Finbrook Limited

Beechwood Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Beechwood Lodge is a care home registered to provide personal care and accommodation to 66 older people including people living with dementia. The service has four units; two on each of the two floors. All bedrooms had an ensuite shower and toilet. Two larger rooms were shared rooms, to accommodate couples. All other rooms were single. When we inspected the service there were 62 people living at Beechwood Lodge.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (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.

We last inspected Beechwood Lodge in October 2017. At that inspection we found breaches of the Health and Social Care Act relating to the deployment of staff and insufficient information provided in people's care records. The service was rated Requires Improvement. A previous inspection of Beechwood Lodge in January 2017 had also identified breaches and was rated Requires Improvement.

After the last inspection the service sent us an action plan detailing how they would address the issues we raised with them. During this inspection we checked to see how they had progressed. We found that improvements had been made to deploy staff more effectively and to ensure records were accurate and up to date. However, we found further concerns, and identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to regulation 17; good governance, as systems to manage the service were sometimes ineffective, and quality assurance systems were not consistently applied. You can see what action we told the provider to take at the back of the full version of this report.

The building was secure, and when we spoke with people who used the service they told us they felt safe. The environment was well maintained, and the staff we spoke with understood how to identify any safeguarding concerns and how to report them. Environmental safety checks were undertaken, and whilst maintenance records were up to date system systems to ensure checks were undertaken in a timely fashion were not kept, leading to a risk that certificates may lapse.

There were appropriate staffing levels across the service and staff were effectively deployed on each unit. Recruitment was safe but we found that recruitment records were incorrectly filed.
We saw that there were systems in place to monitor and manage medicines, and the home was clean. Systems to minimise the spread of infections ensured staff were diligent and maintained a good level of infection control. During our inspection new carpets were being laid with plans to re-carpet all communal areas.

When we spoke with people they told us that the staff knew them well and knew how to meet their needs.

Staff were kind and caring, showed knowledge of the people they supported, and people appeared well cared for. Their privacy and dignity was respected. They told us that staff attended to their health needs and responded quickly when they became ill.

We saw plans were in place to support people at the end of their lives, and staff we spoke with demonstrated good knowledge and understanding of people's needs as they approached death. Further training had been arranged to improve their knowledge and we saw that the service liaised well with other professionals to ensure people were given the right support at this time in their lives.

Care plans provided sufficient information about people's needs and how to meet them. Daily records and notes showed good monitoring of people's daily routines and choices. However, reviews of care plans sometimes overlooked changes in people's circumstances. Similarly, risks were sometimes overlooked, or where a risk had been identified this had not been assessed.

We saw the level of activities for people who used the service had improved since our last inspection, and people told us that they felt there was enough for them to do. We saw staff engaged well and spent time in conversation with individuals or small groups.

We saw that where complaints had been made the registered manager responded appropriately. The number of complaints was outweighed by compliments received.

We found the overall monitoring of the service was inconsistent. For example there was no evaluation of falls which might have indicated where and when incidents were occurring. Information which would help to improve the quality of people's lives was not used effectively.

People who used the service and their relatives were given the opportunity to comment on their care provision. The response from surveys and questionnaires was mostly positive. Where there had been negative comments, we saw evidence that some action had been taken to improve the delivery of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were cared for by sufficient numbers of staff who understood their responsibilities in protecting people from abuse.

Suitable arrangements were in place for the safe management of people's prescribed medicines.

Is the service effective?

Good

The service was effective.

People were supported by competent staff who knew them and how best to meet their needs.

Staff monitored people's diet, and people told us that they enjoyed the food provided.

Where people were being deprived of their liberty, legal authorisation was in place.

Is the service caring?

Good

The service was caring.

People were supported by kind, patient and caring staff.

Care plans described what was important to people and how they wanted to be supported.

Staff formed positive relationships with people and demonstrated a good knowledge of their physical, social and emotional needs.

Is the service responsive?

Good

The service was responsive.

Care records provided sufficient information to guide staff in the delivery of people's care.

People knew how to make complaints and the service responded appropriately to formal complaints.

There were regular activities arranged and people had been encouraged to form friendship groups.

Is the service well-led?

Requires Improvement

The service was not well led.

Systems to manage the service were not always reliable, and quality assurance arrangements were not always applied consistently.

Opportunities to improve the quality of the service were overlooked.

People who used the service and their relatives were given the opportunity to comment on their care provision.

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.

The inspection was prompted in part by notification of an incident following which a service user died. This incident is subject to an ongoing investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of the risk of falls. This inspection examined those risks.

The inspection took place on 15 and 16 October 2018 and was unannounced. The inspection team comprised of one adult social care inspector.

Prior to the inspection we looked at information we had received about the service. This included notifications, safeguarding concerns and whistle blowing information. As we had brought our inspection forward we did not request a provider information record (PIR). This is a form that asks the provider to give us some key information about what the service does well and what improvements they plan to make. We also contacted the local authority commissioning team, the Clinical Commission Group (CCG), the Community Infection Prevention and Control team and Healthwatch Rochdale. Healthwatch is an independent consumer champion for health and social care. This helped to gain an overview of what people experienced when accessing the service.

During the inspection we spoke with the registered manager, the area manager, five care staff, the activities coordinator, two members of the kitchen staff, seven people who used the service and two relatives. We looked at six staff personnel records, eight care files, training records, meeting minutes, supervision notes, audits and other records such as medicine administration records and food and nutrition records.

Good

Is the service safe?

Our findings

The service had systems in place to monitor risk. For example, a clinical risk indicator tool which was reviewed on a monthly basis identified any risk of falls, risk of developing pressure sores, nutritional needs, depression or concerns around continence. Where risk was identified we saw some evidence to show attempts to mitigate the risk, such as food intake charts to monitor people's dietary intake, sensor mats to alert staff if a person got up in the night, and crash mats to reduce the risk of a fall out of bed.

We saw that falls were recorded in the incident book and appropriate observation carried out for twenty-four hours after each fall. One care record we looked at included an additional care plan observing the need to ensure the safety of the person, identifying risks of falls and instructing staff to be vigilant, for example, by checking feet and footwear. It also recorded the use of equipment to minimise risk..
People told us that they felt safe at Beechwood Lodge. One person told us, "I wasn't being looked after before I came here, I know that now, because I feel safe now, and well looked after. This place is just right for me". We saw staff were mindful of people's welfare, another person who lived at Beechwood Lodge said, "Oh yes, I am very safe here. The staff know how to look after me. I can't walk very well but the staff are very careful. They are good when they hoist me into and out of bed. They look after me very well."

There were appropriate policies and procedures in place around protecting vulnerable people from abuse. The staff we spoke with understood how to identify any safeguarding concerns and how to report them. A copy of the local authority safeguarding policies and procedures was available, and staff had access to the local safeguarding team for advice and the contact details to report any incidents. There was a whistle blowing policy in place, which staff were aware of and they told us they would report any poor practice to their line manager. A whistle blowing policy allows staff to report genuine concerns with no recriminations.

When we last inspected Beechwood Lodge in October 2017 we found a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the staff were not always able to respond to people's needs in a timely manner, and people were left unsupervised for long periods. At this inspection we found improvements in this area. Communal areas were not left unattended, and there were sufficient staff on duty on each of the four units. In addition to the manager there were four deputies, including two night time deputies, meaning that there was always a deputy manager on duty. Two senior care workers and eight care staff were deployed for each shift during the day and a minimum of six night staff were deployed. Staff were vigilant and responsive to need; one person who used the service told us, "I'm well looked after. The staff are very good. If I ring for them they respond quickly."

We looked at the recruitment procedures, which gave clear guidance on how staff were to be properly and safely recruited. This helped to protect the safety of people living at Beechwood Lodge. We looked at six staff files. Four contained proof of identity, interview notes, a job description, two references and an application form that documented a full employment history and accounts for any gaps in employment. Checks were carried out with the Disclosure and Barring Service (DBS) before any member of staff began work, and copies were kept on the personnel files. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against

the applicant. Two of the staff records were incomplete. One file contained only one reference, and another had no references at all and no evidence that a DBS check had been undertaken.
Medicines were stored and administered safely. All medicines were kept in locked trolleys stored in treatment rooms which were locked when not being used. However, on the first day of our inspection we saw that one trolley was not returned immediately to the treatment room at the end of the medicine round. We pointed this out to staff and the trolley was returned.

Senior care staff and deputy managers were trained to administer medicines, and they ensured medicines were managed effectively. Each month orders were made and checked with the pharmacist on delivery to ensure the correct medicines were provided. Any unused medicines were also checked, recorded and returned to the pharmacy. This ensured that there was no overstocking of medicines. The service recorded fridge and room temperatures. If medicines are stored at the wrong temperature they can lose their potency and become ineffective.

Controlled drugs were appropriately stored in a further locked cabinet. These are medicines named under misuse of drugs legislation which restricts how such medicines are stored and recorded. The controlled drug register was countersigned when administered. We checked the balance of controlled drugs for two people and found them to be correct.

We looked at medicine administration records (MARs) for five people and found they had been completed accurately with no gaps in recording. The medication counts were consistent with the recordings on the MAR. Where medicines were prescribed to be taken 'as required' there were instructions which gave details including the name and strength of the medicine, the dose to be given, the maximum dose in a 24-hour period, the route it should be given and what it was for. The MAR sheets were audited by staff daily with a further monthly check by managers to ensure safe management of medicines.

We saw that people sometimes received medicine covertly. Medicine given covertly is the administration of any medical treatment to a person in a disguised form, such as sprinkled over food. We checked the case records and medicine administration records for two people and saw that the decision to provide covert medicine had been considered in line with the person's capacity and in their best interest, and included written authorisation and instruction from the person's general practitioner (GP).

Prior to our inspection we contacted the local Infection Prevention and Control Team, who informed us that Beechwood Lodge maintained a good standard of infection control. They were satisfied with the steps taken to minimise the spread of infection. Where they had made recommendations to improve infection prevention measures we saw that these had been followed up. We looked around all areas of the home, and saw that it was warm and light, clean, free from any unpleasant odours and well maintained. Communal bathrooms were clean and hygienic. They were decorated in pastel shades which gave a homely feel to them. We saw that where dangerous or hazardous equipment was stored, doors displayed warning signs and 'keep locked notices'. When we tried these doors, we found that they were locked. We saw that toilets had posters detailing safe hand washing techniques, and that soap, paper towels, disposable aprons and hand gel were available, further reducing the risk of cross contamination. The kitchen was clean, and kitchen staff regularly monitored the fridge temperatures. Food was stored safely to prevent any risks of cross contamination or food wastage. The kitchen was awarded the highest food hygiene rating from the Food Standards Agency.

Staff we spoke with understood the importance of infection control measures, such as the use of colour coded cleaning equipment and the use of personal protective equipment such as tabards, vinyl gloves and other protective measures when handling food or completing personal care tasks and cleaning. Wearing

such clothing protects staff and people using the service from the risk of cross infection during the delivery of care.

Good

Is the service effective?

Our findings

People told us that they were supported by competent staff who knew them and how best to meet their needs. One person told us, "We're all different, but the staff know how to look after us. You don't find us wanting". As a part of their induction all staff undertook rudimentary training in the essential requirements across the Skills for Care common induction standards. In addition, staff had completed further training, such as end of life training in conjunction with a local hospice, 'dignity in care'. The service had commissioned a visit from the Alzheimer's Society dementia bus, which allows people an opportunity to understand what it might be like to live with dementia. Some training, such as safeguarding adults, was completed electronically using DVDs with test papers to test understanding and competence.

Some, but not all the staff files we looked at included certificates to show training courses staff had attended, and when we asked the registered manager to show us what training staff had attended they were unable to produce evidence. However, the day after our site visit they sent us a copy of the staff training matrix, which showed when training had been updated or refreshed.

As part of their induction staff would shadow a more experienced member of staff until such time as they and the registered manager felt they were competent. The registered manager told us that the length of time would depend on their previous experience, and they would be supported until they felt confident in their abilities. They told us one person had shadowed for six months before they believed they were familiar enough with their routines and the day to day tasks.

During this inspection we saw that the registered manager kept a timetable which showed that all staff received a supervision session twice yearly. Supervision meetings provided staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work. We looked at four staff supervision records which showed that staff were given an opportunity to meet with the registered manager, but we found the records were identical showing that the same issues were discussed with each person, did not reflect analysis of work, and did not allow for reflection and comment. We spoke with the registered manager about this and they agreed to look at how supervision could better reflect any individual concerns and assist staff to improve their performance.

Attention was paid to people's nutrition and hydration needs. The kitchen staff told us there were no restrictions on the food budget, and when we toured the kitchen we found the larder was well stocked. There was only a small chest freezer, we were told that this was used sparingly, for such items as frozen desserts and ice creams, as food was always prepared from fresh.

People were weighed regularly and Malnutrition Universal Screening Tool (MUST) scores were recorded. MUST is a commonly used screening tool which helps identify adults who are at risk of malnutrition or obesity. Where appropriate, food and drink charts were used to monitor the amount given and the amount consumed. If necessary staff would make referrals to dieticians or speech and language therapists for advice on diet and swallowing. We saw when we looked at care records that diet plans were followed; one plan we looked at noted changes in dietary requirements as the person's weight fluctuated, and a referral to

the nutritionist. There was evidence that the service followed advice, and continued monitoring showed a healthy increase to correct body mass.

The kitchen staff were aware of people's specific dietary requirements and kept a list of people who required their food to be prepared in a specific way, such as pureed, or mashed. The list also showed the number of people who needed specific diets due to medical concerns such as diabetes, or cultural needs. They knew people's specific tastes and preferences, for example, one person was partial to a specific breakfast cereal, and this was always provided. They kept clear records ensuring appropriate kitchen management, including daily records of fridge temperatures, orderly stock rotation and recording the date any food packages were opened to ensure perishable goods remain fresh before use.

Where necessary, we saw in care plans that the service used a dementia mealtime assessment tool, which identified any support people may need with eating and drinking, such as specific crockery, or assistance with cutting up food. We saw that these plans were followed.

All the people we spoke with agreed that they enjoyed the food provided. One person commented, "The food is always good, and we get enough". We observed lunch on the second day of our inspection. People were brought into the room in an unhurried manner and made comfortable. Earlier in the morning kitchen staff had approached each person to offer a choice of two main meals. Nearly all had chosen a lamb dinner with mint gravy and fresh vegetables. Meals were well presented and looked appetising. We noticed that some people preferred to eat in their own rooms and so their meals were taken through to them, and where necessary a care worker would assist them with eating.

People had good access to healthcare and staff monitored their physical and mental health needs. One person who used the service told us, "If you are ill they don't half look after you", and a visiting relative informed us that staff would let them know of any specific health issues and that these had been reported to the person's general practitioner (GP). Evidence in the case notes we reviewed showed liaison with district nurses, regular health checks and GP visits for example, to monitor skin integrity. We saw in care plans that people had regular access to other treatment such as dentist, optician and chiropody appointments, and a section headed 'professional visits' recorded visits by specialists to consider specific needs, for example, one record noted ongoing support to a person who had reported a specific ophthalmological concern. This was appropriately monitored with evidence of ongoing support and treatment.

We saw that staff communicated well with each other and passed on information in a timely fashion. Staff attended a changeover meeting at the start and finish of each shift, and progress notes on each person were shared. This helped to ensure that staff were given an update on a person's condition and behaviour and ensured that any change in their condition had been properly communicated and understood. Staff shared information about individual people who used the service and tasks were delegated appropriately and shared fairly. Each unit had a handover communication book, where staff would record any issues or note any action which may need to be taken as a reminder to the relevant people. New entries were made, and any follow up action was recorded or ticked once actions had been completed.

Beechwood Lodge was well designed and met the need of the people who used the service. Built on two floors, there were two units on each floor. Each unit had a spacious lounge and dining area, and bedrooms were located off each lounge. We saw that bedrooms had been personalised, with photographs, cards and pictures which people or their relatives had provided. We saw some rooms had fresh flowers in vases, and makeup on dressing tables. There was a well-equipped hairdressing salon and two rooms at the rear of the building allowed for quiet or for private visits when relatives called. All bedrooms had ensuite bathrooms. Corridors were wide and free from clutter which might obstruct people with poor eyesight, and contrasting

handrails helped people with poor mobility. Assisted bathrooms were equipped with thermostatic controls and specially adapted baths to help people get in and out. When we last inspected Beechwood Lodge in October 2017 we noticed that the carpets, particularly in one area on the ground floor, were heavily stained. At the time of this inspection new carpet was being laid in this area, in a colour which was more appropriate to people living with dementia, and the registered manager showed us plans to re-carpet all communal areas.

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 mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service had a detailed MCA policy and staff had been provided with training in this legislation.

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 service had an effective system for monitoring any applications and authorisations to ensure they were reviewed appropriately. When we inspected Beechwood Lodge there were 25 authorisations agreed by the authorising body (local authority). The registered manager showed us a matrix which showed when these authorisations were due to be renewed. Where there were conditions to the deprivation we saw measures in place to ensure that these were met. Ten people on the residential unit had authorisations, and a further six applications to the local authority had been made.

Capacity assessments were held on people's care files to demonstrate that a formal capacity assessment had been carried out before the DoLS application was made. Best interest meetings had been held to support the decision-making process for people who could not make decisions for themselves.

We saw that people's care records had been signed by people who used the service where possible. The care files we looked at had individual capacity assessments for people's needs and this was reflected in people's care plans. Care plans we looked at indicated where people could make choices, for example one plan stated, '[person] can communicate preferences and make choices on daily attire, menu and involvement in planned activities but unable to make choices on future care planning."

Good

Is the service caring?

Our findings

Throughout our inspection we observed staff being kind, patient and respectful to people who used the service. One person who used the service said, "This is a care home and they [the staff] do care, every one of them. The staff work hard but they are really caring and supportive." Another told us, "I'm settled, and I love it here. We've got a lot to be thankful for, the staff are so kind. Everyone seems to like it, there is no one miserable, it's a nice place to be." A visiting relative commented on their loved one's care and commended the, "Good caring staff, who look after [my relative] well. They've really got to know her well and ensure her comfort".

When they interacted with people we saw the staff were kind, patient and compassionate. For example, we saw care was taken when staff transferred people using mechanical hoists. Two care workers assisted with the manoeuvre; one held the person steady whilst the second supported the person being transferred. They talked to the person, providing instruction, reassurance and checks that the person was comfortable, all the while protecting their dignity. We also noticed staff were vigilant to people's needs and complimentary when greeting them (for example, as one care worker went to sit with a person they greeted them by name as they sat beside them, took their hand and remarked, "Ooh, your hands are nice and warm").

Care plans described what was important to people and how they wanted to be supported. For example, one care plan we looked at stated, 'Likes to maintain dignity. Likes to be clean and well presented: maintain dignity. Doesn't like being underdressed', and we saw instructions were followed. People were well dressed and groomed and looked smart.

We saw staff spent time talking to people and encouraged conversations amongst the people who used the service. People who used the service had formed friendship groups and one told us, "They have encouraged us to form friendships, and we have. We all get along here." Staff interacted well with people at mealtimes; they sat with people at their tables, encouraging interactions and supporting people who required assistance. There was a pleasant relaxed feel to the meal times, showing consideration for people's comfort. Each table had salt, pepper, sugar, milk and serviettes available. Staff made sure all residents had a hot drink and there were jugs of juice on each table. At the end of the meal, one person asked to be escorted back to their room, and a care worker responded promptly. Another asked for more dessert, none was available, so they were offered a yoghurt instead, which they gratefully accepted.

We saw staff were careful and considerate when supporting people to take their medicines. Staff took their time to ensure the correct medicines were provided, and that people were given time and the right support to take them. One person who used the service told us that, "[The staff] are careful with tablets, they tell you what they are and watch as you take them. I usually have a glass of juice with mine", and we saw during one round the senior care worker sat and discussed with a person whether or not they needed to take a tablet which had been prescribe 'as required'. The person agreed that they did not need it at the time, with a caveat to come back later. Where people had been prescribed patches for pain relief we saw that body maps recorded the time and accurate part of the body on which the patch had been placed. This ensured that patches were rotated on the body to maintain good skin integrity and minimise the risk of irritation,

showing that the service was considerate to people's welfare.

Relatives we spoke to told us that they felt comfortable visiting Beechwood Lodge. There were no restrictions on visiting and people were made to feel welcome. Visitors we spoke to informed us, and we saw, that staff knew who they were, addressed them by name and were always welcoming. A visiting relative told us, "I know [my relative] is well cared for. They all are. The staff are open and friendly with visitors too".

People who used the service told us that they thought the care staff made an effort to get to know them and their relatives. Staff agreed that this was important and spoke affectionately about the people they supported. We noticed that they addressed people by their preferred names, and spoke to them in an unassuming way, making eye contact and touching when appropriate. Staff formed positive relationships with people and demonstrated a good knowledge of their physical, social and emotional needs. People's communication needs were assessed, and the provider was meeting the requirements of the Accessible Information Standard (AIS) by identifying, recording and sharing their information and communication needs. This meant staff were aware of how individual people communicated and written information was also available to people in different languages on request.

Staff treated people and their belongings with respect. For example, they would knock on people's doors or ask for permission before they entered bedrooms. We saw that people were encouraged to bring in personal belongings and that these were treated with respect. Visitors had access to two quiet rooms where they could meet and talk with people who used the service without being overheard or observed. Information held about people, including all care records were securely stored when not in use. This helped to protect the personal information held about people who used the service. Staff had access to their notes and we saw that they regularly consulted care plans and assessments to ensure that they were providing appropriate care and support.

Good

Is the service responsive?

Our findings

People told us that they believed the staff responded well to their needs. One person told us, "We all like it here, staff are very good, they know us and are attentive, and all so kind. It's always nice and clean. Everything is a pleasure. We are all in all very well cared for".

Each person who received care and support at Beechwood Lodge had a care record which reflected their circumstances, needs and how they liked to be supported. The service was looking to introduce a new electronic care record for each person within the next two months, but at the time of our inspection written care records provided information about people's needs and how to meet them. Care plans were separated into 12 sections. Further sections provided other useful information such as contact detail and social contacts, life history, referrals to outside agencies and monitoring charts (for example, weight or nutritional assessments). When we last inspected Beechwood Lodge in October 2017 we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because care plans had not always been reviewed so changes were not always reflected. At this inspection we found that care plans had been checked monthly and changes in need were duly recorded. However, we noticed that some of the information held about people had not been updated, which meant that any staff who were unfamiliar with the person may overlook issues of importance to them or lead to misunderstanding about their personal circumstances. We spoke to the registered manager about this and they agreed to undertake a more holistic review of the person and their needs so records would reflect their personal circumstances as well as how their needs could best be met.

We looked at eight care records. Each had a preadmission form which gave an indication of the person's background and any specific needs they might have, or equipment they used. A life history detailed what was important to the person, which would help anyone who was unfamiliar with them to understand what mattered in their lives, and notes signalled their likes and dislikes (one, for example noted, 'likes fruity smelling shower gel'). A signed consent form indicated whom the person would agree to share information with; we saw in one record a person was happy for their notes to be read by specific family members, but not others. Cultural and spiritual needs were acknowledged, and a 'hospital passport' was available in case the person required medical treatment away from Beechwood Lodge. This provided vital information about the person, including medical details such as any allergies or current medicines. Daily and contemporaneous records showed good monitoring of people's daily routines and needs, noting any events out of the ordinary.

A daily needs file on each unit was used to record oral care, cream charts and body maps. We saw that where necessary staff maintained good and accurate records of people's food and fluid intake and bowel charts to monitor any continence or constipation issues.

When we inspected Beechwood Lodge in October 2018 we found that regular entertainment was provided, but that this did not meet all tastes, and some people often lacked stimulation. At this inspection we saw that the service had reviewed activities and had been active in seeking new ways to provide people with stimulation, ensuring that people were not left isolated. One person told us, "They look after me well. I have

no complaints. I spend most of my time in my room, but the staff are good. They come in and check I'm okay or stop for a natter." The service had recruited an activity coordinator, who had met with people who used the service to determine their likes and interests. In addition to organising regular visitors from local entertainers, they would spend time on a one to one basis with the people who lived at Beechwood Lodge. One person told us, "A lady comes in and we do lots of activities, she is really good. They arrange visiting entertainers and games. When there isn't anything we still get attention. There is a lot of stimulation". They had liaised with a local school and arranged for pupils to visit the service on a weekly basis. These visits generated a lot of excitement and people told us that they looked forward to them and enjoyed the company of younger people.

When we spoke with the activity coordinator they were able to demonstrate a good understanding of all the people who used the service and describe their interests. They had helped people to make up memory boxes which were exhibited outside their rooms, displaying photographs and items of memorabilia important to the person They told us that they were supported by the staff on each unit and that care staff would be proactive in arranging small group activities and games.

The people who used the service told us that they knew how to complain. One person told us that they were given this information when they first arrived at Beechwood Lodge, but that, "I've nothing to complain about; it's all good". A visiting relative told us that they had raised a complaint with the registered manager, and that, "It was resolved straight away, and since then I've not had any issues. The staff are always friendly and polite, and attentive to [my relative]". All complaints were logged and we saw that there had been five formal complaints since our last inspection with evidence of a response, investigation and outcome recorded.

At the time of our inspection nobody was receiving end of life care, but we saw complimentary cards from relatives who had spent their last years at Beechwood Lodge, which praised staff for their kind and compassionate care. One read, "We would like to thank you all for your dedicated and compassionate care shown to our mother during the end of her life". The care staff we spoke with gave good accounts of how people's last wishes had been respected, giving details of liaison with health professionals and support for family and friends.

When we looked at care records we saw some included a 'do not attempt resuscitation' form (DNACPR) A DNACPR form is a document issued and signed by a doctor, after consultation with the person and their representatives which advises medical teams not to attempt cardiopulmonary resuscitation care files also included advanced care plans which showed how people wanted to be cared for as they approached their death had been discussed with them. They indicated future wishes, and any preferences in preparation for their end of life. We saw from training records that some staff had been enrolled on end of life care training with a local hospice to assist them to care for people and support their relatives and friends at this difficult time in their lives.

Requires Improvement

Is the service well-led?

Our findings

The emphasis of the service was to provide good quality day to day care for the people who lived at Beechwood Lodge. Throughout our inspection, we saw that people appeared well cared for. People who used the service and their relatives informed us that they believed there was a good atmosphere. A visiting relative told us "Beechwood Lodge has a comfortable and relaxed feel", and we saw people were content. The service had a registered manager and we saw that they were visible; people told us that both the registered manager and the staff were easy to approach. They told us that the staff knew them well enough to understand their moods and recognised their likes and dislikes.

When we last inspected Beechwood Lodge in October 2017 we recommended that the service reviews the systems in place for maintaining accurate and up to date records about the service. At this inspection we found some limited improvement, for example, changes in people's needs were recorded on a monthly basis, but governance and performance management arrangements were not always effective. The service was operating different systems, so information was not available or difficult to find. For example, some personnel files included supervision and training records, whilst others did not. They did not always show that appropriate checks had been made to ensure that people employed were of the right character to work with vulnerable people.

Monthly audits of care records missed information about people's circumstances, for example, one care record noted a person lived with their partner, although they had been widowed for over a year. Successive monthly audits had overlooked this.

There were processes and systems available within the service to complete all audits. We looked at the accident audit. There was a system in place to monitor falls, but when we checked this was blank. The registered manager admitted that she had not completed it. Moreover, an audit of audits completed by the area manager had also overlooked this omission.
The registered manager undertook a yearly health and safety audit with the maintenance officer and met with them monthly to discuss issues. Routine checks were carried out to ensure the nurse call system, fire and safety equipment, emergency lighting, pest control and equipment such as wheelchairs and lifting equipment were safe and in working order. We found a file which included most safety certificates such as gas safety, electrical testing and fire safety inspections. , However, this did not include the annual legionella check which was due for renewal, and that this had not been picked up by the service. We reminded them, and they arranged for a check to be carried out.

The above examples demonstrate a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Systems to manage the service were not always reliable, and quality assurance arrangements were not always applied consistently.

The service completed some audits, such as regular medicine audits which ensured the systems of

managing medicines were effective. However, opportunities to review and assess information to help drive up the quality of the service were overlooked. For example, staff would record any incident or behaviour out of the ordinary using A.B.C. charts (antecedent, behaviour consequence), which looked at the person's situation and behaviour before, during and after the incident. These charts were not analysed to identify any trends or patterns which might reduce the incidence of behaviours which might indicate distress.

The registered manager was supported by four deputy managers, including two night managers. However, their responsibilities were unclear, as they spent most of their time working with people who used the service in different units. In discussion with the area manager, they noted that the registered manager undertook much of the managerial work and agreed to look at how deputies and senior care staff could be released from their caring and supportive duties to undertake more managerial responsibility.

People who used the service and their relatives were given the opportunity to comment on their care provision. We saw recent surveys had canvassed the views of people who used the service, visitors, and other stakeholders including visiting professionals. We saw that most of the feedback received was positive, but where there had been negative comments, we saw evidence that some action had been taken to improve the delivery of care. For example, a recent food survey had led to changes in the menu and allowed people to comment on the quality of their food provision. Visitors told us that they were kept informed of any issues about the service and that the registered manager and staff communicated well with them. One person told us, "There is good communication; they will let me know immediately if something happens, and always keep me informed about what is going on".

The registered manager and provider kept up to date with best practice and maintained contact with the local commissioning teams. We spoke with the local commissioning team who told us that the service was receptive to their continuing involvement. The registered manager attended monthly managers meetings convened by the provider, where they were updated on any new developments in the health and social care field, and they had attended the local authority care providers forum.

Services such as Beechwood Lodge have a duty to inform the Care Quality Commission (CQC) of any notifiable incidents which occur in their service. Since our last inspection we had received a number of notifications including DoLS notifications, deaths, and serious incidents. However, during our inspection we were informed of an incident involving the police which had not been notified to us. We reminded the registered manager of their responsibility to inform us of any incident which might affect the safety and welfare of people who use the service.

It is a legal requirement that each service registered with the CQC displays their current rating. We saw the rating awarded at the last inspection and a summary of the report was on display on the main noticeboard and displayed on the provider website.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to manage the service were not always reliable, and quality assurance arrangements were not always applied consistently.