

Beechwood Care Home Care Home Service

20 Bridge Street
Wishaw
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Telephone: 01698 374 698

Type of inspection:
Unannounced

Completed on:
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Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
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About the service

Beechwood care home provides care and support for up to 90 people with a range of physical and cognitive impairment. The service is located in the town of Wishaw and was registered with the Care Inspectorate on 9 July 2020. The home is on a main public transport route and close to some shops and community facilities.

There are four units, each with their own lounge and dining room. Two on the ground floor and two on the upper floor. All bedrooms are single with en suite showers. The central courtyard can be accessed from the main reception area.

The service states its objectives are to provide a high standard of individualised care for all residents and that people will be cared for with dignity, respect and sensitivity to meet their individual needs and abilities.

At the time of this inspection there were 79 people living in the home.

What people told us

People we spoke with told us that staff were kind.

One person said, "The staff are all good to me".

People commented positively about the activities they could take part in.

We asked family members for their views about the care and support their relatives received in the home.

Family members were positive about the care their relatives received and commented that the staff were patient and kind.

People told us,

"The care is outstanding, I have no complaints".

"I'm delighted about the care my relative receives, it's of a high standard".

"The staff are excellent".

"The staff are so patient, nothings too much trouble for them ".

"The manager is superb".

"Communication from the home is good, especially through the pandemic".

"I feel as a family we have been well supported by the home".

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 5 September 2021, the provider must ensure that people have access to meaningful activity to support their wellbeing. In particular, the provider must ensure the following:

- appropriate numbers of staff are available to support the co-ordination and delivery of meaningful activity for everyone living in the home
- the views of people living in the home are used to inform the development of an activity program which promotes their choices and aspirations
- the activity programme provided should be appropriate for individuals, supporting their health and wellbeing needs - support people living in the home to access outdoor space
- improve information within personal plans detailing individuals' preferences regarding meaningful activity
- involvement in activities should be recorded in an outcome focussed manner so that it is evident if the activity was a success for the individual.

This is to ensure 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)" 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, in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 5 July 2021.

Action taken on previous requirement

The service had recruited to the activity team and there was now a full complement of activity staff working in the home.

Activity staff we spoke with were enthusiastic about their roles and demonstrated a person-centred approach. They knew about individuals' hobbies and interests. This helped to support peoples' preferences and choices.

Activity workers were using their local knowledge to access resources available in the community. This supported people to stay in touch with the local community and maintain friendships.

We saw that people who preferred not to join group events were being supported on a one-to-one basis. This helped prevent people feeling isolated or lonely.

People were being supported to access outdoor space in the home and local parks.

We concluded that everyone living in the home was being supported to take part in activities that were meaningful to them.

Met - within timescales

Requirement 2

By 26 July 2021, the provider must ensure that the legal rights of individuals are protected, and their decisions respected. To do this the provider must carry out a review of all DNACPR certificates in place to ensure that they are valid, fully completed, and confirm that consent has been sought.

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

'My views will always be sought, and my choices respected, including when I have reduced capacity to fully make my own decisions.' (HSCS 2.1)

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.' (HSCS 2.2)

'My human rights are central to the organisations that support and care for me'. (HSCS 4.1) And, in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 5 July 2021.

Action taken on previous requirement

We saw that reviews had taken place of all Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) certificates. There was evidence to verify the DNACPR certificates have been reviewed and that appropriate people have been consulted.

DNACPR certificates were in place in personal plans and reflected these changes.

Systems were in place to ensure on going monitoring of the validity of DNACPR certificates.

This ensured that the legal rights of individuals are protected, and their decisions respected.

Met - within timescales

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

To help support meaningful engagement with people living with dementia the provider should ensure that staff are supported with appropriate training such as 'Promoting Excellence programme for dementia learning and development'.

This is to ensure 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 5 July 2021.

Action taken since then

Staff have been identified to become Dementia Champions. We saw that work has started to introduce these staff to the Promoting Excellence programme for dementia learning and development.

We will monitor the impact this training has on improving outcomes for people at the next inspection.

This area for improvement has been implemented.

Previous area for improvement 2

To guide staff to deliver agreed and consistent support when individuals became distressed the provider should ensure that care plans relating stress and distress are fully developed. Plans should be more detailed regarding triggers, strategies to manage distress and include clear guidance regarding the use of medication prescribed 'as needed'.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'My care and support meets my needs and is right for me'. (HSCS 1.19)

This area for improvement was made on 5 July 2021.

Action taken since then

We sampled care plans and saw the plan to manage stress and distress reactions were up to date. There was information in the plans about the management of medication prescribed 'as needed'.

The service was starting to develop 'Positive Behaviour Plans' to better reflect the management of individuals stress and distress reactions. These would help guide staff to consistently support people.

We will monitor the impact these plans have on improving outcomes for people at the next inspection.

This area for improvement has been implemented.

Previous area for improvement 3

To support the monitoring of individual's healthcare needs and inform effective care planning the provider should ensure that care charts are fully and timeously completed.

This includes, but is not limited to, food and fluid charts, oral care charts and topical medication records.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'My care and support meets my needs and is right for me'. (HSCS 1.19).

This area for improvement was made on 5 July 2021.

Action taken since then

We saw that focused supervision sessions had been held with staff to support their understanding of the importance for fully completing care charts.

We sampled care charts and saw that charts were completed timeously. This helps inform effective monitoring of peoples' healthcare needs.

This area for improvement has been implemented.

Previous area for improvement 4

To ensure consistency of approach to assessment and monitoring of cleanliness of the home and equipment, the provider should develop a robust quality audit. This should take account of current infection prevention and control guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

This area for improvement was made on 5 July 2021.

Action taken since then

A detailed audit tool to assess and monitor the cleanliness of the home and equipment had been developed. The audit covered all areas of the home and was referenced to current best practice guidance. The tool was completed by manager on fortnightly basis.

Action plans had been developed reflecting the issues identified during the audit. Action plans were being shared with appropriate heads of department to ensure issues were being resolved.

The manager used the information from outcomes of the audit to inform a refurbishment plan to improve the environment of the home.

We noted that acceptable standards of cleanliness of the home and equipment had been sustained.

This area for improvement has been implemented.

Previous area for improvement 5

The provider should share the refurbishment plan with the Care Inspectorate. The plan should detail the timescales for refurbishment to take place.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22) 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.' (HSCS 5.18)

This area for improvement was made on 5 July 2021.

Action taken since then

The provider had shared their refurbishment plan with the Care Inspectorate. We saw that action had started to improve the décor of the home.

The provider assured us that the plan would continue to improve the environment of the home.

During the inspection we noted some improvements in the décor of the home.

This area for improvement has been implemented.

Previous area for improvement 6

To maintain acceptable levels of cleanliness and protect people from infection the provider should review the hours that housekeeping staff work. The provider should take account of the need to extend housekeeping hours into the evening.

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

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

This area for improvement was made on 5 July 2021.

Action taken since then

The manager confirmed that there had been an agreed increase in housekeeping hours by 28 hours per week. These additional hours would allow for housekeeping staff to work into the evening.

This would help maintain acceptable standards of cleanliness in the home.

This area for improvement has been implemented.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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