

# Care Network Solutions Limited

# Beckdale House

## 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Beckdale House is a residential care home providing personal care to up to 9 people. The service provides support to younger adults with mental health needs, learning disability and/or autism. At the time of our inspection there were 7 people using the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

#### Right Support

Systems and processes to manage people's medicines were not always effective. People were empowered to make meaningful decisions and choices. People's needs were assessed, risks were identified, and steps taken to keep them safe, and these systems were being embedded.

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.

#### Right Care

Care was person-centred and promoted people's dignity, privacy and human rights. People were protected from all forms of abuse and discrimination by the dedicated staff team. The service had enough skilled staff to meet people's needs and keep them safe. Infection control and prevention systems were in place.

#### Right Culture

Governance oversight and quality assurance systems were not robust enough to identify shortfalls. People and relatives were complementary of the service's compassionate culture. The staff team were well trained and dedicated to meeting people's needs. Staff knew people well and were able to communicate effectively with people using appropriate aids as necessary. Staff supported people to engage in their local community. Care was personalised to people's needs and staff reviewed and adapted support as people's needs or wishes changed.

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

The last rating for this service was good (report published 7 September 2017).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service, specifically, the time elapsed since the last full inspection.

#### Enforcement and Recommendations

We have identified a breach in relation to safe care and treatment at this inspection. We have made a recommendation around implementing a support model to promote independence and quality assurances.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Beckdale House

## 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 carried out by an inspector and a specialist pharmacist.

#### Service and service type

Beckdale House 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. Beckdale House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. However, the registered manager had been absent from the service since September 2021. A new manager had been appointed.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 30 November 2023 and ended on 6 December 2023. We visited the service unannounced on the evening of 6 December 2023.

### What we did before the inspection

The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection and sought feedback from a local authority who work with the service. We used all this information to plan our inspection.

### During the inspection

We spoke with 5 people to gather their experience of the care and support provided. We spent time observing the care and support people received in communal areas to help us understand the experiences of people. Shortly after the inspection we spoke to 1 person's relative.

We spoke with 6 staff including the regional manager, manager, and 4 support workers. We reviewed a range of records. This included 2 people's care and medicines records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to 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.

### Using medicines safely

- People were supported to receive their medicines in a way that was not always safe.
- The storage of controlled drugs did not meet the Misuse of Drugs (Safe Custody) Regulations 1973. Shortly after our inspection a new controlled drugs cupboard was installed, this met the required regulation.
- Staff were not always following national good practice guidance when supporting people with their medicines. For example, 1 person's controlled medicine was not recorded in the controlled drugs book and we identified this person had missed a dose of their medicine due to the stock not being ordered in a timely manner.
- We found gaps in medicines administration records. Some medicines that were administered had not been signed as given. Also, entries in the controlled drugs book were at times not completed in line with national guidance.
- One person was prescribed a throat spray to relieve symptoms of a sore throat. The pharmacy dispensed the spray, however due to a lack of oversight this spray was not collected by the service until 10 days later, by which time the person no longer required it.
- One person would often refuse certain medicines. We found the service had not been proactive at informing the person's GP in order to have their medicines reviewed.

We found no evidence people had been harmed. However, people were not being supported safely with aspects of medicines administration. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed in line with these principles.
- The provider had a robust recording system in place, which clearly recorded any returned medicines to the pharmacy.

### Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff had undertaken training about safeguarding adults and understood their responsibility to report any suspicion of abuse. A staff member told us, "I would report any concerns straight away to [manager's name]."
- The manager showed good oversight of safeguarding processes and knew how to raise concerns with the

local authority.

#### Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People, including those unable to make some decisions themselves, had as much freedom, choice and control over their lives as possible. We saw people choosing what they wanted to do, when they wanted to. This was supported by staff managing and minimising restrictions.
- Care records, including risk assessments, contained the information staff needed to help support people safely. We saw records were up to date, clear and stored securely.
- Risk assessments relating to the environment were in place. These included evacuation plans and equipment to be used in case of fire.

#### Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- Staff responded to people in a prompt manner and were unhurried in their duties. Staff told us they had enough time to carry out their work and keep people safe. People told us there were enough staff. One person said, "Yes there is always staff available, I like the staff."
- The provider operated safe recruitment processes. However, in 1 staff file the service failed to obtain a reference from their previous employer. Assurances were provided by the manager they would ensure previous employment references will be requested.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The environment was clean, and people confirmed regular cleaning took place. The manager carried out regular checks of infection control and cleanliness.

#### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

#### Learning lessons when things go wrong

- The manager told us they had not had any incidents where they were required to identify and complete a lessons learned log. The manager explained incidents were minimal at the service and any incidents would be stored in the person's file and discussed with the senior management team.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff undertook training to provide them with knowledge and skills to help them in their role. Staff training included working with people with autism, mental capacity, health and safety, and fire safety.
- Since our last inspection the provider worked hard to eradicate restrictive practice at the service. Positive strides had been made and the use of physical intervention was no longer being deployed when a person became agitated or distressed. During the inspection we observed the manager sensitively speaking to a person who was upset, they provided this person with lots of reassurance and redirection.
- New staff undertook an induction programme when they started at the service, this included shadowing experienced staff to learn how to support individuals. Staff had regular one to one supervision meetings with the manager, which gave both parties the chance to discuss matters of relevance to them.

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

- The environment was homely, and staff viewed the property as the person's home and were encouraging them to personalise areas such as their bedroom.
- People showed us their bedrooms, which reflected their different interests and supported their sensory needs.
- Over the past few years, the service has moved away from unnecessary locks on communal doors in order to promote people's choice and move away from restrictive practices. However, further work was needed in the service to replace some doors that had observation windows installed. Shortly after the inspection, assurances were provided that new doors would be installed to protect and promote people's dignity and work had already taken place.

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

- People's needs were assessed, and care and support was delivered in line with current standards to achieve effective outcomes.
- The manager explained any new admissions to the service were carefully assessed. New people were encouraged to visit the service and meet the other people in the home to ensure a smooth transition took place.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

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

- People were supported to eat and drink enough to maintain a balanced diet.

- During the inspection we observed a person go to the fridge and choose what they wanted cooked to eat that day. People were being offered, or had selected themselves, snacks and drinks of their choosing.
- People's care records provided staff, where applicable, with the level of support they needed when eating and drinking.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- People were supported to live healthier lives, access healthcare services and support.
- Support records showed advice given by health professionals was acted upon, and staff were prompt in raising concerns or issues.
- Management and staff worked well with external agencies such as the community nursing teams and social workers. The manager supplied evidence when the service accessed health professionals if people's needs increased or mental health deteriorated.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider remained compliant with MCA.
- People were supported to have as much choice and control of their lives as possible.
- People's capacity had been assessed when required to determine if they were able to consent to specific aspects of their care. Best interest decisions had been made when needed which demonstrated people's rights were upheld.
- Authorisations to deprive people of their liberty had been submitted to keep people safe in line with legislation.

# 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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People were well supported.
- People liked the staff team and told us they were treated kindly. One person said, "I am very happy, the staff are nice."
- A person's relative told us staff were caring at the service. A relative said, "I am very happy with the service, they know [person's name] needs very well."
- Good interactions between staff and people created a caring atmosphere.

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

- People were supported to express their views and make decisions about their care.
- Care plans included information about likes and dislikes, and staff told us people were able to communicate some choices such as what to wear.
- Staff supported and encouraged people to express their views. Staff used people's individual preferred communication styles to develop a rapport with them and support them to make decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- There were some opportunities for people to help with day-to-day tasks in the home. For example, some people helped with food preparation, laundry and cleaning tasks. However, there was scope to build on these skills and opportunities.

We recommend the provider consults current guidance on support models to ensure a clear evidence-based structure is followed.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- People's care plans were person centred and provided staff with guidance on how each individual wanted to be supported. This included information on the person's likes and dislikes, and areas of personal care and daily living tasks they needed help with.
- Care plans did not always capture consistently how people were supported to achieve their personal goals and aspirations. Where people's goals were documented, the records were not always clear, or updated, to show what progress had been made. The manager explained the service was looking to expand their care planning framework and there were future plans to introduce electronic records, which would ensure this area was carefully captured.

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.

- Staff ensured each person had access to information in formats they could understand.
- Staff had good awareness, skills and understanding of individual communication needs. They were able to give examples of the best way to communicate with each person.

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, follow their interests and take part in activities that were relevant to them.
- During our inspection people enjoyed home based activities of their choosing including listening to music and going out in the local community. Each person had an activities planner, this gave people structure to know what they were doing each day.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and monitored and responded to all comments, concerns, and complaints.
- The manager and staff actively sought feedback from people and their relatives. There was an open-door

approach and any feedback was very much welcomed.

#### End of life care and support

- People in the service were predominantly younger adults and the service had not needed to support anyone with end-of-life care. It is considered best practice to capture people's wishes with regards to decisions about potential significant events, end-of-life care and care after death. This is known as advance care planning. Assurances were provided by the manager that end-of-life care planning would be an area they were looking to introduce.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's governance processes did not always effectively monitor the quality of care provided to drive improvements.
- Systems were in place to oversee medicine management by the manager and senior staff who undertook regular checks and audits. However, they were unable to explain a discrepancy identified during the inspection for a person's-controlled drug medicines. The auditing processes around people's medicines was not robust at identifying shortfalls.
- Provider and management level oversight of the service needed to be strengthened. The provider was not aware the annual Provider Information Return (PIR) had not been submitted in May 2023. Although there were particular circumstances as to why this had been missed, the provider was unaware no PIR had been submitted. A PIR is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

We recommend the provider review their systems and processes for quality assurance to ensure more robust oversight of the service.

- There had been some recent changes in the provider's management structure, there was a registered manager in post at the time of our inspection. However, they were on long term absence and had not been managing the service for approximately 2 years.
- A new manager had been appointed who was familiar with the service, which meant there was consistency for the staff and people they support. A new head of quality lead was appointed and had identified areas of improvement which required embedding to establish and further improve the provider's governance systems. This meant some improvements in the day to day running of the home and provider oversight were not yet fully embedded. For example, further oversight of people's medicines needed to be introduced.
- The manager confirmed the service was well supported by the provider. The regional manager visited regularly and an external mock inspection was recently completed at the service to identify any issues and drive improvements in the service's performance.

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

- There was a positive and open culture at the service. □

- The manager instilled a culture where people and staff were valued. They were visible in the service and led by example. One person told us, "[Manager's name] is the best, I get on very well with him." A relative told us, "[Manager's name] is brilliant, he is very caring."
- Care was person centred and focused on supporting people to live their best life. The manager told us, "We care very much about the people we support. People are at the heart of 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 manager and staff team understood the requirements of the duty of candour. People's relatives told us they were kept well informed of any significant events or incidents that occurred.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- The service actively and regularly engaged with people and their relatives to gain feedback and an understanding of people's experiences. Regular meetings were held between the manager and people who used the service.
- The provider also sought feedback from people or their families using a quality assurance survey. This was sent out annually, seeking their views. The feedback from the latest quality assurance surveys was consistently positive.

Working in partnership with others

- The provider worked in partnership with others.
- The service worked effectively and collaboratively with involved health care professionals and supported people to attend appointments as necessary.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were not being supported safely with aspects of medicines administration.