

# Flightcare Limited Beechcroft

## Inspection report

62-64 Bidston Road  
Prenton  
Merseyside  
CH43 6UW

Tel: 01516526715  
Website: [www.flightcare.co.uk](http://www.flightcare.co.uk)

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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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Beechcroft is a care home that provides accommodation for up to 43 people who require nursing or personal care. The home is over four floors in one adapted building. At the time of the inspection 16 people lived in the home. Some people at the home were living with dementia.

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

There had been significant improvements to the quality and safety of the service. The provider now had oversight of risks at the service and had taken steps to mitigate them. However, there remained some concerns about the quality and effectiveness of certain records relating to people's care and treatment.

We made a recommendation about the records of people's care and treatment.

People had individualised care plans in place, these were used to assess risks present when providing people's care and treatment. Risk assessments and care plans provided guidance for staff which enabled them to care for people safely. Staff also had information to hand to help them keep people safe in the event of an emergency. This had been updated since our previous inspection.

People's medication was administered and managed safely. Staff had guidance available regarding people's medical conditions and the administration of their medication. This helped ensure people's medication was administered safely and as prescribed.

There were sufficient staff on duty for the service to be safe and to meet people's needs in a timely manner. The provider had increased the size of the staff team and now made limited use of agency staff. People's relatives told us that there was enough staff at the home.

There was a system in place for assessing people's needs, choices and preferences. Staff were knowledgeable about people's needs, choices and preferences. People were supported to maintain a balanced diet and had a choice of food available. If people were at risk of malnutrition this was assessed and if needed the advice of a dietician was sought. Staff had guidance available to help people with their nutritional needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people to make as many decisions for themselves as possible. One person told us, "I feel like they respect me." Another person's relative told us, "They take their time to listen to them."

The provider had responded effectively to the COVID-19 pandemic and had taken steps in line with government guidance to help ensure people were safe. The environment of the home was clean and well maintained.

There was a positive culture at the home. People told us that staff were attentive to their needs and showed flexibility in meeting their requests. People's relatives told us that staff at the home communicate and work in partnership with them and involved them in putting together people's care plans. Staff members told us that they enjoyed working at Beechcroft; they felt appreciated and looked after by the registered manager and provider.

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 and update

The last rating for this service was inadequate (published 29 November 2021).

The provider completed an urgent 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 in relation to; Consent (Regulation 11), Safe Care and Treatment (Regulation 12), Staffing (regulation 18) and Good governance (regulation 17).

At our last inspection we recommended that the provider review staffing arrangements at the home; to ensure it had staff who are enabled to fulfil their roles effectively. At this inspection improvements had been made.

This service has been in Special Measures since 29 November 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

At our previous inspection of this service in September 2021; breaches of legal requirements were found. We asked the provider to complete an urgent action plan to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan, had taken action that we told the provider to take in a warning notice and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, "Is the service safe?", "Is the service effective?" and "Is the service well-led?"

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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

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).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering

what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We recommended that the provider review how records were kept to ensure they are complete, accurate and fit for purpose.

#### 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?

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Beechcroft

## 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 included checking the provider was meeting COVID-19 vaccination requirements. 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

This inspection was completed by three inspectors.

#### Service and service type

Beechcroft is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Beechcroft is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

#### What we did before the inspection

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

#### During the inspection

We spoke with six people about their experience of the care provided. We also spoke with seven members of staff including a regional manager, the registered manager, a nurse, care staff and support staff.

We reviewed a range of records. This included seven people's care records and five people's medication records. We looked at recruitment records for four staff employed since the last inspection.

#### After the inspection

We continued to seek clarification from the provider to confirm the evidence found, we looked at staff training records and records from the provider regarding the oversight of the service.

Following our visit, we have telephone conversations with three people's relatives, two staff members and a health and social care professional who works alongside 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 our last inspection we rated this key question inadequate. At this inspection the rating has improved to requires improvement. This meant the safety of the service had improved. However, many of the improvements were recent; they needed to be embedded and sustained to achieve a rating of good.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure risks to people's health, safety and welfare were adequately assessed; and the provider had failed to take steps to mitigate these risks in order to prevent avoidable harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that overall enough improvement had been made and the provider was no longer in breach of regulation 12.

- People had individualised care plans in place that were used to assess the risks present in their care and provided guidance for staff, this enabled them to care for people safely.
- Lessons had been learned from our previous inspection and systems were now in place to help assess and monitor the risks in providing care and treatment for people with specific medical conditions. This helped ensure the necessary guidance was in place for staff.
- Staff had information to hand to help them keep people safe in the event of an emergency. This had been updated since our previous inspection.
- Audits of the effectiveness and safety of people's care plans took place. These audits had led to improvements being made in the effectiveness of people's care plans in helping staff ensure people are safe.
- Staff members told us that any incidents and accidents are discussed as a team. One staff member said, "We reflect and take action."

Using medicines safely

At our last inspection the provider had failed to ensure the management of people's medication was safe. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that overall enough improvement had been made and the provider was no longer in breach of regulation 12.

- People's medication was administered and managed safely.
- Staff had guidance available regarding people's medical conditions and the administration of their medication. This helped ensure people's medication was administered safely and as prescribed.
- The management and use of prescribed thickeners for people's drinks was safe.
- The management of people's medication was regularly audited to help ensure it was safe. These audits

had been effective in responding to issues and making improvements.

#### Staffing and recruitment

At our last inspection there were not enough staff on duty who were suitably qualified, competent and familiar with people's needs; to be able to support and care for people safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- There were sufficient staff on duty for the service to be safe and to meet people's needs in a timely manner. The provider had increased the size of the staff team and now made limited use of agency staff. People's relatives told us that there was enough staff at the home.
- There was now a consistent staff team in place who were knowledgeable about people's support needs.
- There was a system in place for ensuring staff were suitable to work in health and social care and that staff were recruited safely.

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

- The provider had ensured that appropriate safeguarding referrals had been made. Records of any safeguarding referrals and what steps had been taken to help ensure people were safe were clear and easy to understand.
- Staff had received training on and were knowledgeable about safeguarding adults who may be at risk of abuse. They knew what action they would take if they thought a person was at risk of abuse.

#### Preventing and controlling infection

- The provider had responded effectively to the COVID-19 pandemic and had taken steps in line with government guidance to help ensure people were safe. The environment of the home was clean and well maintained.
- Audits of infection control practices took place each month. These showed what improvements had been made during the pandemic to help reduce the spread of any infections including COVID-19.
- People's family members told us that they were happy with the provider's response to COVID-19. One person's family member told us, "They took all appropriate precautions". Another person's relative said, "[Name] has really benefitted from living there... I feel they are safe; nothing is too much for them." Staff members told us they had been supported during the COVID-19 pandemic.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.



# 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 inadequate. At this inspection the rating has improved to requires improvement. This meant the effectiveness of the service had improved. However, many of the improvements were recent; they needed to be embedded and sustained to achieve a rating of good.

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).

At our last inspection the provider had failed to always ensure that people's legal consent in decisions was obtained. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that overall enough improvement had been made and the provider was no longer in breach of regulation 11.

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 had the appropriate legal authority and were being met.

- People were supported to make as many decisions for themselves as possible. One person told us, "I feel like they respect me." Another person's relative told us, "They take their time to listen to them."
- Staff described to us how they supported people to make as many decisions as possible for themselves, how they sought people's permission before taking any action and seeking their feedback. Some staff members told us that this can be by speaking with a person, but also with showing people objects and using visual prompts.
- When a significant decision in relation to a person's care and treatment, needed to be made, their capacity to make the decision was assessed. A record of this assessment was made along with details of what steps staff had taken to help a person understand the decision and the options available. When a person did not have the capacity to make a particular decision a one was made in their best interest following the principles of the MCA. Staff at the service did this in partnership with others as appropriate.

- Before any action was taken with the intention to help people remain safe; but may be considered as a restriction to a person's liberty. People's capacity to make an informed decision and an assessment of the risk present took place. This ensured any support provided was necessary and was the least restrictive option.

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

At our last inspection people's needs and risks in relation to their food and drink was not adequately planned for, assessed or monitored to ensure it was safe. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People were supported to maintain a balanced diet and had a choice of food available.
- Kitchen staff had records of and were knowledgeable about people's dietary requirements and preferences. Food preparation was safe and appropriate checks were carried out daily.
- People told us that they enjoyed the food provided at the home. One person said, "The food is fine and we are well fed." People's relatives told us that their family members were supported to eat a balanced diet.
- If people were at risk of malnutrition this was assessed and if needed the advice of a dietician was sought. Staff had guidance available to help people with their nutritional needs.

When people do not want to be weighed, we recommend that the provider makes arrangements to offer alternative methods for assessing people's nutritional wellbeing in line with best practice guidance.

Staff support: induction, training, skills and experience

At our last inspection we recommended that the provider review staffing arrangements at the home; to ensure it had staff who are enabled to fulfil their roles effectively. At this inspection improvements had been made.

- Staff told us that they were well supported and had the knowledge and skills to be effective in their roles. Staff members told us of the support they received in one to one meetings with their line manager and in regular team meetings. Staff told us that these meetings were useful to them in their roles.
- The provider had an ongoing training programme that staff told us helped them be effective in their roles. The provider had ensured that staff members had completed training on infection control and steps to help prevent the spread of COVID-19.
- The provider had oversight of staff support and had records which showed when staff received support, supervision and appraisal that enabled them to be effective in their roles.

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

- There was a system in place for assessing people's needs, choices and preferences.
- People's family members told us that they were involved in this process.

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

- People received effective support to ensure they were as healthy as possible. When needed appropriate referral has been made to and staff worked in partnership with community-based healthcare services.
- One person's family member told us that their relative had been effectively supported with their health needs; the nursing staff had kept them informed and worked well with the person's GP. They said, "I can't

speak highly enough about the home. She has really benefitted from living there."

# 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 inadequate. At this inspection the rating has improved to requires improvement. This meant the leadership of the service had improved. However, many of the improvements were recent; they needed to be embedded and sustained to achieve a rating of good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

During our three previous inspections the provider had failed to ensure that management oversight of the service was robust, and risk to people's health and welfare was not effectively managed to protect people from harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- There were some concerns about the quality and effectiveness of some records of people's care and treatment. At times information about the same care and treatment was being kept within multiple records. Staff told us that maintaining multiple records was confusing and time consuming. We found examples when records were not being fully completed, being updated in a timely manner or contained contradictory and incomplete information.

Some records and systems used for recording care and treatment were amended during our inspection. The provider also has imminent plans in place to change the records management system at the home.

We recommended that the provider review how records were kept to ensure they are complete, accurate and fit for purpose.

- The provider had a system in place that enabled both them and the registered manager to have oversight of risks present when caring for people and of the overall quality and safety of the service being provided.
- A series of regular checks and audits of the service took place. Examples include, care plan and risk assessment audits, pressure wound tracker, checks on the safe use of medication along with a management quarterly audit. These were all detailed and showed that improvements had been made. All audits feed into the service improvement action plan.
- There was a positive culture at the home. Staff members told us that they enjoyed working at Beechcroft; they felt appreciated and looked after by the registered manager and provider. Some staff members had been trained to have a champion role, this involved them focusing more attention into one area of people's

care and support and supporting other colleagues in this area. There were now dignity and continence champions at the home, who helped to ensure people received care of a good standard in line with best practice.

- People were positive about the culture at the home. There was a staff member who took the lead with a variety of activities, we saw that people took part in a wide variety of celebrations and meaningful activities. One person told us, "There is something happening here every day." People also told us that staff were attentive to their needs and showed flexibility in meeting their requests.

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; Continuous learning and improving care

- The registered manager and representatives from the provider were open and candid. There was a culture of making improvements

- Staff told us that they were involved in learning when anything had gone wrong at the service. One staff member told us, "If something goes wrong, we report it. They [managers] are open with information; there is no blame culture, so we feel comfortable saying when something has gone wrong. We use this information to make things better."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff consulted with people and sought their feedback. We saw that staff responded to and supported people with outcomes that were important to them. For example, one person told us that staff members "promote me getting in touch with friends."

- People's relatives told us that staff at the home communicate and work in partnership with them and involved them in putting together people's care plans. One person's family member told us, "The staff are lovely with me; we are made to feel very welcome" Another person's relative said, "They are open with us and their approach is reassuring and gives me confidence."

- Staff told us that they felt involved in improvements at the home and they were consulted with. Staff described the registered manager as very approachable, engaging and open to feedback.