Embrace Wellcare Homes Limited

Beechwood Specialist Services

Inspection report

Beechwood Road
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Beechwood Specialist Services is registered to provide accommodation and support for up to sixty adults who require support with their mental and physical health. At the time of this inspection there were 37 people living there.

The building is a large detached property overlooking the River Mersey in Aigburth. It provides people with their own bedroom and shared lounges, dining areas and bathrooms. Due to the size and layout of the building it does not provide a domestic style of living for people. The provider has altered the way the building is used to begin to address this issue.

The home did not have a registered manager. 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 2008 and associated Regulations about how the service is run. A manager had been appointed who has since applied to register with CQC.

At our last inspection of the home in January 2016 we asked the provider to make improvements with regards to providing safe care and treatment, safeguarding service users and ensuring systems were in place for monitoring the service. At this inspection we found that improvements had been made.

Staff had different approaches to supporting people at different times. We saw some examples of very good individual care provide to people. However we also saw times when staff concentrated on the task they were carrying out and were not as respectful to people as they should be.

Care plans did not always reflect the person's likes and dislikes and their preferred lifestyle. Staff knew this information but ensuring it was recorded would help to plan activities and occupation with people.

People had mixed views about the support they received with activities and occupying their time. Plans were in place but not yet fully operating to support people with activities and occupation that they enjoyed and would benefit from.

People liked and trusted the staff team. They said they felt confident to raise any concerns or complaints that they had.

Policies and procedures were in place to guide staff on recognising and reporting any safeguarding concerns that arose. Staff knew about these and told us that they would follow them when needed.
A whistle blowing policy was also in place and records showed that the provider took any whistle blowing concerns seriously and acted upon them.

People received the support they need with their medication. Their health care needs were assessed and

they were supported to access health advice. Care plans were in place to guide staff on how to meet people's health care needs.

Procedures for ensuring people were not unduly deprived of their liberty had been followed.

The building was safe and work had taken place to make it a more pleasant environment for people to live in. This had included splitting the home into separate units so people had a smaller living environment with the intention that each unit could specialise in supporting people with different needs.

Robust recruitment procedures were in place and followed to check staff were safe to work with people who may be vulnerable. Staff received training and supervision to help them carry out their role effectively.

The provider ensured they had a clear oversight of the home and how it was operating with clear systems in place for checking the safety and quality of the service and planning improvements.

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.

Safeguarding concerns were recognised and acted upon by staff.

People received their medication on time and as prescribed.

Systems were in place for ensuring the environment was a safe place for people to live.

Robust recruitment procedures were in place and followed.

Is the service effective?

Good

The service was effective.

People received the support they needed to monitor their health care.

Staff received training and support to undertaken their role effectively.

Improvements continued to be made to the environment to make it a more pleasant and safe place to live.

Procedures for ensuring people were not unduly deprived of their liberty had been followed.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff had different approaches to supporting people at different time. This meant the service people received was not consistently caring and respectful.

People liked and trusted the staff team.

Systems were in place to inform people and their relatives about how the home operated.

Is the service responsive?

Requires Improvement

The service was not always responsive.
People had mixed views about the support they received with activities and occupying their time.

People's support needs were assessed and plans were in place to meet these. Care plans did not always reflect the person's likes and chosen lifestyle.

People felt confident to raise a concern or complaint and systems were followed to deal with these.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service did not have a registered manager. A manager had been appointed who has since applied to register with CQC.

The provider ensured they had a clear oversight of the home and how it was operating. However there were still some areas that required improving.

Clear systems were in place for checking the safety and quality of the service and planning improvements.

Beechwood Specialist Services

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.

The inspection took place on 12 and 19 January 2017. The first day of the inspection was unannounced and was undertaken by an adult social care (ASC) inspection manager and an ASC inspector. The second day of the inspection was undertaken by two ASC inspectors.
Prior to our visit we looked at any information we had received about the home including contact from people using the service or their relatives, agencies including the police and social services and any information sent to us by the manager or provider since our last inspection in January 2016.

We spoke individually with 4 of the people living at Beechwood and spent time meeting other people living there. We also spoke with 20 members of staff who held different roles within the home. We also spoke with three visitors to the home.

We looked around the premises and spent time observing the care and support provided to people throughout the day.

We looked at a range of records including eight care plans and a sample of medication records for people living at Beechwood. We also looked at recruitment records for four members of staff and training records for all staff. In addition we looked at records relating to the quality of the service provided.

Good

Is the service safe?

Our findings

A visitor told us that they felt their relative was "definitely safe" living at the home. People we spoke to who lived there also told us they felt safe.

Policies and procedures were available in the home to guide staff on dealing with safeguarding adults concerns.

Staff we spoke with knew how to identify and report any potential safeguarding concerns that arose and told us they would not hesitate to do so. Records showed that the provider had identified and reported safeguarding concerns to the appropriate authorities and had taken action when needed.

A policy was available in the home to guide staff on how to whistle blow. Whistle blowing protects staff who report something they think is wrong in the workplace that is in the public interest. We had a discussion with the provider's Human Resources (HR) representative and saw from records that the provider took whistle blowing seriously and ensured any concerns raised were investigated.

Regular checks and audits of the safety of the building and equipment had been undertaken. This included checking call bells, moving and handing equipment and specialist beds. In addition regular checks had been undertaken of the fire alarm system and fridge and water outlet temperatures recorded. This helped to ensure the building was a safe place for people to live, work and visit.

One of the people we spoke with told us "They give me my tablets on time." A second person raised a query with us about their medication and we later saw a member of staff sitting with them going through their medication and explaining it to them.

The home used a pharmacy that specialised in working with services for people with mental health support needs and provided advice and guidance when needed.

We looked at a sample of medication storage, recording and administering. We found that people received their medication as prescribed. Medication was stored safely in locked trollies and rooms and medication that required refrigeration was stored appropriately. Stocks were well managed in order to keep stock to a minimum. We checked a sample of medication against administration records and found that these tallied.

We looked at how accidents and incidents were recorded and managed in the home. We saw that they were logged, monitored and trends were recognised. This meant that the service was ensuring that they took appropriate action to minimise the likelihood of repeat events.

We looked at staffing levels in the home and saw that these had been consistently maintained. Staff told us and we saw that more permanent staff were employed which reduced the use of agency staff and provided more consistency for the people who lived in the home. We looked at rotas and saw that when agency staff were used every effort was made to use the same staff.

Many of the people living in the home were supported by one to one staffing. This was well organised and staff received daily rotas that showed them who they were supporting. Some staff told us that this was sometimes difficult as some people who lived in the home were more challenging than others and it could be hard work to support people for an extended period of time.

We looked at recruitment files for four new members of staff and found that all documentation and appropriate checks had been completed prior to staff commencing work in the home. These checks included references and disclosure and barring service checks. This helps to ensure staff are suitable to work with people who may be vulnerable.

Good

Is the service effective?

Our findings

A visitor told us that they thought staff had the skills and knowledge needed to support their relative. They explained "They got to know (my relative) really quickly. They cope really well."
Staff told us that the training they received had improved significantly. We saw from records that this was the case. Staff also told us that they received regular supervision from their line manager and were able to partake in training on a regular basis. We also saw that there was specific training for staff to be able to support the people who lived in the home with their needs; such as dysphagia and PEG tube feeding.

When we asked staff if they felt supported, we received mixed responses. Some staff said that they did feel supported and able to raise issues and concerns and other staff did not feel able to approach the immediate management team with concerns and said they felt unappreciated. Care staff also raised concerns that they felt that the nurses in the home did not lead them, but left them to "get on with it" and they felt that it was their responsibility to teach the new staff as no one else did. We shared these concerns with the managing director of the organisation who was able to explain to us the action they were taking to manage these concerns.

A member of staff told us that the provider had offered staff counselling following an incident in the home and said this had made them feel supported as "We have never had that before." A number of staff we spoke with told us that senior managers from the organisation regularly visited home and were supportive of staff and listened to them.

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 be 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met and found that they were.

One person told us they were supported to make decisions for themselves and explained "Communication is very good. They give advice."

Care records confirmed that where people had been assessed as requiring the support of a DoLS then applications had been made to their relevant authorities.

One person told us "The food's nice" and a second person said it was "okay" and explained they had a fridge

in their room to keep the food they liked and make themselves a drink or snack.
People had a choice of meals and we saw that they could eat where they chose with some people eating breakfast later in the day and others choosing to eat in their bedroom. Records showed that people were supported to monitor their food and fluid intake where required and that their weight was monitored and referrals made to health professionals where the person required support with meals and drinks.

One of the people living at the home told us they had a regular check relating to their health and said they had been offered the choice to do this themselves. They explained that they were always told the results and were happy with that.

Care records confirmed that people had been supported to monitor their health and to make and attend health appointments when needed. A hospital passport had been completed for people. This was a document that could be taken with the person if they were admitted to hospital to advise hospital staff of the support they required.

Since our last inspection the provider had split the home into five units. These were Dhal, Ali, Hawkins, Hayworth and Hunter. The plan was for each unit to specialise in supporting people with differing types of care needs. People living at the home who chose to do so had moved onto the unit most suitable for them. This was a work in progress and not yet fully operating as intended. Hawkins unit was intended to provide a more independent living service for up to four people who would benefit from support to move on or live a more independent lifestyle. Nobody was living on the unit at the time of the inspection.

Bedrooms were being refurbished and made lighter and brighter with 20 completed to a good standard. This had included replacement of whatever was needed including wash basins, lighting, flooring and furniture.

The building was adapted to support people who used mobility aids including moving and handling equipment and a wheelchair. Corridors were wide enough for people to move around easily. Adapted bathing and shower facilities were provided and specialist beds and chairs were available for people who needed them. A lift led to the first floor and the rear garden area was enclosed so people could sit out safely.

Staff brought to our attention the fact that one person who lived at the home was unable to get to their bedroom unaided due to a keypad on the corridor that was not needed. We brought this to the attention of senior staff who had this removed by the second day of our inspection.

Requires Improvement

Is the service caring?

Our findings

People living at the home told us that they liked the staff. Their comments included "I can talk to them," "they are very good," and "Staff are kind. They don't cause any hassle." A visitor told us they were "absolutely delighted" with the care staff provided for their relative. They also confirmed that staff kept them informed of how their relative was doing, how they spent their time and any concerns that arose.

We observed mealtimes on several occasions during our inspection. We found that the support people received was mixed with some people receiving dignified, individual support and others receiving support that did not promote a relaxed and dignified mealtime.

The lunchtime meal in the main dining room was not a relaxing experience. This was partly because there were six doors and a hatch leading into this room which led to it becoming a thoroughfare and the kitchen door was very squeaky and distracting. We had to ask a member of staff to arrange for this to be fixed.

We saw a member of staff sitting with somebody encouraging them to eat with patience and good humour. We observed staff supporting people to have an afternoon drink and snack. Staff provided this support in a dignified patient manner, sitting with people and encouraging them patiently. We also saw very good practice in supporting somebody to eat who did not wish to sit down. A member of staff walked with the person holding their meal and encouraged them to eat a little at a time.

Conversely we saw another member of staff who was sitting giving somebody their meal but also monitoring everyone else in the room and walking away from the person being supported without explanation on two occasions despite other staff being present. This led to one person being told "You have just been out you need to sit and eat." The person ignored this and went to sit elsewhere. We saw a member of staff telling a nurse "She's been fed." we did not consider it a respectful way to talk about somebody. We also saw staff sitting talking to each other about their break while supporting people to eat their meal.

A 'service user inclusion' notice board was located in the hallway. This included information for people about how to whistle blow or make a complaint. It also included information about advocacy groups that could help people speak up for themselves.

We spoke to a national advocacy group who were visiting the home for the first time. They explained they had been contracted to provide independent advocacy services for people living at the home. This would include 12 hours each week at the home and providing one to one support to people when needed.

A service user guide was available in the home and we were told this was given to people living there and their relatives. The guide stated that if needed it could be made available in larger print. The guide provided information about the home, how it operated and its policies and procedures. Information included support with health, meals, medication and activities. Information on how to make a complaint or contact senior staff within the organisation was also included.

People's bedrooms were being decorated to make them individual for the person their needs and choices. We saw one bedroom that had been furnished with a double bed and decorated with photos of the person's life history and their interests. Outside some bedroom doors we saw pictures had been put up that reflected the person's interests. For example near one bedroom were photographs of local car workers and near another photographs of ships.

Requires Improvement

Is the service responsive?

Our findings

People told us they would feel comfortable raising a concern or complaint. One person explained "I would tell a member of staff I got along with. They would speak for you." A relative told us "I am happy to raise concerns. I have spoken to staff and it's no trouble. They are really kind."

One of the people living at the home told us "Staff regularly check you to make sure you are okay."

Individual care plans were in place for all of the people who lived at the home. These included assessments of any risks to the person such as their skin integrity, moving and handling needs and nutritional needs. Where required the person had been referred for specialist advice from health professionals. Care plans were in place to provide guidance to staff on how to meet the person's care and support needs. They also provided some information about the person and the things they liked and enjoyed doing.

Not all of the information staff knew about a person was clear within their care plan. A member of staff told us about one person who was very knowledgeable about football however we did not see this recorded anywhere within their care plan. Further development of the personal side of care plans would help to ensure all staff were aware of the person's individual preferences and the things they enjoyed.

Care plans had been reviewed regularly and the information up-dated as the person's care needs changed.

The provided had introduced regular multidisciplinary team meetings (MDT) to discuss each of the people living at the home individually. These had been attended by staff who had different roles and skills. We saw that although a number of meetings had been held they required further development to benefit people fully. Not all sections of the records we looked at had been completed and very few positive actions had been recorded. For example one record recorded only one action and that was to purchase a tabard for the person. With further development these meetings could be beneficial for the people living at the home and help plan personalised care and support for them.

People had mixed views about the support they received to occupy their time. One of the people we spoke with said there was "not a lot to do" and they would like to go out and about a bit more. Conversely a visitor said they had observed staff engaging and distracting their relative on a number of occasions by encouraging them to take part in or watch a sport they enjoyed.

The home had until recently employed occupational therapists. We were advised by senior staff that interviews had been arranged to recruit a new occupational therapist whose role would include supporting people with occupying their time. A member of staff had recently taken up the post of activity coordinator and explained that there should be activities offered on all units at least twice a day.

A form had been devised that that activity coordinator intended to complete with everyone living there to establish the things they enjoyed doing. The activity coordinator explained that people went out and about in the local community including shopping, bingo and walking. A mini bus and van were available to

support people to get out and about. She also explained that they had recently had a successful trip to the U-boat Museum based on the interests of one of the people living there.

During our inspection we saw staff sitting one to one with people engaging them in games, hand massage and conversation. Some people were actively watching a film and others took part in a guided imagery session. However we also saw other people sitting with very little interaction or occupation.

Records of the activities people had been offered were not up to date and it was not always possible to establish how much support they had received to actively occupy their time.

We looked at the complaints policy and saw that it was available in different formats including easy read and pictures formats. These policies were displayed around the home for people to easily access. We looked at the complaints file and saw that complaints were logged, acknowledged and responses were recorded and kept in the file to maintain an audit trail of what had happened and what action had been taken in response to the complaint. This showed us that complaints were taken seriously by the provider.

Requires Improvement

Is the service well-led?

Our findings

One of the people living at the home described the management team as "pretty good" they said that although there had been some changes "It's all settling down now."

There was no registered manager in the home at the time of the inspection. Since our last inspection of the home there have been three appointed managers at the home who have left for various reasons. On the first day of our inspection we discussed our concerns with the managing director about the number of management changes the service has had in the last year. They told us that they were also disappointed but had recently employed a new manager.

Our discussions with senior staff reassured us that they had been pro-active in recruiting to the post. The new manager had commenced work on the second day of our inspection. We noted that there had been continuity at the home as the regional manager had maintained a regular presence in the home during the last year. However there were still some cultural issues in the home that needed to be addressed as identified in other sections of this report.

On the first day of our inspection we met with an acting service manager who worked for the provider. They explained that when the regional manager was not at the home arrangements were in place to ensure that a senior manager from the organisation was present each day. This showed us that the provider was ensuring they maintained oversight of the service.

A number of systems were in place for checking the quality and safety of the service and planning future improvements. The provider used a system which generated a series of audits withtimescales for completion and informed senior staff within the organisation if they were not completed. Once audits were completed, actions were compiled for any improvements needed. These fed into an overall action plan for the home that could be viewed by the home manager and senior staff within the organisation who monitored the action plan to ensure it was being met.

We saw that audits had been carried out in a number of areas including health and safety, medication, care plans and the environment. Heads of departments within the home met regularly to discuss how the home was operating. We also saw that some meetings had been held with people living at the home to obtain their views. In addition, the provider had arranged for independent advocates to support people living at the home to express their views and speak up for themselves.

During the course of our inspection we spoke to the regional manager, a director for the organisation and a member of the human resources team. Our discussions showed that they were aware of how Beechwood was operating and had a clear view of the improvements that had been made along with plans for future improvements.