

Finbrook Limited

Beechwood Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Beechwood Lodge is a residential care home providing accommodation and personal care for up to 66 people. There were 56 people living in the home at the time of the inspection. The home has four distinct areas known as Oak, Maple, Holly and Willow. People with dementia were provided with care and support in the Oak and Maple areas of the home.

People's experience of using this service and what we found

People told us they felt safe living in the home, and they were happy with the service provided. Staff had received training on safeguarding vulnerable adults and had access to the provider's policies and procedures. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. The recruitment procedures had been improved and ensured prospective staff were suitable to work in the home. There were minor shortfalls in the management of medicines and records intended to monitor risks. The registered manager immediately addressed these issues during the inspection. Individual and environmental risks had been assessed and recorded. The premises had a good standard of cleanliness and people were protected from the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs were assessed prior to them using the service. There was ongoing training for all staff. Staff were supported with regular supervisions and were given the opportunity to attend regular meetings to ensure they could deliver care effectively. People were supported to eat a nutritionally balanced diet and to maintain their health.

The registered manager and staff had worked hard to address the shortfalls identified at the last inspection. The management team carried out a series of audits to check and monitor the quality of the service and ensure records were completed accurately. The registered manager provided clear leadership and considered the views of people, their relatives and staff in respect to the quality of care provided. The registered manager and staff used the feedback to make ongoing improvements to the service.

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 June 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 29 June 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced focused inspection of this service on 17 May 2022. Breaches of legal requirements were found. The provider completed an action plan after the inspection to show what they would do and by when to improve safe care and treatment, fit and proper persons employed and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beechwood Lodge on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Beechwood Lodge

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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector and 2 experts by experience undertook the inspection on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector visited the service on the second day.

Service and service type

Beechwood Lodge 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. Beechwood Lodge 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 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 a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day.

What we did before the inspection

We reviewed information we had received about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought feedback from the local authority.

The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed how staff provided support for people to help us better understand their experiences of the care they received. We spoke with 20 people living in the home, 5 relatives, 7 members of care staff, the head housekeeper, 2 deputy managers, the registered manager and the group manager. We also spoke with an advocate and 2 quality assurance officers from the local council.

We carried out a tour of the building with the registered manager and reviewed a range of records. This included 2 people's electronic care documentation, 2 staff files and a sample of people's medication records. We also reviewed a range of records relating to the 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.

At the last inspection, this key question was rated as requires improvement. At this inspection, the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection, the provider had failed to operate an effective recruitment procedure. This was a breach of regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection, and the provider was no longer in breach of regulation 19.

- The provider had reviewed and updated the recruitment processes. We found the staff files were well organised and noted all regulatory checks had been carried out before new staff started work in the home.
- The provider had developed new initiatives and incentives to help recruit and retain staff.
- The provider had established systems to monitor the number of staff deployed in the home. People told us there was usually enough staff deployed in the home, although at times they were very busy. Some members of staff also felt additional staff would be beneficial. We noted there were sufficient staff to meet people's needs during the inspection.

Using medicines safely

At our last inspection, the provider had failed to manage medicines safely. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection, and the provider was no longer in breach of regulation 12.

- People told us they were satisfied with the way staff managed their medicines.
- The staff recorded the administration of medicines using an electronic system. We noted minor shortfalls in the record keeping and the management of one person's topical treatment, which the management team addressed during the inspection.
- Since the last inspection, the registered manager had ensured instructions for the application of creams were readily accessible in people's bedrooms.
- Staff administering medicines received training and had their competency checked to ensure their practice remained safe.

Assessing risk, safety monitoring and management

- There were systems to assess and manage risks to people's health and safety. Risk management strategies were included in people's electronic care plans and there was guidance for staff to follow to support people safely.
- We noted there were minor shortfalls in the records designed to monitor risk. This was due to a shortage of devices to input the information onto the electronic care plans. The registered manager immediately implemented temporary paper-based records until the new devices arrived in the home.
- The registered manager had reviewed and updated the environmental risk assessments since the last inspection.
- The provider had arrangements to carry out maintenance and safety checks on the installations and equipment. All safety certificates seen were complete and up to date.
- The provider had a business continuity plan and contingency plans which described how people would continue to receive a service in adverse circumstances. Personal emergency evacuation plans had been developed for all people living in the home.

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

- The provider had established systems and processes to safeguard people from abuse. Staff had access to appropriate policies and procedures and training and understood how to raise any concerns about poor practice.
- People told us they felt safe and were happy with the care and support they received. One person told us, "The staff are excellent, they are great. They are all lovely." Relatives had no concerns about the safety of their family members.
- We observed sensitive and caring interactions between the staff and people living in the home throughout the inspection.
- The registered manager and staff had maintained a record of accidents and incidents and made referrals as appropriate to other organisations and professionals.
- The registered manager had carried out a detailed analysis of the accident and incident data to identify any patterns or trends. Any learning had been discussed with the staff team both at group and individual meetings.

How well are people protected by the prevention and control of infection?

- We conducted a tour of the building, observed staff practices and discussed the infection prevention control arrangements with the registered manager.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors and maintain contact with their friends and families.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, we recommended the provider ensured all new staff completed the full induction programme. The provider had made improvements.

- The provider ensured staff had the appropriate skills and experience and supported them in their roles.
- New staff were supported through an induction programme and the provider's mandatory training was provided for all staff members. This helped to ensure the workforce was kept up to date with current legislation and good practice guidance. The registered manager monitored staff training to ensure staff completed the training in a timely manner.
- Staff were provided with one to one supervision and an annual appraisal. Staff demonstrated a good awareness of their working roles and responsibilities and confirmed their training was on-going and relevant.

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.

- Staff understood the relevant requirements of the MCA and confirmed they asked for people's consent before providing care and support.
- Where people needed restrictions on their liberty, to ensure their safety, the registered manager had applied to the local authority for appropriate authorisation under DoLS. All conditions were met in relation

to the approved DoLS authorisations. We spoke with an advocate during the inspection, who provided us with positive feedback about the service.

- There was information about the DoLS applications, approvals and associated conditions readily available to staff on the electronic care planning system. The registered manager agreed to ensure further information was added to set out the least restrictive options of care.

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

- People were supported to access healthcare services. Staff had developed supportive relationships with other agencies and professionals to provide a flexible and effective service, which adapted to people's needs.

- People's physical and mental health care needs were documented within their electronic care plan. The registered manager agreed to add more information about how people's medical conditions impacted on their daily lives.

- Staff shared information when people moved between services such as admission to hospital or attendance at health appointments. In this way, people's needs were known, and care was provided consistently when moving between services.

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

- People were satisfied with the food provided. One person told us, "The food is lovely" and another person commented, "I like the food. Generally, you can pick what you want."

- We observed the mealtime arrangements on the first day of inspection. We noted the staff were attentive to people's needs, however, the hot option was not kept warm, and the pureed diets had not been heated to the correct temperature. The registered manager investigated immediately and found there had been an oversight in the kitchen. These issues were addressed by the second day of the inspection.

- People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to healthcare professionals, as needed.

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

- People's needs were assessed before they moved into the home. Since the last inspection, a new more detailed assessment of needs form had been developed.

- People's diverse needs were considered during the assessment and care planning process. This included support required in relation to their culture, religion, lifestyle choices and diet preferences.

- Wherever possible, people were invited to visit the service prior to making the decision to move into the home.

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

- People told us they were happy living in the home. One person told us, "It's a nice place to live and its very clean."

- The premises were well presented, light and spacious. People living on the ground floor had ready access to the garden areas.

- People were supported to personalise their rooms with their own belongings. The registered manager agreed to investigate ways the Maple and Oak areas could be further adapted to support people living with dementia.

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 as inadequate. At this inspection, the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our last inspection, the provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection, and the provider was no longer in breach of regulation 17.

- The provider and registered manager had worked hard to strengthen the governance systems. The management team carried out a number of audits and checks covering all aspects of the service. Action plans were drawn up to address any shortfalls and arrangements had been made to ensure the actions were fully implemented. We spoke with two quality assurance officers from the local council who provided us with positive feedback about the service.
- The registered manager was supported by the group manager, who visited the home on a frequent basis. The group manager carried out a series of checks and audits. Action plans were developed to ensure the necessary improvements were made in a timely manner.
- The registered manager and staff had a clear understanding of their roles and contributions to service delivery.
- The registered manager utilised staff and handover meetings to ensure continuous learning and improvements took place. Staff told us they were able to raise issues or concerns within the meetings.
- The provider had devised a development plan which set out actions and timescales for ongoing improvements to the service.

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

- The registered manager and staff were committed to delivering a person-centred service which achieved positive outcomes for people. They were knowledgeable about people's needs and preferences.
- The registered manager and staff respected people's rights and encouraged people to make choices and decisions about their care and support.
- People were supported in a sensitive and kind manner. Feedback from people living in the home was positive. One person told us, "I do like being here, we have a laugh together."

- The registered manager and staff worked in partnership with other agencies including commissioning teams and health and social care professionals. This enabled effective, coordinated care and support for people.

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

- Staff involved and engaged people in the life of the home and considered their equality characteristics. The registered manager encouraged people to express their opinions through different forums to ensure their views were heard. We saw residents' meetings had been held monthly and 'You said, we did' boards on each area displayed actions taken following the meetings.
- People had been given the opportunity to complete a satisfaction questionnaire. We looked at the collated results and noted people were satisfied with the service.
- The registered manager understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. All statutory notifications had been sent to the commission in line with regulatory requirements.