

# Flightcare Limited Beechcroft

## Inspection report

62-64 Bidston Road  
Oxton  
Wirral  
Merseyside  
CH43 6UW  
Tel: 0151 652 6715

Date of inspection visit: 14 January 2016  
Date of publication: 17/02/2016

### Ratings

Is the service safe?	Good 
Is the service effective?	Good 
Is the service well-led?	Good 

### Overall summary

We carried out an unannounced comprehensive inspection of this service on 1 and 2 July 2015. During this visit a breach of legal requirements was found. We found the provider was failing to provide safe care and treatment, failing to ensure people's legal consent was obtained and lacked suitable management systems at the home to ensure the service was well led. We issued the provider with requirement actions.

Requirement actions require the provider to make the necessary improvements to ensure legal requirements are met within a timescale they agree is achievable with The Commission. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach and agreed appropriate timescales with The Commission.

We undertook a focused inspection on the 14 January 2016. During this visit we followed up the breaches identified at the July inspection. We found the provider had taken appropriate action to meet all of their legal requirements.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Beechcroft' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Beechcroft provides support for people with both nursing and personal care needs. It is a 43 bedded home with 35 single and four shared bedrooms. There were 35 individual bedrooms and four shared bedrooms in the home. There were communal toilets and communal bathrooms with specialised bathing facilities for people to use on each floor. At the time of our visit, there were 34 people who lived at the home.

# Summary of findings

A registered manager was in post at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our last inspection in July 2015, we found people's care plans did not cover all of people's needs and risks and failed to provide adequate or clear information to enable staff to deliver safe and appropriate care. The storage of some medicines was unsecure and the way in which medication was administered was not safe. There was a range of quality assurance audits in place but they did not effectively identify and mitigate all of the risks to people's health, safety and welfare. They did not ensure that staff followed policies and procedures and failed to identify gaps in the employment checks made when staff were recruited.

During this visit, we looked at the care files belonging to three people who lived at the home. We found that care

files had been re-organised so that they were easier for follow. People's needs were clearly documented, properly risk assessed and staff had appropriate guidance on how to care for people safely.

We found that where people's capacity to make a specific decision was in doubt, the manager had followed the Mental Capacity Act 2005 legislation in order to assess their capacity and ensure people's legal consent was obtained.

The audits at the home had been reviewed to ensure they were suitable for use. Changes had been made to care plan audits, accident and incident audits were now in place and improvements had been made to staff recruitment. All of the policies and procedures at the home had been reviewed to ensure they were up to date and staff had signed to verify that they read and understood them. These changes had a positive impact on how the service was led.

At this inspection we found the service to be safe, effective and well led.

# Summary of findings

## 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 safe.

People risks and needs were properly assessed and care planned. This ensured people received safe and appropriate care.

Medicines were stored securely and medication administration was safe.

Good



### Is the service effective?

The service was effective.

Appropriate action had been taken to ensure people's legal rights to consent were protected.

Where people's capacity was in question, an assessment of their capacity had been undertaken in accordance with the Mental Capacity Act 2005 and provisions put in place to protect them from risk.

Good



### Is the service well-led?

The service was well led.

Appropriate audits were now in place to enable the provider to come to an informed view of the quality and safety of the service.

Policies and procedures had been reviewed and staff had signed to verify that they read and understood their responsibility to adhere to them.

Good



# Beechcroft

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a focused inspection of Beechcroft on 14 January 2016. This inspection was completed to check that the provider had undertaken the necessary improvements to meet legal requirements after our last comprehensive inspection in July 2015.

We inspected the service against three of the five questions we ask about services: is the service safe, is the service

effective and is the service well led. This was because the service was not meeting legal requirements in relation to these questions in July 2015. The inspection was undertaken by an Adult Social Care (ASC) inspector and an ASC inspection manager.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements.

At the visit to the home we spoke with the manager, the deputy manager and a nurse. We looked at three people's care files, three staff files and records relating to the management of the service. We also observed a medication round.

# Is the service safe?

## Our findings

At our comprehensive inspection of 1 and 2 July 2015, people's needs and risks in relation to nutritional intake and skin care had not always been properly risk assessed and managed. Some of the risk assessments in people's care files were not individualised and risk management actions were sometimes generic. Where risk management actions had been stated we found they were not always followed. The storage and administration of some medicines was not safe and staff lacked sufficient knowledge on how to administer medications safely.

This was a breach of the Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our focused inspection on 14 January 2016 we found that the provider had taken appropriate and timely action to meet the shortfalls identified and now met the legal requirements of Regulation 12.

We looked at three people's care records. We saw that risks in relation to skin integrity and people's nutritional needs were now properly assessed and mitigated against in the delivery of care. Other risks in relation to people's care for example moving and handling, falls, mobility and maintaining a safe environment for the person were also appropriately assessed and managed.

We saw people's care needs and risks had been regularly reviewed. Where changes in the level of risk were identified, these changes were clearly documented and an explanation given to staff on the reason for the change.

We checked that the risk management actions stated on people's skin integrity and nutritional care plans had been undertaken. We found that they had. Repositioning charts

were in place for people who needed positional changes to prevent them from developing a pressure sore. Food and drink charts were in place for people's whose dietary intake required monitoring and nutritional care plans had now been updated with the most recent dietary advice to ensure people were protected from the risk of malnutrition.

We looked at the arrangements for the safe keeping and administration of medicines and found them to be safe. Medications previously stored in communal areas and people's bedrooms had all been removed and stored appropriately. The medication trolley was attached to the wall during the medication round to prevent it from being moved and when the medication round was finished, the medication trolley was removed promptly from the communal area to the security of the treatment room downstairs.

We observed a medication round and saw that the staff member administered the medication in a safe and appropriate way. Staff training records showed that all nursing staff had received refresher training in the administration of medication, following our visit in July 2015. The manager told us that the competency of staff to administer medication safely had been checked spot checks of their practice were also now undertaken.

We spoke to one staff member and the deputy manager about the procedure for the safe administration of medication and the recording of 'as and when required' medications. Both clearly described the procedures to be followed. We checked a medication administration chart of one person who was prescribed 'as and when required' medication and saw that staff were following the provider policy in relation to this to ensure people did not receive too little or too much medication.

# Is the service effective?

## Our findings

At our last inspection in July 2015, we found that the provider had ensured that people's capacity had been appropriately assessed when a deprivation of liberty application was made to the Local Authority. We found however that where people had dementia or short term memory loss which may have impacted on their ability to make other informed decisions about their care, the provider had not followed the Mental Capacity Act 2005 in the same way to ensure people's legal right to consent was protected.

This was a breach of the Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our focused inspection on 14 January 2016 we found that the provider had taken appropriate action to ensure the legal requirements of Regulation 11 and the Mental Capacity Act 2005 were now met.

We saw that people's care plans now contained person centred information to enable staff to understand the person they were caring for. This type of information helps staff provide good dementia care in support people's mental health and well-being. Care plans also contained simple instructions to staff on how to communicate with people so that they were able to participate in and make decisions about their care.

We saw that in addition to assessing people's capacity to keep themselves safe outside of the home, mental capacity assessments were now completed when people's ability to consent to their care, was in question. We saw that best interest meetings took place with staff at the home and people's representatives to ensure that any treatment decisions made on the person behalf were in their best interests. Records showed that where possible, staff at the home had supported the person to be involved in the best interest process when making decisions about their care. Where people had been assessed as requiring a deprivation of liberty safeguard, a deprivation liberty care plan had been put into place to advise staff what the deprivation of liberty was for and whether the application had been approved.

The provider had also introduced a tool to monitor the way in which the service protected people's legal right to consent to their care. This tool clearly identified where people's capacity was in question and tracked the action taken by the provider and its outcome. This meant the provider had monitoring systems in place to ensure legislative requirements were met.

# Is the service well-led?

## Our findings

At our last inspection in April 2015, we found the way in which the provider monitored the quality and safety of the service required improvement. Some of the audits used by the provider were ineffective and some of the provider's policies and procedures were out of date or not adhered to by staff and the management team.

This was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our focused inspection on 14 January 2016 we found that the provider had taken appropriate action to ensure these issues were addressed.

A new method of auditing the quality and accuracy of people's care plan information had been developed. People's care files had been reviewed, updated and simplified. Old information in people's care files had been removed, care files were organised in a logical manner and people's needs and risks were clearly identifiable and explained. This meant staff had clear guidance on what people's needs and risks were and the care they required.

Accidents and incidents were now analysed monthly to ensure trends in how, when and where accidents or incidents happened could be picked up and addressed. The audits included a reminder to the management team to submit the relevant documentation to The Commission in relation to notifiable incidents. This assisted the provider to comply with Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We looked at the provider's policy and procedure folder. Policies and procedures had been checked and updated. The provider's recruitment, medication and complaints policy had all been reviewed following our last inspection.

The provider's recruitment policy had been reviewed and the three staff files we looked at contained evidence that suitable checks on the staff members personal identity and right to work in the UK were now in place. This demonstrated that checks on the recruitment of staff were made.

At our previous visit, we identified that staff were not always administering medication safely or in accordance with the provider's policy. At this inspection, we spoke to one member of staff about the administration of medication and observed a medication round in progress. We found staff now had a clear knowledge of the provider's medication policy and adhered to it.

The provider's complaints policy now included the contacts details for the provider, manager, the Local Authority and the Care Quality Commission. This meant people had appropriate details of who they should contact if they wished to make a complaint. We found however that the size of the policy's wording was small and could be difficult for some people to read. This was especially true of the provider's contact details. Contact details for the Local Government Ombudsman also needed to be added. We spoke to the manager about this who said they would review the policy again without delay.

Overall, we found that the provider and manager had responded appropriately to the concerns identified at the last inspection. Prompt action had been taken to address the issues and improvements made to how the service was managed. We found at this inspection, that the service was well led and managed.