

## Beechmount Care Home Service

14 Ulundi Road  
Johnstone  
PA5 8TE

Telephone: 01505 320 274

**Type of inspection:**  
Unannounced

**Completed on:**  
16 July 2021

**Service provided by:**  
Voyage 1 Limited

**Service provider number:**  
SP2004005660

**Service no:**  
CS2003001296

## About the service

Beechmount is a care home for up to eight adults with learning disabilities. The home is a detached property in Johnstone and is close to local amenities and transport. Bedrooms are located on two levels and are all single occupancy. One bedroom has en-suite facilities and the others have a wash-hand basin. There are two shared bathrooms, a sitting room and a large dining kitchen.

The service aims to 'provide high quality support to individuals in a manner that enables them to live as fully as any other member of the community, and gain the benefits and responsibilities of citizenship'.

Beechmount is owned by Voyage 1 Limited. It has been registered with the Care Inspectorate since 1 April 2002.

## What people told us

We spent time with the seven people who were living in the care home. They were relaxed with staff and comfortable in their environment. Two people told us they were happy living in Beechmount and they liked the staff.

We spoke with six out of the seven family members of the people who lived in Beechmount. The overall response was that Beechmount offered very high quality care to their loved ones. All remarked that the care and support provided by staff during Covid-19 has been excellent.

We will include further comments throughout the report.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our care and support during the COVID-19 pandemic?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

**4 - Good**

People's wellbeing was supported to a good level. An evaluation of good applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement.

We observed staff supporting people with compassion, dignity and respect and saw positive relationships between staff and the people living in Beechmount. Although rooms were not en-suite, when individuals required personal care this was done discreetly to ensure dignity was maintained.

Beechmount had a homely atmosphere. People had been supported to individualise their bedrooms so as they felt comfortable and safe in them. People were confident in their environment and moved around freely between the different areas.

People were being cared for by staff who knew them well and were knowledgeable about their needs and preferences. We saw warm interactions between staff and people experiencing care. Relatives were highly satisfied with the care their loved ones received. Some of the comments from the relatives we spoke with included:

"My family member is really well taken care of and nothing is too much bother for the staff".

"Incredible staff who have the well being of the residents at heart".

"Absolute, delighted with the care, can sleep easily knowing my relative is being well looked after".

It was apparent that staff had spent time finding out what people liked and enjoyed getting involved in. Peoples' independence was promoted and they took on responsibilities around the house. This gave them a sense of achievement and pride.

During Covid-19 staff had supported peoples wellbeing by getting them involved in, in-house group activities such as garden projects, art projects and physical activities. One to one activities included local walks and trips in the car. Visiting was managed in line with guidance. This had helped individuals stay active and connected to loved ones.

The service was slowly starting to re-connect people with their local community. This is vital to further improve people's health and wellbeing. This should be encouraged and progressed especially when individuals are currently not attending day services. To ensure re-connecting individual to their community remains a focus we will make an area of improvement. (see area of improvement 1).

People and their families had been involved and consulted about their support plans. People's support plans contained clear information on how the person wished to be supported and the approach staff should take. We observed staff supporting people in line with their wishes.

Relatives told us there was really good communication between the staff and themselves. They were kept up to date with changes in loved ones health. This reassured them that staff were open and honest and were taking good care of their loved ones.

Staff were flexible and responsive to changes in people's support needs and sought advice for people from a range of healthcare professionals. There were systems in place to monitor peoples well-being. Staff were proactive when promoting peoples health needs. Staff encouraged people to lead a healthy life, whilst remembering people rights to choose were paramount. Food was home cooked and people were involved in meal planning with the support from staff. Some of the comments from the relatives we spoke with included:

"Staff know my relative really well, they take time to support him and although he can't communicate, staff understand him and meet his needs".

"I feel staff are very aware and have the knowledge and training to deal with my relatives learning difficulties and medical conditions. They know how to diffuse situations when my relative becomes challenging, they deal wonderfully with him".

Expected routine health checks were undertaken. Relatives felt confident that staff had the skills to identifying changes in their loved ones physical and mental health and followed these up promptly.

There were some discrepancies in the safe management of medication. We discussed this with the manager and were confident medication was now being managed safely. To allow this to be monitored we will make an area of improvement. (see area of improvement 2).

## Areas for improvement

1. The manager should continue reviewing individuals 'my visiting plan' in line with Scottish Government Guidance 'Open with Care'. Opportunities for people to re-connect with their local community should be promoted.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

"I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." (HSCS 1.25); and

"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

2. So that staff are confident and competent when managing medication, the provider should have a system in place to regularly reviewing staff competency and knowledge in this area. This will ensure safe practices for the administration of medication.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

"I have confidence in people because they are trained, competent and skilled, are able to reflect on practice and follow their professional and organisational codes." (HSCS 3.14); and

"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

## How good is our care and support during the COVID-19 pandemic?

4 - Good

### 7.2 Infection control practices support a safe environment for both people experiencing care and staff

We evaluated the service to be performing at a good level. There were important strengths, which, taken together, clearly outweighed areas for improvement.

In response to Covid-19, the environment had been decluttered to make it easier to clean, whilst retaining a homely feel. On day one of the inspection some of the harder to clean areas needed further attention. The environment was visibly cleaner on the second day of the inspection. To ensure a clean environment is maintained we will make an area of improvement. (see area of improvement 1).

Cleaning schedules were being followed as expected by guidance, there was a process in place to deep clean people's bedrooms and common touch areas. Two sittings for meals had been introduced to promote safe physical distancing.

The home managed laundry and clinical waste in line with guidance. There were good supplies of PPE and overall staff were seen to use, wear and dispose of PPE appropriately. People and staff had ready access to hand sanitiser and good hand washing was promoted. People were supported with hand hygiene throughout the day to reduce the risk of infection. Posters and guidance throughout the home promoted best practice in these areas. Some of the comments from the people we spoke with included:

"Staff also look clean and tidy. Masks, gloves and aprons are always worn. I'm even offered one!".

"Staff always look clean and tidy, they are always in masks when supporting visiting".

"I am reassured by all the precautions which have been put in place with regard to Covid-19".

There was a good supply of cleaning equipment, products, and solutions which were suitable for a range of cleaning purposes and used according to guidelines.

Whilst the home was clean, we found that general repairs and maintenance could be improved to support a safer environment for people and staff. For example we saw the living room and stair carpet were worn and stained and chipped paintwork. This made cleaning difficult and increased the potential for infection. (see area for improvement 1).

To allow more living space within the care home during Covid-19 one of the offices had been temporary changed to an additional small sitting room. A decision needed to be made urgently as to whether or not this was a permanent arrangement. Appropriate decoration should then be undertaken. (see area of improvement 1).

### **7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.**

We evaluated the service to be performing at a good level. There were important strengths, which, taken together, clearly outweighed areas for improvement.

On the day of inspection there were sufficient staff to respond to the needs of individuals. The people we spoke with told us they were happy and liked the staff and it was apparent they were enjoying the "banter" with staff. We found people being supported with warmth and kindness. As a result, individuals responded positively, appearing relaxed and contented.

Staff supervision and team meetings were meaningful and focused on relevant areas. Staff were given the opportunity to reflect on learning and identify any areas they needed additional support with to improve their practice. Staff felt well supported by senior management and confident seeking support, advice and further information relating to Covid-19.

Staff had received appropriate training relating to Covid-19 so as they knew how to keep people safe. There had also been other training such as intensive interaction training, moving and assisting, food hygiene and nutrition. When we spoke with staff, they were able to tell me how they had put some of this training into practice to promote people's well-being.

Overall, the staff group were confident and competent when supporting people during the COVID-19 pandemic. They told us what they did to keep people safe from infection and their knowledge reflected public health guidance on infection prevention and control.

The majority of the time we observed staff following infection prevention and control guidance. As it had been some time since staff had completed infection prevention and control training we felt this should be refreshed. This would further ensure staff were up to date with current guidance on how to keep people safe from infections. (see area of improvement 2).

## Areas for improvement

1. The manager must ensure that people experience a safe and well looked after environment. This should include attention to carpets, hard to clean areas and chipped paintwork. If the additional sitting room is to remain it should be decorated accordingly.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

"I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment." (HSCS 5.22).

2. There should be a system in place to regularly refresh and assess staff's knowledge and understanding on how to keep people safe from infection in line with current guidance.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state:

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14); and

"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

The provider should ensure staff are supported in their professional development to improve practice, culture and outcomes for people. In particular, you will ensure the following:

- a) Staff will have regular supervision, appraisal, and team meetings. These forums should be meaningful, promote full discussions and good practice. Meetings should produce comprehensive minutes and action plans to inform practice.
- b) Staff training will be up to date and evaluated to promote understanding and good practice across the service.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14).

**This area for improvement was made on 28 October 2020.**

#### Action taken since then

There had been sustained improvements made in this area. Further information can be found in Key Question 7 of this report.

#### Previous area for improvement 2

The service will continue to develop its understanding and practice around nutrition. More specifically, the service will:

- a) Ensure all staff have appropriate training in nutrition
- b) Develop ways to meaningfully evaluate nutrition in people's care plans, reflecting on people's choices and needs, meal-time experiences and identifying improvements.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state:

"My meals and snacks meet my cultural and dietary needs, beliefs and preferences." (HSCS 1.37).

**This area for improvement was made on 16 December 2020.**

## Action taken since then

The area of improvement has been met and further information can be found in Key Question 1 of this report.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.