

Beechwood (Liverpool) Limited

# Beechwood Specialist Services

## Inspection report

Beechwood Road South  
Aigburth  
Liverpool  
Merseyside  
L19 0LD

Tel: 01514273154

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

About the service:

Beechwood Specialist Services is registered to provide nursing and residential care to up to 60 people with a variety of mental and physical health needs. At the time of our inspection 48 people were living at the service.

People's experience of using this service:

People told us they felt safe living at the service. People and their relatives also there were enough staff on duty to help them when they needed it.

Some aspects of environmental safety were managed well, but some parts of the environment were not well-maintained

There was a poor standard of hygiene and cleanliness across the service and the condition of some parts of the service were undignified.

The home did not always act in line with principles of The Mental Capacity Act 2005. This meant there was risk inappropriate decisions could be made on a person's behalf if they lacked capacity to make the decision for themselves.

People were well-supported with their nutrition and hydration needs. Overall the feedback about the food at the service was positive. However, there was limited nutritional value to some of the meals served and a lack of healthier choices for people. People were also not being given the opportunity to make informed choices about what they ate, as the options were not clearly and effectively communicated.

People told us the staff were kind and caring and they got on well with them. However, the service relied heavily on agency staff, which inevitably put continuity of care at risk and potentially limited people's ability to develop meaningful relationships with staff.

Care planning at the service was inconsistent. Some aspects were good and gave staff the information they needed to get to know and support people well. However, the service did not always effectively consider and plan to meet all of people's support needs or ensure information in people's care plans was kept up-to-date.

There was a limited range of activities on offer to people living at the home. People were largely restricted to spending their time watching television or listening to the radio.

We received mixed feedback about the management of the service and people and their relatives did not always feel listened to.

Rating at last inspection:

At the last inspection the service was rated requires improvement (report published 8 June 2018).

During the last inspection we found breaches of Regulations 12, 17 and 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found the home had addressed the breach of Regulation 19. However, the service remained in breach of Regulation 12 and 17, with an addition breach of Regulation 11.

We have also made recommendations that the service makes improvements relating to the ways it communicates food and drink options to people; adapting the environment for people living with dementia and how it supports people to follow their interests and take part in activities that are relevant and important to them.

This is the service's second rating of requires improvement.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will meet with the provider to discuss our findings and how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

## 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 not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Beechwood Specialist Services

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one adult social care inspector, a nurse specialist professional advisor (SPA) and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Beechwood Specialist Services is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Before the inspection we checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. The

provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also obtained feedback from the local authority.

During the inspection we looked around the premises, observed the interactions between people living at the home, care delivery and activities provided at the home. As some people were unable to communicate their views we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people living at the home, six people's relatives and several staff who held various roles at the home, including the registered provider, operations manager, registered manager, nurses, carers, activities coordinator and kitchen staff. We looked at a range of documentation including six people's care records, medication storage and records, five staff files, accident and incident records, safeguarding records, health and safety records, complaints records, audits and records relating to the quality checks undertaken by staff and other management records.

# Is the service safe?

## Our findings

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

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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Some aspects of environmental safety were managed well, such as fire safety. The service also had a variety of up-to-date safety certificates that demonstrated that utilities and services, such as gas and electric had been tested and maintained. However, some parts of the environment were not well-maintained, were unsafe and placed people at risk of harm.
- Examples included, an uncovered electric fire-effect heater was being used which put people at risk of burning themselves; some radiator covers across the home were loose from the walls; some parts of the home were dark due to lightbulbs not being replaced, which potentially increased people's risk of falls. We noted that the electric heater was immediately taken out of service and the radiator covers were fixed by the end of the inspection. The maintenance team were also carrying out ongoing work to replace lighting where necessary.
- The general cleanliness of the home was poor, floors were dirty with dust and ingrained dirt. Communal areas across the service, including lounges, were in a poor condition. We saw furniture was dirty and had broken down superficially and the carpet was stained. This was both undignified and unhygienic.
- Bathrooms and toilets throughout the home were unclean. We found bodily fluid spillages and faeces marks on surfaces, used pads not disposed of properly, a used commode pan left in a toilet and the undersides and backrests of shower chairs stained. Some bedrooms were unclean and had strong foul odours. This also included some bedding which was filthy and did not appear to have been changed for some time.
- We also found good food hygiene practices were not being followed in the smaller satellite kitchens across the service. For example, opened and previously served food items were stored in fridges with no labels.

The failure to maintain the safety and cleanliness of the premises placed people at risk of harm. This was a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had personalised risk assessments in place and these were reviewed regularly.
- The risk assessments we saw gave staff the information and strategies they needed to safely manage these risks. For example, people's risk of developing pressure sores was assessed, and relevant guidance and steps put in place to help guide staff and mitigate this risk. This included, regular inspection of the person's skin and provision of appropriate pressure relieving equipment.

Using medicines safely

- Overall medicines were managed safely at the service and people received their medicines as prescribed by competent staff.

- Medicines were stored and recorded in line with national guidance and best practice.
- However, we found the service's records relating to 'as required' (PRN) medicines required improvement as staff did not record the effects of a PRN medicine.
- We also found covert medicines were not always being given in accordance with the Mental Capacity Act 2005. For example, some care plans did not contain the required supporting documentation, such as capacity assessments and best interest decisions, to support this practice.

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

- People told us they felt safe living at the service.
- We saw that there were policies and procedures in place to guide staff in relation to safeguarding vulnerable adults and whistleblowing.
- Staff had received training on this topic and information about how to raise safeguarding concerns was readily available in various places throughout the service.
- Records showed that staff at the home took appropriate action when any such concerns arose.

#### Staffing and recruitment

- We looked at the service's staff rotas, dependency tool and observed staffing levels during our inspection. We saw that there were enough staff to meet people's needs and that staff attended to people promptly throughout our inspection. Most people and relatives said there were enough staff to support people living at the service.
- Staff were safely recruited by the service. Records showed that the required information and pre employment checks, such as criminal records checks, had been gathered and carried out. This ensured that only people who were suitable to work with vulnerable adults were employed by the service.

#### Learning lessons when things go wrong

- We saw that accident and incident policies and procedures were in place and there was a system to record any accidents and incidents that had occurred.
- Records showed that appropriate action had been taken in response to any accidents and incidents that had occurred.
- This information was also regularly reviewed to help identify any emerging patterns or trends that needed addressing.



# 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes 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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

- We found DoLS applications and authorisations were effectively monitored and managed.
- We also saw an example of positive care planning which encouraged the person's independence. This gave staff the information they needed to support the person in the least restrictive ways possible when they assisted the person to go out into the community.
- However, the service did not always act in line with principles of the MCA. This meant there was risk inappropriate decisions could be made on a person's behalf if they lacked capacity to make the decision for themselves.
- For example, covert medicines were not always being given in accordance with the MCA. Some care plans did not contain the required supporting documentation, such as capacity assessments and best interest decisions, to support this practice.

The home had not always acted in line with the MCA. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- New staff were appropriately inducted into their role at the home and staff received ongoing training relevant to their roles.
- We saw that most staff were up-to-date with their training. The registered manager explained this was an area they worked hard on to address following a local authority visit in November 2018 which highlighted deficiencies in this area.
- Staff were supported with regular supervisions. This provided staff and senior staff with a formal opportunity to discuss performance, any concerns and to address any training needs. Staff told us that they

felt well-supported in their roles.

- However, records showed that many staff were overdue their annual performance appraisal.

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

- Records showed people were well-supported with their nutrition and hydration needs.
- People were offered drinks and snacks regularly throughout our inspection.
- People's individual dietary needs were considered and staff had access to this information both in people's care plans and in a summarised format in the kitchen.
- Overall the feedback about the food at the service was positive. Comments included, "I love it and I can ask for more" and "The food is alright."
- The meal we tasted during the inspection was tasty and warm. However, there was limited nutritional value to the meals served and a lack of healthier choices for people.
- People were not being given the opportunity to make informed choices about what they ate, as the options were not clearly and effectively communicated. The pictorial menu board outside the kitchen was no longer used by staff and the meals displayed did not correspond to the options available. This was confusing and unhelpful for people living at the service.

We recommend the provider reviews and improves the ways it communicates food and drink options to people to enable them to make informed choices.

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

- The communal areas at the service were poorly maintained, undignified and did not provide people with a homely and comfortable environment to spend their time.
- The registered provider had invested in an attractively landscaped courtyard area which was nearing completion and would soon be a pleasant area for people to use. However, we were concerned that this external space had been prioritised when the adjacent communal lounge remained in a poor and undignified condition.
- Some of the people living at the home were living with dementia. However, there were very few adaptations at the home to assist people living with dementia in finding their way around the home and understanding other information, such as signage and large, easy-read noticeboards and clocks. We also found some signage was no longer relevant and confusing, such as the menu board outside the kitchen.

We recommend the provider researches best practice on adapting environments for people living with dementia in care settings and takes appropriate action to improve the service.

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

- People's needs were effectively assessed before they were supported by the service. This ensured that staff at the home had the skills and capacity to safely and effectively meet people's needs. The information from the assessment formed the details of the care plans and risk assessments.
- People's needs in relation to equality and diversity were considered during the assessment process and included within the care plans. Such as age, disability and religion.

Supporting people to live healthier lives, access healthcare services and support

- We found the home worked effectively with other healthcare professionals to ensure people's health and wellbeing was maintained. Staff promptly sought support when required and assisted people to access other healthcare services when necessary.
- We saw that staff monitored changes to people's needs and made referrals to appropriate healthcare professionals in a timely manner, such as dietitians, speech and language therapists, tissue viability services.

# 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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- The service relied heavily on agency staff. The impact of this was mitigated to an extent by giving agency staff an induction to the service and using the same agency staff as far as possible. However, this inevitably put continuity of care at risk and potentially limited people's ability to develop meaningful relationships with staff.
- We discussed this with the registered manager who explained that they were aware of this problem and planned to recruit more permanent staff.
- As we have explained earlier in this report, there was a poor standard of hygiene and cleanliness across the service and the condition of some parts of the service were undignified.
- People and their relatives gave us positive feedback about the staff at the home. Comments included, "The staff are lovely" and "The caring staff are brilliant."
- We observed caring and friendly interactions between staff and people living at the home throughout our inspection.
- Most staff knew the people they were supporting well and were able to tell us about people they regularly supported.
- The home's care planning process considered people's specific needs, such as people's personal histories and any religious and cultural preferences. The home also assisted people to keep up with their religious preferences.

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

- Records showed that people and their relatives were involved in making decisions about their care.
- People's relatives were welcome to visit the home and spend time with their relatives.
- People told us they were supported to make choices about their daily routines and how they spent their time.
- The service supported people who required the assistance of an independent advocate to access this support.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected people's privacy and treated them with dignity and respect. Examples of this included staff knocking on people's doors and asking if they could enter before doing so and ensuring they had the necessary privacy when supporting them to get washed and dressed.
- People living at the home had been supported by staff to maintain their appearance and wore suitable clothing for the weather.
- People told us they felt staff helped to be independent. One person commented, "Yes, [staff] leave me

alone but they are there if I need them."

- We found that people's confidential information, such as care plans, was stored securely and only people who required access could do so.

## Is the service responsive?

### Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;  
End of life care and support

- Some of the care plans we looked at were informative, regularly reviewed and reflected the needs of the people supported by the service. Care plans contained relevant information about the individual, such as their background, communication methods, health, emotional, physical health, spiritual and cultural needs.
- People and their relatives were involved in the care planning and review process to ensure people's care plans were person-centred.
- There was also clear information on how to support people with any communication needs. Such as, ensuring people who wore hearing aids or glasses were supported to wear them. This meant the service was acting in line with the Accessible Information Standard.
- However, the service did not always effectively consider and plan to meet all of people's support needs or ensure information in people's care plans was kept up-to-date. For example, none of the care plans we looked at contained information about people's end of life care wishes. This meant there was a significant risk people's personal, spiritual or cultural preferences may not be met at the end of their lives.
- We also found information in one person's care plan which indicated they received their medicines covertly. However, this was no longer the case.
- None of the people living at the home were receiving end of life care at the time of our inspection. We highlighted our concerns about the lack of care planning regarding people's end of life care wishes with the registered manager, who explained this would be urgently addressed.

The service had not maintained accurate, complete and contemporaneous records relating to people's care. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home also assisted people to keep up with their religious preferences. For example, Sunday morning mass was held at the service for those who wished to take part.
- However, there was a limited range of activities on offer to people living at the home, such as movies, local walks, board games and music therapy. Some people who were able were also supported to go out shopping for the day.
- During our inspection we observed a significant lack of meaningful stimulation for people living at the service. People were largely restricted to spending their time watching television or listening to the radio. We also noted there were limited provisions in place for people who were unable to join the day trips outside the home.

We recommend the provider reviews and improves how it supports people to follow their interests and take part in activities that are relevant and important to them.

#### Improving care quality in response to complaints or concerns

- The home had a complaints policy and procedure in place. We saw that people and their relatives were encouraged to make a complaint if they needed to and the details of how to do so were easily accessible.
- People and their relatives told us they felt comfortable raising any concerns if necessary.
- We reviewed the home's complaints records and found that complaints were appropriately recorded and responded to in a timely manner.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The service did not have robust and effective systems in place to monitor, assess and improve the safety and quality of service being provided. This placed people at unnecessary and avoidable risk of harm. For example, the environmental concerns we identified during our inspection had not been identified.
- This is the second time the service has been rated requires improvement. The repeated rating of requires improvement and the failure to address the previously identified breaches does not demonstrate good governance.

The service did not have robust and effective systems in place to monitor, assess and improve the safety and quality of service being provided. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The rating given at the last CQC inspection was clearly displayed within the home, as required.
- The registered manager had notified the CQC of all significant events which had occurred in line with their legal obligations.
- The home had a range of policies and procedures in place that staff were able to access if they needed any guidance. We saw that these policies and procedures were up-to-date and regularly reviewed.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a caring culture amongst staff at the service and we observed them treating people with kindness and respect. However, the poor standards of hygiene and cleanliness across the service demonstrated that a culture of accepting low standards had developed amongst staff.
- Some aspects of the service have improved since our last inspection but, as we have explained in this report, many areas still require improvement.
- The registered manager positively engaged with CQC during our inspection and was open and transparent about the current shortcomings at the service.

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

- Records showed that the registered provider held regular staff meetings. These meetings were documented and provided staff with the opportunity to receive and share any important information.

- There were various systems in place to gather feedback about the quality of service being provided, such as regular meetings with people and their relatives and feedback questionnaires.
- We received mixed feedback about the management of the service and people did not always feel listened to. Comments included, "[The registered manager] is always there when you want them, [the service] is a lovely place" and "The management are a bit hit and miss. They promise changes that never happen. They are approachable and always willing to listen but whether they will action it is another matter."
- We noted there was a consistent theme in the feedback gathered by the service from people living there, relatives and staff. They had all raised concerns about the quality of the interior décor and furniture. They were also frustrated that improvement works had started on the exterior of the home first. This suggested that the service had not always effectively acted on feedback it received.

#### Working in partnership with others

- Staff at the home engaged well with other health and social care professionals to ensure people's health and wellbeing was maintained. For example, following our last inspection the home had worked positively with the local authority to make improvements.
- We saw that referrals to other health services were managed well and appropriately followed up on.



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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The home had not always acted in line with the MCA.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The failure to maintain the safety and cleanliness of the premises placed people at risk of harm.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The service had not maintained accurate, complete and contemporaneous records relating to people's care.</p> <p>The service did not have robust and effective systems in place to monitor, assess and improve the safety and quality of service being provided.</p>