean too" and "I get around with the aid of a stick, but they have lots of equipment here if ever needed. I like it here because it's warm and clean."

Visitors we spoke with said, "It's a relief to find a home like this. It's spotless. We feel that [relative] is safe here and receiving a good standard of care", "My [relative] looked ten years younger within a week of being here." Others said, "I am absolutely contented with the care my [relative] gets. We looked at 80 care homes. This stood out, the atmosphere, the staff are fabulous", "We are going on holiday. We have no quibbles about leaving our [relative] here, they would ring if anything happened" and "My [relative] loves it here. At the last home [relative] cried all the time, not here, not once. [Relative] loves it."

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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 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. 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.

Care records we reviewed contained evidence that the service had identified whether each person could consent to their care. A review of people's records showed that where required a mental capacity assessment was completed along with a 'best interest' meeting. Staff and some visitors we spoke with told us they had been involved in best interests meetings. We saw that health care professionals were also involved where appropriate. At the time of our inspection authorisations for DoLS were in place for fifteen people who used the service. Applications for DoLS authorisations had been made for a further eight people. Conditions on authorisations to deprive a person of their liberty were being met. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom.

People told us that staff gained their consent before providing support. A visitor told us, "The staff always give [relative] a choice. I have seen them ask and offer choice every time. They always go back if they need to and check."

We looked at all communal areas of the home and with their permission in several people's bedrooms. We found each bedroom was numbered and had the photograph and name of the person whose room it was on the door. All the bedrooms that we visited had been brightly decorated and had a small fridge, personal

items such as photographs, games, books and small pieces of furniture.

The premises were well maintained and furnished and decorated to a high standard. We saw that there was LED lighting in place as well as good use of natural light on wide corridors, which had window seats available for people to look out. There were grab rails along the corridors. There were quiet lounges were people could meet with visitors privately. There were photographs and pictures in all communal areas to help support peoples orientation around the home.

We saw the grounds were well maintained and there was outside seating for people. One person told us, "It's nice inside and outside the building. I do like to sit outside when the weather is warmer."

Visitors we spoke with told us the home was always clean. They said, "There's none of the smells that can be associated with some care homes. Any mess or spillages get cleaned up immediately" and "It is very clean here. I'm aware of this carpet being cleaned sometimes three times in one day. There is no odour or unpleasantness and staff are so cheerful whilst going about their business."

During our last inspection we found staff had not received all the induction, training and supervisions they required to carry out their role effectively. At this inspection we found improvements had been made and the requirement actions had been met. We were told by the registered manager that when staff started to work at the service they received an induction. Records we looked at and staff we spoke with confirmed this induction had included information about health and safety, reading policies and procedures as well as shadowing experienced staff.

Records we reviewed showed that staff employed in the service had received training to help ensure they were able to safely care for and support people. We saw this training included, fire awareness, health and safety moving and handling, MCA & DoLS, emergency first aid, infection control and food hygiene. Whilst we found that some new staff had not competed all the mandatory training, we noted that training was on going and additional training sessions were planned for the months following our inspection.

Staff we spoke with told us access to training at the home was good. Some staff told us they were undertaking National Vocational Qualifications (NVQ) in social care. There was an NVQ assessor visiting the home on the first day of our visit.

We saw that staff supervisions had improved since our last inspection and all the staff we spoke with told us they felt supported in their roles. The registered manager told us that annual appraisals had not happened since our last inspection but that they planned for these to be completed in the next couple of months. The registered manager told us that they currently completed all supervisions but that senior staff were going to start to complete supervisions with staff to ensure they happened more frequently. One staff member told us, "I have worked here for 18 months, having worked in other care homes before. I think this is one of the best places I've worked in. I'm able to raise any concerns with the manager, who is approachable and fair with staff. We have different opportunities to ask questions and make suggestions. It helps build a good team." Another said, "[Registered manager] is brilliant support, she is always available if you have concerns."

The registered manager and senior staff had undertaken 'train the trainer' courses in some subjects so that they could deliver training directly to staff. We saw this included safeguarding, manual handling and health and safety. The registered manager told us that additional training in supporting people whose behaviour challenges the service was planned in the near future.

We looked at the systems in place to ensure people's nutritional needs were met. Residents catering requirements were discussed with them when they came to live at the home and a record was maintained in the kitchen. All of the care records we reviewed contained information about each person's needs and risks in relation to their nutritional intake. We saw that people were weighed regularly and that, where necessary, staff took appropriate action such as making a referral to a dietician for advice and support. The chef we spoke with was aware of who had special diets throughout the home, for example, soft diet. We saw that were necessary people's meals were fortified with calories by adding double cream to meals and some people had smoothies made with cream and fresh fruit.

We saw that the kitchen was well stocked with food, which included fresh vegetables, fruit and salad. We spoke with the chef on duty; they told us that they could order anything that they needed. The chef said, "They are very good here. We have never been told we cannot order anything." They told us that most of the food was homemade. We saw that there was a four week rotating menu in place to help ensure that people were provided with a variety of meals.

The service had received a 5 star rating from the national food hygiene rating scheme in July 2016 which meant they followed safe food storage and preparation practices.

We observed breakfast and dinner on one of the suites were people needed additional support. We saw that where people needed additional support to eat their meals there was good eye-to-eye contact from staff and people were encouraged to eat as much as possible. There was a choice of what to eat and drink at both meals. Tables were nicely set with table clothes and napkins, with attractive artificial plants. There were cups, saucers and cutlery. People also used special cups and plates to help support them to eat and drink as independently as possible. There were plenty of staff available to ensure that people received their meals in a timely manner. Staff were attentive, discreet and efficient in a relaxed way.

One person who used the service said, "The food is so so, but it's ok." Others said, "The food is nice, it's as good as I would have got at home", "The food is very good, you can have anything you want. It's home-cooked and good", "I like the food here, there's always fresh veg and good meat. Mealtimes are a chance to talk to others and are pleasant" and "This food is really quite good. I enjoy mealtimes and like having choice. It's really like being in a hotel."

Visitors told us, "The food is lovely. They get fresh fruit for elevenses; strawberries and melon. They get a cooked breakfast every day and cake brought to their rooms" and "My [Relative] will eat things here that [they] would refuse to eat at home, so having given staff [relatives] food preferences, it's made me look as if I didn't know what I was talking about. It's remarkable really."

Care records we looked at showed that people were assessed for the risk of poor nutrition and hydration. Malnutrition Universal Screening Tool (MUST) monitoring sheets were in place for the people at risk of malnutrition and were reviewed monthly and up to date. The MUST is an assessment tool, used to calculate whether people are at risk of malnutrition. We saw that where required, records were kept of people's weights, people's food and drink intake and positional changes to prevent pressure sores. We found two people's records for positional changes were incomplete. We noted that they had not suffered from pressure sores since living at the home. We have addressed this in the well-led domain of this report.

Care records we looked at showed that people had access to a range of health care professionals including district nurses, GP's, speech and language therapists, chiropodists, and dieticians. We saw that records were kept of any visits or appointments along with any action required. This helped to ensure people's healthcare needs were met.

We spoke with a visiting district nurse, who visited the home on a regular basis to administer insulin injections and change dressings. The district nurse was based at the local surgery were most of the people were registered. A matron, who was also a nurse prescriber, came into the home once a week to see people. The district nurse spoke positively about the home. They thought that the service offered by the district nurses was flexible as they were able to work round people's routines, gave good continuity and was preventative and reduced the need for GP visits.

People we spoke with told us they were supported with their health needs. One person told us, "I've got a problem with [medical condition] at the moment, only when I lie down in bed though. The staff have called in two or three times to see how I've been today and they always call the GP if I need one." Visitors we spoke with were positive about the way the service supported people who lived at the home with their health needs. One visitor told us, "Here they are changing [personal care] and turning [relative] three or four times a night, which is maintaining [the persons] skin integrity. Sadly, we've had a different experience in another home, where [person's] health suffered." Another visitor said, "My [relative's] health has improved significantly in the last few months. The staff are good here and have taken the initiative to make referrals when needed. For example they call the GP if there's any change in health and they always let me know."

Good

Is the service caring?

Our findings

All the people we spoke with who lived at Beechwood Lodge were positive about staff and the caring nature of the support provided. People said, "'I like it here" and "I definitely can talk to the manager and often do. They are all so good here. Staff know you very well. Do you know that they're organising a party for my birthday next week?". Visitors we spoke with said, "The staff here are marvellous. Nothing seems to be too much trouble for them and [person who used the service] seems to have settled well in a short period of time" and "It's a chilled, relaxed atmosphere in here. Because the unit is small, there is a homely feel."

Visitors we spoke with said, "My [relative] loves the staff [person] and smiles when they come in", "They are lovely, very gentle in their approach", "The staff are so cheerful and friendly", "The staff are generally kind and caring and they do seem to listen." Another visitor said, "The staff are kind and caring and they do listen. Occasionally there may be staff from other units who don't know everything about [relative], but we've had nothing major happen in these instances." Another said, "The level of gentleness and respect has surprised me." One visitor told us, "We came back from hospital at 2 am the other day and they gave [relative] a cup of tea and a cuddle."

During the inspection we spent time observing the care provided in communal areas of the home. We found the atmosphere was relaxed and friendly. We found staff were polite and we observed staff providing support in a gentle and kind manner. Staff used gentle touch, for example, held the persons hand or put an arm around their shoulder to help reassure them. Despite the home being warm, one person said they felt cold. We saw that staff had a wide range of fleeces, blankets and a shawl available to use.

Staff we asked told us that they would recommend the home to a family member. Staff we spoke with told us, "I love looking after the residents and making sure they are happy and well looked after", "It's a relaxed environment I love working here" and "Its very person centred. We get to know people and there are fifteen individuals on this suite. It's all about the residents."

We found that the registered manager, and all the staff we spoke with, spoke very fondly about people who used the service. They knew them well and knew their likes and dislikes. They were able to tell us about people's life histories and what was important to them.

We found the service placed great importance on maintaining and promoting peoples dignity. We observed that people were well presented. The home had their own hairdressing salon and nail bar. People could ask their own mobile hairdresser to come into the home and use it. Mondays were pamper days.

We observed staff knocked on bedroom doors before entering and waited for the person who used the service to ask them to enter. One person who used the service told us, "I think that it's all excellent. The staff always knock at the door showing respect for my privacy and dignity and they usually act on what I say." Others said, "The staff are very nice. They all knock on my door before coming in and they're very good at bath times, when I need assistance. I don't feel awkward. They respect my privacy and dignity."

There was useful information available in the entrance hall for visitors to read, for example, the MCA and DoLS, how to report a safeguarding and 'How we can work together to reduce the impact of dementia.' Information about making decisions was available in an easy read format

Visitors we spoke with told us they were made to feel welcome. One told us, 'We feel that we can come at any time without any restrictions. Sometimes we come later to fit my [family members] shift patterns, but it doesn't seem to matter. I think that's brilliant." Another said, "We can book a room here for family occasions. This is good because it's not always possible for my [relative] to eat out with [their] particular support needs. This is really helpful in keeping the family links."

A person who used the service told us, "I have visits from family and friends and my mobile phone helps me to keep in touch with them."

Care records we reviewed gave staff information to help promote peoples independence. Some people we spoke with told us they were encouraged and supported to remain as independent as possible. One person told us, "'I feel independent here. I really like the home and its environment. It's nice to be able to walk to the local Tesco, or hop on the bus to shop in town. I only go in good weather though." A visitor told us, "Staff seem to be friendly and approachable. They treat my [relative] with dignity and respect [persons] privacy. I feel that [relative] is supported to be independent here."

We saw that consideration was given to people's religious and spiritual needs and that arrangements were in place for people who wanted to, to practise their religion within the home. There was a church service every third Wednesday and this happened during our inspection.

Care records we looked at showed that people had discussed their wishes about how they wanted to be cared for at the end of their lives. We were told by the registered manager that when someone who used the service passed away, remembrance booklets were made for people's families. We saw these included poems and memories of the person.

Records we looked at showed that, where necessary, people had access to Independent advocates (IMCA) to help support them when specific decisions needed to be made about their care and support. This helped to ensure that decisions made on their behalf were done so in their 'best interests'.

We found that paper and electronic care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

Requires Improvement

Is the service responsive?

Our findings

A person who used the service told us, "There's is no regimentation about when you do things; it's a good place to be." Visitors we spoke with told us, "The staff are brilliant. The staff readily take the initiative" , "The staff here seem to know my [relative] well and [their] needs are being met" and "What really pleased and reassured me recently, was that, after taking [relative] out for a shopping trip, on returning here [person] said: 'Oh, I am so pleased to be back home."

We looked to see how the service dealt with complaints. Prior to our inspection concerns had been raised with us about the way the service dealt with complaints. We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. It gave details of people within the service who would deal with people's complaints and how long staff within the service would take to respond to them. It also gave details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. The registered manager told us they were going to update the information and add contact details of the local authority so that people knew how to make contact with them if they wanted to. Information about how to make a complaint was seen in the entrance hall and on a notice board on one of the suites.

We received mixed views on how the service handled complaints. One person who used the service told us, "I don't know about a complaints procedure and I haven't seen any notice about that." Another said, "I don't know about the complaints procedure but I can always speak to staff, which is very reassuring." Some visitors we spoke with did not feel the service had responded effectively to their complaints. Other visitors told us, [Registered manager] listens to us, She usually put things in place [if a complaint is made] and comes to tell me what has been done", "I feel they listen. [Registered manager] takes on board what I say" and "We don't have problems, just bits of things. They get it sorted."

When we asked the registered manager about complaints they were able to tell us how many people had complained in the last twelve months but not how many instances this had been. The registered manager told us that verbal complaints and 'low level' complaints or 'grumbles' were not recorded. Records we saw showed that copies of letters of complaint were kept, this included the service response. They told us they did not keep an overall log of complaints or actions taken in response to complaints. From the records available we could not be sure that all complaints had been handled appropriately. Accessible systems for the recording and monitoring of complaints are important to ensure appropriate action has been taken and to look for trends or patterns and to identify and address areas of risk across a service. This was a breach of Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Receiving and acting on complaints. The service did not operate an effective system for recording and monitoring complaints.

The registered manager told us that before people moved into Beechwood Lodge their needs were assessed. Care records we saw contained copies of these assessments. We saw they included information about medical conditions, mobility, communication, allergies, personal care, equipment, continence, pain, sleep, nutrition, skin integrity and challenging behaviour.

We looked at five people's care records. We saw these assessments were used to develop care plans and risk assessments to guide staff on how to support people. We found they were detailed; person centred and also included information about people's daily living skills, routines and preferences. The records we looked at gave sufficient detail to guide staff on how to provide support to people in a way that met their needs and preferences. Records we saw included an 'All about me' document. This contained very person centred information that guided staff on what was important to and for the person. We saw this information included people's daily preferences and wishes, such as what time they liked to get up and what drink they liked at bed time. We saw these also highlighted who was important to the person including any family or friends they wanted to remain in communication with. They gave details of people's life histories, hobbies, working life and important memories such as holidays, pets and music.

People gave us mixed views on whether they had been involved in developing their care records. Some people told us they couldn't remember. One person said, "I've not seen a care plan and I don't believe that I have been asked about my interests and preferences. Some of the staff know me very well, but some of the staff are better than others you know." Some visitors told us they had not seen their relatives care records. Most people told us they had been involved. Visitors we spoke with told us, "There are papers in [relatives] room. Charts and when [person] showers and the bed is changed", "Yes we have been involved. We had discussion about best interests", "The staff seemed to understand my wife's care needs. Most seem to be very supportive and let me know if anything changes." Records we saw including the 'All about me' document contained very person centred information that had been given by people or their families.

We saw that care records had been reviewed regularly and updated when peoples support needs changed. We found that in two records the reviews and updates were in different places to the others. This made it difficult to follow any changes or service actions. The registered manager and area manager told us they would look at improving how this was completed.

We asked staff how they kept up to date with people's changing needs to ensure they provided safe and effective care. We were told that staff were made aware of changes in people's support needs during the handover that happened each morning. We observed a handover and found the information given was detailed and included what sort of night the person had, any accident or incidents that had happened during the night and any planned visits from health care professionals, social activities or outings the person had planned for the day. We saw that notes of these meetings were kept so that staff that were not on duty could catch up with important events when they returned on their next shift.

We looked to see what activities were offered to people that lived at Beechwood Lodge. A person who used the service told us, "I join in with some activities. I like singing, dancing and, of course, chatting at lunchtime." A visitor we spoke with said, "They go and get my [relative]. [Activity coordinator] knows just what to do. She encourages my [relative], It's wonderful to see." Another visitor said, "My [relative] has always done arts and crafts. They do it with [person], there are loads of activities, they are always doing things. There are group's and one to one activities."

We saw that there were items available for people to pick up and use on the dementia suite, for example, dolls, books, puzzles and soft toys, which included a pet animal that breathed to make it appear life like and could be brushed which was popular with residents and visitors.

We spent time with the full time activities co-ordinator who worked at the service Monday to Friday each week. They told us that they were well resourced and could have any equipment that they needed. They completed an activities timetable each month and tried to incorporate new ideas and suggestions from people and their relatives.

The activity co-ordinator knew people well and their likes and dislikes and also the way the suites worked so was able to plan activities accordingly, moving from suite to suite throughout the day. They said that they would set up a group activity in the lounge/dining room area with staff and then spend time doing 1:1 with people who preferred to stay in their rooms.

On the first day of our inspection, we saw that the activities co-ordinator was using a sensory product. This included an audio CD so people were encouraged to connect the noise, for example a baby crying, with the smell of talcum powder. They also used bigger piece jigsaws and 'magic' paints that everyone could use. Board games were popular, people could get very competitive, and this included a recent 'best Christmas Decorations' competition on the suites. There were plenty of books available for people to read and the local authority mobile library visited the home every two weeks.

An exercise group who used streamers and pom poms visited every two weeks. A theatre group visited twice a year to give a performance. Last year it was 'Mother Knows Best' in May and 'Alice in Wonderland' at Christmas.

Trips were being arranged for 2017; for afternoon tea on a steam train, the Sea life Centre, an art gallery, a military museum and an arts and heritage centre that did reminiscence work, which they also received reminiscence boxes from every two weeks. People were supported on local walks and to nearby shops.

Birthdays were celebrated and the chef told us that they made cakes for people. The Orchard Tea Room could be used for family parties and also for messy play with the children from local schools who visited the home on a sessional basis. It was planned that the children would start a garden project in February 2017.

Pictures of Christmas celebrations and information about Beechwood Lodge activities were seen in the entrance hall. We were told that the Salvation Army Choir visited the home on Christmas Day. The National Citizen service visited the home annually.

Music was very popular. The maintenance person was a gifted electronic piano player who was clearly poplar with people. We saw people singing together and also a beautiful theatrical performance of "Somewhere over the rainbow."

One visitor told us, "I come in on a regular basis to play the piano for the residents on the Oak unit. My [relative] derives so much pleasure from listing to the piano. [Person] enjoys a lot of the old time music hall songs and the other residents will join in and sing along. My family has supplied the piano here, having first discussed and agreed it with the manager, because music so helps my [relative]."

Requires Improvement

Is the service well-led?

Our findings

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of events such as accidents, incidents and safeguarding concerns. During the inspection we found they had not notified CQC when DoLS authorisations had been granted. This meant that at the time of DoLS authorisation CQC were not able to ensure appropriate action top keep people safe had been taken. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The provider had failed to make the required notifications to the Commission. We have written to the provider asking them to tell us how they will meet this regulation in future.

The service had a registered manager in place as required under the conditions of their registration with CQC. People said of the registered manager, "I like the new manager. She is very approachable" and "[Registered manager] is friendly, very easy to talk to. I don't think she is ever unapproachable." Others said, "She's very approachable, very friendly. If we ask anything she gets it done. She goes that extra mile" and "[registered manager] is brilliant, you can talk to her about anything."

Most people we spoke with told us they thought the service was well–led. One person said, "Communication has been appalling, but it's got better." One visitor said, "Its 100% fantastic", "This home is well led. There have been improvements since [registered manager] arrived. For example, [registered manager] produced a document similar to the Alzheimer's Society's 'This is me'. This will obviously help if [person who used the service] ever has to transfer into hospital, or another care facility." Others told us, "I think this is a friendly and caring place, it comes from [registered manager]" and "It is well run."

We found the registered manager knew the names of residents and their visitors. We found the registered manager to be caring and approachable. We observed they interacted politely with everyone and people responded well to them.

Staff we spoke with were very positive about the registered manager. They told us, "[Registered manager] is all about the residents", "Brilliant manager. Very supportive, friendly and approachable", "She's a diamond, she's a good manager", "[Registered manager] is a great manager. Always helps out." Other staff said, [Registered manager] is really approachable. If I had something to complain about I am sure she would listen", "[Registered manager] has an open door policy and both she and [deputy manager], have been very supportive both at work and to me personally."

Staff said of working for the service, "I really like working here. The manager is good; she listens and encourages good teamwork", "I know I can go to anyone. I have never known a place like it. We are such a team", "[Registered manager] is excellent and very approachable. It's encouraging that we get good feedback for our work here too", "I feel valued here" , "Everyone is approachable here and there is a very good atmosphere, as we all work as a team" and "There are many experienced staff working here and there's good teamwork."

We saw that staff meetings were held regularly and separate meeting were also held for managers and

seniors. We saw that recent meetings had been used to discuss checking pressure alert mats, completion or recording charts and checks and timely answering of calls bells. We saw that staff had used one meeting to discuss how recording and updating people's records could be improved.

We looked at what opportunities were made available for people who used the service and their visitors to comment on the service provided. The activities co-ordinator was responsible for conducting residents meetings with no other staff members present. This was so people could raise any concerns more comfortably. The activities co-ordinator then set out to address any issues raised, fed back what action they had taken and checked that people had seen an improvement. We reviewed records of these meetings and saw they were well attended. We saw that issues discussed included a recent request from a person who used the service for certain food to be added to the menu, we were told this had been arranged. We saw that another person had been unhappy that some of their clothes were missing. We saw that the activity co-ordinator had looked for and found the clothes. We also saw that a discussion had been held to find out what times people would prefer activities to be arranged, we saw that people had expressed a preference for afternoons; the activity coordinator had said they would reflect this in their timetable of activity.

We saw that the service also produced a newsletter that gave information about activities that had happened, planned activities in the home and community based activities that people could book onto. One newsletter we saw included the service response to comments and suggestions people had made on improvements they would like within the service. One suggestion we saw included ordering smaller and lighter cups and glasses. We saw from the response that as a result the service had ordered these

The registered manager told us that the service annual relative's opinion survey had been sent out in January 2017. They were waiting for responses to be sent back. We saw that these questionnaires included questions about the care the person's friend or family member received safety of the home, food and activities. We also saw that the person completing the questionnaire could request to meet with someone to discuss their relatives care if they wished. One person we spoke with said, "I don't know about a residents' group, but I always talk to the staff about any care needs. I haven't had any concerns, but if I had any I would speak to [three staff names]."

The service had held one relatives meeting since our last inspection. Some visitors told us they wanted more relatives meetings. Other visitors said, "I used to attend residents' meetings in the evenings, but they haven't been happening recently. [Registered manager] is marvellous though. She listens and endeavours to support any request."

We looked at the arrangements in place for quality assurance and governance. We found there were a number of good daily, weekly and monthly checks and audits. Records we looked at showed these included cleaning, safeguarding, health and safety, daily recordings, care records, falls and maintenance.

However we found that auditing of medicines management had not been sufficiently robust to identify errors in record keeping or ensure appropriate action was taken where errors had been identified. In two peoples care records there were gaps in chart recordings which had not been identified during audits. We also found that whilst accidents and incidents were monitored by senior staff the registered manager did not have a process for monitoring them which would enable them to identify trends and patterns and mitigate future risks. There was no formal auditing of complaints or actions taken in response to complaints to help identify themes or lessons learned. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations. We recommend the service reviews its monitoring and auditing system to ensure they are sufficiently robust.

We found that when people started to use the service they were given a service user guide. This contained important information about the service and the way it was run. It included details of the services provided, how people's support needs would be assessed, activities and visiting, how the service they received would be reviewed and information about the complaints policy. This should help to ensure people knew what to expect from the service.

There was a statement of purpose. This told people who used the service, interested organisations and professional's important information about the service. These included the registration information and the legal status of the company.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection in the entrance hall and the rating was displayed on the providers website, with a link to the last CQC inspection report.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to make the required notifications to the Commission.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We found the provider did not ensure the proper and safe management of medicines

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The service did not operate an effective system for recording and monitoring complaints.