

Landona House Limited

# Beechcroft Nursing and Residential Home

## Inspection report

Lapwing Grove  
Palacefields  
Runcorn  
Cheshire  
WA7 2TP

Tel: 01928718141

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Beechcroft Nursing and Residential Home is a single storey purpose-built care home providing accommodation and nursing and/or personal care to up to 67 people. At the time of our inspection there were 47 people using the service.

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

We identified some improvements were needed to the level of detail and accuracy recorded in people's care plans in relation to identified risks. In addition, we found some monitoring charts used to manage risks associated with food and drink intake and skin condition were either not in place or not consistently completed by staff. The provider was aware of the improvements needed and had already taken some action to address this.

Medicines were managed safely by staff who had received training in medicines administration. People received their medicines at the right times. Where people were prescribed 'as required' medicines staff ensured these were only administered when needed.

We observed there to be enough staff on duty to support people safely. People told us staff responded to requests for support in a timely manner. Safe recruitment processes were in place to ensure newly recruited staff were suitable to work for the service.

Accidents, incidents and safeguarding concerns were recorded and acted upon appropriately to keep people safe. Accidents and incidents were subject to review and analysis to look at ways to prevent them occurring in the future.

The home was clean and well-maintained. Regular safety checks were completed on the environment and equipment people used to support with their mobility needs to ensure it remained safe.

People's needs had been assessed and care was delivered in line with standards, guidance and the law. Staff worked with health and social care professionals to ensure people received the right care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had received necessary training and support to carry out their role. Newly recruited staff were subject to a detailed induction to give them the skills they needed to support people safely.

People received care that was person-centred and based on their needs, wishes and preferences. The service employed an activities co-ordinator who provided a range of activities for people.

Concerns and complaints were recorded and investigated in line with the provider's complaints policy.

Governance systems were effective at identifying issues and driving improvements. Audits and checks were completed by the provider; these checks had identified the issues we found during the inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 6 September 2022, and this is the first inspection.

The last rating for the service under the previous provider was good, published on 25 January 2022.

#### Why we inspected

The inspection was prompted in part due to concerns received about the safety of the care people received. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

This service was not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

This service was effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

This service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

This service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

This service was well-led.

Details are in our well-led findings below.

**Good** 

# Beechcroft Nursing and Residential Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was completed by an inspector and nurse specialist advisor (SPA).

#### Service and service type

Beechcroft Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beechcroft Nursing and Residential Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. A new manager had recently been recruited and commenced employment during our inspection activity. They had not yet completed their registration application.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 4 people who used the service and 4 family members about their experiences of the care provided. We spoke with 4 members of care staff, a nurse, the clinical lead and the director of operations. We spoke with the local authority quality assurance team to gather feedback about the service.

We reviewed 6 people's care and support plans and medicine administration records for 5 people. We look at 4 staff files for recruitment and a range of other records relevant to the overall management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks to people's health safety and wellbeing had been assessed and staff had access to information about how to support people safely. However, we identified some improvements needed to the level of detail and accuracy in some people's care plans.
- Some records used to monitor people's identified risks, such as food and drink charts, were not always implemented where needed and those in place were not always completed in detail to show support was given in line with people's needs.
- The provider was aware of improvements that were needed to people's care plans and monitoring records. They were in the process of completing reviews and setting actions to ensure necessary improvements were made.
- Staff knew people well and could describe how to manage their identified risks safely.
- The environment and equipment used by people to support them with mobility needs was safe and well-maintained.

### Staffing and recruitment

- We observed there to be enough staff on duty at the time of our inspection. Staff responded to people's requests for support in a timely manner.
- People and family members told us there were enough staff on duty to support people. Comments included; "There seems to be enough [staff]. I call my buzzer and they come" and "I visit regularly and there always seems to be staff around. [Relative] never complains about having to wait."
- Safe recruitment processes were in place. A range of pre-employment checks, such as DBS, were completed to ensure new applicants were suitable to work at the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- Medicines were managed safely. People's medicines were administered in line with prescriber guidance.
- Staff responsible for the administration of people's medicines has received training and had their competency regularly checked.
- Where people were prescribed 'as required' medicines, staff had access to guidance to ensure these medicines were only administered when needed.
- Systems were in place to ensure medicines no longer required were appropriately destroyed or returned.

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

- People were safeguarded from the risk of abuse and the provider had systems in place to ensure learning was taken from accidents, incidents and safeguarding concerns.
- Appropriate action was taken following any incidents to ensure people were kept safe; this included referrals to relevant health care professionals.
- Staff had received safeguarding training and knew what action to take if they had any concerns.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting arrangements were in place and were in line with current visiting guidelines.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs had been assessed and care was delivered in line with standards, guidance and law.
- Regular reviews were completed to ensure people continued to receive care and support in-line with their current needs.
- People were supported to eat and drink enough.
- Risks and needs associated with people's food and drink intake had been assessed and staff had access to information and guidance about how to support people.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role and people's individual needs.
- Newly recruited staff received an induction into their role to provide them with the necessary skills and knowledge to support people safely and effectively.
- Staff received regular supervisions to give them the opportunity to discuss any concerns or development needs.

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

- Staff worked alongside health and social care professionals to ensure people received consistent and effective care.
- Staff completed referrals to health and social care professionals in a timely manner when people's needs changed, or they became unwell.
- Care plans were updated to reflect advice given from external professionals and any changes to people's support needs.

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

- The service was adapted and designed to people's needs; particularly those with mobility needs.
- The home was currently under-going refurbishments to enable people to have better access communal spaces.
- People's rooms were decorated to their choice.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA.
- Applications to deprive people of their liberty had been applied for appropriately. The provider maintained a record of applications made and renewal dates to ensure authorisations remained relevant and accurate.
- Capacity assessments were completed where relevant. Where people were assessed as lacking capacity to make specific decisions, best interests decisions were made on their behalf.
- Staff were observed offering people choice and seeking consent before providing support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness, respect and compassion. Family members told us; "The girls [staff] are great. They're fantastic" and "He [relative] can be difficult but they [staff] handle it well and know what he needs."
- Observations showed staff knew people well and had built positive relationships with them. One family member said, "There's always lots of laughs and banter which is nice to hear."
- People told us they liked the staff and felt well-looked after. One person said, "They [staff] are all lovely. We have a laugh. It's nice."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views through regular reviews and discussions.
- Most family members we spoke with told us they felt involved in decisions made about their relative's care. Comments included; "We are kept informed and they [staff] include us in any discussions" and "We haven't really been communicated with about where [relative's] assessment is up to."

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy, dignity and independence.
- Staff supported people with personal care in a dignified manner. One person told us, "They [staff] always make me feel comfortable when giving me a wash."
- People appeared clean and well-looked after. One family member said, "Yes he [relative] always looks clean. The laundry is absolutely beautiful when it comes back."
- Records related to people's care and support were kept confidential and only accessed by those authorised to do so.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received care that was person-centred and based on their wishes and preferences.
- People and family members told us staff knew people well, including their preferred routines and how they wished to be supported.
- Care plans were individual and provided information about people's life histories and what was important then.
- People's wishes and preferences for end-of-life care were considered as part of the care planning process.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and staff had access to information about how to communicate with people effectively.
- Information could be made available to people in alternative formats, such as large print, should they need it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with those important to them and had access to a range of activities to avoid social isolation.
- People and family members spoke positively about the activities coordinator. Comments included; "She's [activities coordinator] great. Always smiling and gets us doing all sorts" and "[Activities coordinator] is great. She is the life and sole of that place [the home]."

Improving care quality in response to complaints or concerns

- Systems and processes were in place to ensure improvements were made to people's care following complaints being made.
- Records showed that complaints were listened to and acted upon in line with the provider's complaints policy.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's governance systems were effective at identifying issues and driving improvements to the quality and safety of the service.
- Audits and checks completed had identified issues; this included those we found in relation to people's care plans.
- The provider had created a detailed action plan identifying areas in need of improvement. This was regularly reviewed and updated to show when tasks had been completed.
- A new manager and clinical lead had recently commenced employment at the service. They both demonstrated a good level of knowledge and understanding of their role and had a clear direction of how they intended to improve the service.
- Staff we spoke with appeared experienced in their role and knew how to support people safely and in line with their needs and preferences.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The provider and management team promoted a culture that was person-centred.
- Family members spoke positively about the service their relatives received. One family member said, "She [relative] couldn't be happier. She's safe. I couldn't be happier because she's being looked after. The girls [staff] are great. They're fantastic."
- Staff told us they felt supported in their role but often felt overwhelmed with the large number of changes being implemented. The provider was aware of this and in the process of looking at better ways to support staff.
- Staff worked in partnership with external health and social care professionals in order to support people to achieve good outcomes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular meetings were held with staff to provide them with regular updates about the service.
- People and family members were given the opportunity to share their views about the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their duty of candour responsibilities when things went wrong. Senior staff were provided with duty of candour training to provide them with the guidance they needed to respond to incidents.