

Beechwood Park Care Home Service

136 Main Street
New Sauchie
Alloa
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Type of inspection:
Unannounced

Completed on:
29 July 2024

Service provided by:
ARIA HEALTHCARE GROUP LTD

Service provider number:
SP2013012090

Service no:
CS2013318118

About the service

This service registered with the Care Inspectorate on 30 August 2013.

Beechwood Park care home is provided by Aria Healthcare Group Limited. The care home is registered to provide care for 62 older people.

On the day of the inspection there were 57 people living in the care home.

The service aims to provide "exceptional care and comfort in a place you can call home."

The home is located on the main street of Sauchie and close to local amenities. The home is laid out over two floors and divided into five units providing single room accommodation, with all rooms having ensuite shower facilities. There are also some enclosed garden areas and seating with direct access from ground floor lounges.

About the inspection

This was an unannounced which took place on 22 July 2024, 09:30 to 17:30, 23 July 2024, 09:30 to 18:30 and 24 July 2024, 09:30 to 16:30. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 13 people using the service and 20 relatives
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Permanent staff knew people well and communication was supportive.
- People did not always experience responsive care to meet their health and wellbeing needs
- Medication management and practice within the service needed to improve
- Improvement was needed in how people are supported to spend their day
- There were not enough domestic staff hours to ensure that cleaning and infection prevention and control was carried out frequently and effectively
- Quality assurance was not effective at monitoring or making improvements
- Staff deployment didn't support consistency and continuity of care
- Some areas of the home were in need of refurbishment
- Personal plans need to be updated so that they reflect the care and support that each person should have.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak, for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

Quality Indicator: 1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure

Staff interactions with people were of mixed quality. There was a heavy reliance on agency staff which made it difficult for meaningful and supportive relationships to be built. One relative told us "there is no continuity in terms of staff, it used to be the case that there were always well known faces staffing the units, however not recently."

Permanent staff clearly knew people well and communication was supportive. People and their families said that staff were caring and everyone acknowledged that staff were trying their best. One person told us "staff go above and beyond but they are limited to what they can do with the staff shortage." Whilst a relative told us "the permanent staff are amazing but they can only do what they can."

Generally, people looked well-kempt. It was positive to hear that people had access to the onsite hairdresser, singing barber and some people had their nails painted. This helps promote people's wellbeing. It was positive that families were encouraged to be a part of the care and support for their loved ones. This supported people to feel included and nurtured.

However, we were not confident people received responsive care to meet their health and wellbeing needs. During our inspection, people had limited access to drinks and there were frequent missed opportunities to encourage people to drink enough fluids.

People had assessments to support their care, but where risks were identified, it wasn't always clearly recorded what actions had been taken. This included people who needed help to change position at regular intervals. Our observations showed that people did not get this help at the right times. This meant some people were at risk of their skin breaking down. We shared with the management team the importance of improved recording and oversight to clearly monitor people's care needs. (See Requirement 1).

We had concerns about medication management and practice within the service. Although medication policies and procedures were in place, there were gaps in recording and there were no recording charts for topical medication administration. Topical medication prescriptions were shared and some were not in date or not being used as directed by the prescription. This meant that people were at risk because they may not always receive the right medication or treatment at the right time.

Medication records were not audited as part of management checks. It is essential that oversight of medication support is improved, including staff competency and recording of information. The service was not managing people's medication safely and in line with best practice guidance. (See Requirement 2).

However, the management team were committed to addressing this when we raised our concerns.

Feedback in relation to food varied. One person told us "the food was good with lots of choice" whilst another told us "the quality has decreased." People's experiences of mealtimes differed depending on which floor they lived on.

Whilst tables were nicely set with table covers, napkins and more choices on the ground floor, this was not the experience on the first floor. People were not offered the opportunity to wash their hands before meals. The manager assured us this would be reviewed.

The way people spend their day should promote feelings of purposefulness and wellbeing. We saw meaningful interaction between staff and people using the service. Activity staff were employed by the service but due to recent staff absences, activities were not taking place as often. The management team had brought in extra support for staff to deliver activities and we saw some activities taking place within the units. However, people told us the activities were limited and not regular. Activity care plans and records showed that activities were recorded or offered irregularly. (See Area for Improvement 1).

People had personal plans in place, however they were not always accurate or did not reflect people's changing care needs. Staff therefore were not always kept up-to-date when there were changes in people's wellbeing. Some relatives and people experiencing care shared concerns that staff were not aware of their healthcare needs. This means people could be at risk of failing to have their care needs met. We have commented on this further under Key Question 5 'How well is our care and support planned.'

Some areas of the home had intrusive smells and the cleaning of bedrooms, frequently touched points and deep cleaning was not being carried out effectively. Whilst communal toilets and lounges were cleaned daily, bedrooms on the first floor had not been cleaned regularly and deep cleans were infrequent, which included high/low dusting. Frequently touched points including light switches, handrails and door handles were regularly being missed. These are all key aspects of infection prevention and control (IPC). The main reason for this was the lack of domestic staff hours and the staffing allocated each day. The provider must increase these to improve cleaning and improve the prevention and control of infection. (See Requirement 3).

Staff practice regarding infection prevention and control (IPC) procedures helped to protect people from infection. People could be assured that staff were knowledgeable in their job roles. Personal protective equipment (PPE) was readily available, however the gloves provided were not in line with best practice and soap dispensers were available but not always filled. We highlighted this to the management team who implemented immediate changes.

Staff had completed IPC training and this formed part of the induction for new staff. Management regularly completed IPC audits which included the monitoring of mattresses, staff practice and the environment. We asked them to review these to ensure the issues we found would be part of future audits.

Requirements

1.

By 2 September 2024, the provider must support people to ensure that they can maintain their hydration, continence and skin integrity needs. To do this, the provider must, at a minimum:

- a) Ensure that healthcare assessments or advice from health professionals, and any changes, are incorporated into the person's personal plan
- b) Ensure that all staff are aware of the content of people's personal plans
- c) Monitoring charts are implemented when necessary, correctly completed and evaluated regularly.

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

This ensures 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).

2. By 2 September 2024, the provider must ensure that all medication, including topical medicines, are managed safely and administered as prescribed. To do this, the provider must, at a minimum:

- a) Ensure that staff who administer medications are trained and competent
- b) Ensure that all medication is given as prescribed and appropriate records are maintained.
- c) Implement a system to regularly monitor medication management.

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

This ensures care and support is consistent with the Health and Social Care Standards, which state: "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24).

3. By the 2 September 2024, the provider must ensure people are supported in an environment that is safe, clean and minimises the risk of the spread of infection. To do this the provider must, as a minimum, ensure that:

- a) there are sufficient staff on duty to undertake domestic duties.
- b) cleaning schedules are followed and include both daily cleaning and deep cleaning.
- c) that frequently touched points are part of the daily schedule.

This is to comply with Regulation 4(1)(a) and (d) (welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that 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 to meet my needs, wishes and choices." (HSCS 5.22).

Areas for improvement

1. To ensure that people are supported to have a range of meaningful contacts within and outwith the service, the service should review the range of activities that are available both on a group and individual basis, to ensure that people get the most out of life.

This ensures care and support is consistent with the Health and Social Care Standards, which state:

"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 can choose to spend time alone." (HSCS 1.26)

How good is our leadership?**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality Indicator: 2.2 Quality assurance and improvement is led well

There had been some recent changes in the management structure of the service; there was no deputy manager and the registered manager was temporarily being supported by the quality manager. We received mixed feedback on the management and leadership within the service. Some people told us they felt supported, while others didn't feel listened to or supported.

During our inspection there was a lack of effective visible leadership. An external professional shared concerns that they didn't feel actions or concerns were being addressed by the management. This meant key areas of risk were missed and not acted upon. For example, lack of access to drinks and the management of pressure care. These were missed opportunities to improve outcomes for people at Beechwood.

People who live at Beechwood can expect that the management team have an overview of their health outcomes. Although there was a quality assurance system in place, which looked at key areas including falls, nutrition and skin integrity, it was not sufficiently effective. For example, although it was recorded that one person had lost weight, there was a delay in taking action to address this. Cleaning records and audits were completed, however these were not being undertaken regularly and it appeared that the current systems to monitor the cleanliness of the home were not effective. As a result, some areas of the home were dirty, which we have addressed under key question 1.

The service had taken some positive action to evaluate people's experiences. Family and resident meetings were taking place, however we found it difficult to see any improvements resulting from these. It is important to ensure that people are kept up-to-date with any changes, to support them to make informed decisions.

The manager needed to improve how incidents of potential harm to people are recognised, responded to and reported. The management team failed to identify and report some Adult Support and Protection concerns to social work and did not notify the Care Inspectorate about these incidents. This meant people were potentially at continued risk of harm because appropriate actions had not been carried out. The provider was responsive to our findings and developed an action plan for management arrangements for the service to ensure that improvements can be made and sustained. (See Requirement 1).

Safer recruitment principles were being followed and relevant documentation was in place. This helped keep people safe because staff were recruited properly.

People's finances were managed appropriately and people had access to their money if and when they wanted.

Requirements

1.
By 23 September 2024, the provider must provide a service which is well led and managed, and which results in better outcomes for people who experience care through a culture of continuous improvement with robust and transparent quality assurance processes.

To do this, the provider must, at a minimum:

- a) ensure there is a consistent management presence providing appropriate and effective leadership within the care service;
- b) implement a quality assurance system which supports a culture of continuous improvement
- c) Ensure that staff and management identify reportable events, potential harm and make referrals and notifications to the relevant agencies when necessary.

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

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

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19).

"I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20)

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality Indicator: 3.3 Staffing arrangements are right and staff work well together.

Staff worked hard to meet people's care needs safely. Staff told us there had been a lot of staff changes and a reliance of agency staff, which made it challenging to deliver an effective service. These changes had an impact on communication, team building and sharing information. The management team gave assurances that senior staff would remain within specified units for a period of time to support staff, residents and improve communication.

People who use services have the right to have their needs met by the right number of staff who have time to support and care for them. The service used a recognised tool to identify people's care needs and how this related to staffing levels, and recruitment was ongoing within the home. However, staff deployment throughout the home was not well coordinated which had an impact on people's care experience and didn't support consistency and continuity. (See Area for Improvement 1).

Areas for improvement

1.

To ensure the service remains responsive to people's care needs people experience consistent and continuous care, the provider should review current staffing levels, skill mix and devise an effective method for the safe and effective deployment of staff throughout the care home.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

3.15 "My needs are met by the right number of people."

4.17 "If I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity."

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality Indicator: 4.1 People experience high quality facilities

Some areas of the home were in need of refurbishment and whilst we saw some refurbishment work had been carried out since the last inspection, it was unclear when planned work would be carried out on the first floor. One person told us "the unit where I live needs to be decorated and new flooring laid, its shabby" and a relative told us "The lounge and area my parent is in is in need of decoration. There is a bad odour when entering the area, perhaps from old carpet."

We found some areas in need of cleaning and evidence of intrusive smells, this is discussed further under key question 1. On the first floor of the home there was a lack of attention to standards such as homely touches, decoration and the quality of furniture. Some furniture was heavily stained and some chairs did not have covers. This meant that people could not be confident that infection prevention and control (IPC) measures were keeping them safe. We discussed the refurbishment programme with senior management who were responsive in relation to soft furnishings and replacements but could not give assurances on the timeframe of the first floor refurbishment plan. We have made an area for improvement about this. (See Area for Improvement 1).

The ground floor of the home was welcoming, warm and comfortable. The home was surrounded by secure well-maintained and welcoming garden spaces. People's rooms were personalised, most of the furniture was well maintained and some people had their own furniture in their rooms. This helped create a homely environment for people. However, access to a bath was limited because although there were three bathrooms, only one bath was accessible and operational. The manager assured this was being addressed and on the home improvement plan.

Maintenance records and safety checks were carried out by the onsite maintenance person.

Corridors were bare and very long, with few signs or points of interest, which can affect people's ability to find their way around and may lead to stress and distress behaviour. The home environment should help people know where they are and help them find where they want to go. This could add to people's confusion and disorientation. We asked the service to review this to assist people living with a cognitive or visual impairment and shared good practice guidance about this.

Areas for improvement

1.

To ensure that people live in a care home that is comfortable, homely, safe and well maintained the provider should, at a minimum:

- a) Carry out an environmental audit, including the soft furnishings in all lounges and bedrooms, and devise a refurbishment plan, with clear timeframes and actions.
- b) Ensure the refurbishment work is reflected in the home's improvement plan.
- c) Ensure, staff, residents and relatives are involved in the planned improvements.

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

(HSCS 5.16). "The premises have been adapted, equipped and furnished to meet my needs and wishes."

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where although there were some strengths, these only just outweighed the weaknesses.

Quality Indicator: 5.1 Assessment and personal planning reflects people's outcomes and wishes

Improvement was needed to ensure that personal plans were up-to-date and accurately reflected the care and support that each person should have. Some plans were out-of-date and did not reflect people's changed care needs. This meant there was a risk to people, especially as the service was relying heavily on agency staff and had recruited new staff who would not know people well.

Where people were not able to fully express their wishes and preferences, people who were important to them such as family had not been involved, or had limited involvement, in the care planning and review process. People experiencing stress and distress did not benefit from a personal plan with strategies to support their care. People who had falls or unknown injuries did not always have this clearly noted within their plan or include strategies to minimise any future risk. We have made a requirement about this. (See Requirement 1).

Requirements

1.

By 14 October 2024, the provider must ensure people's personal plans are up-to-date and reflect their individual needs, intended outcomes and associated risks. To achieve this the provider must, at a minimum, ensure:

- (a) Plans and records are accurate, up-to-date, sufficiently detailed and reflect the care planned or provided.
- (b) Plans are developed, implemented, and documented for each person, in consultation with them and their friends/relatives/carers. These must be formally reviewed at least every six months.
- (c) Risk assessments and action plans when necessary

This is to comply with Regulation 5 (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). This is to ensure that care and support is consistent with the Health and Social Care Standards which state:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

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

Requirements

Requirement 1

By 5 July 2024, to improve outcomes for people experiencing care, the provider must ensure the service is led and managed effectively. This must include, but is not limited to:

- a) ensuring effective quality assurance systems are in place, with a focus on outcomes for people experiencing care
- b) ensuring people who are in a leading and management role are experienced and deemed competent in their practice and decision making
- c) responsible people are assessing the needs of people and developing and implementing care and support plans, in accordance with their needs and risks identified
- d) personal plans and risk assessments are completed and shared with staff, as per the organisation's policy
- e) ensuring quality assurance is used to identify any further staff training or support that is necessary to meet the needs of all people experiencing care, at all times
- f) demonstrating how the findings of the dependency needs assessment are used to inform staffing numbers, the skills mix of staff and deployment of staff throughout the home, at all times
- g) a management overview to be undertaken, with regards to clinical governance and outcomes for people
- h) for the service to have an improvement plan with specific, measurable, achievable and a time framed action plan to address the areas for improvement.

This requirement was made on 28 May 2024.

Action taken on previous requirement

Whilst the service had a plan to meet the above requirement, we found during this inspection little progress had been made and our findings highlighted the same running themes. Therefore this requirement has been reworded in order to capture the additional findings and replaced with additional requirements under Key question 1, 2 and 5.

Not met

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 keep people safe and healthy, the provider should improve the management of all accidents and incidents. The service should, at a minimum:

- a) Ensure that staff and management recognise potential harm and understand their duty to report this under the Adult Support and Protection Act (Scotland) 2007.
- b) Ensure that they adhere to the Care Inspectorate notification guidance for reportable events.
- c) Implement a system to regularly monitor, review and learn from accidents, incidents and adult protection concerns.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20)

This area for improvement was made on 3 May 2023.

Action taken since then

Please see information under key question 2.

This area for improvement is now covered by a requirement.

Previous area for improvement 2

People at risk of falling should be confident that the provider has assessed and implemented fall prevention strategies to minimise risks to people. These should be clearly recorded to provide guidance to staff, to ensure the implementation is effective.

This area for improvement was made on 28 May 2024.

Action taken since then

Please see information under key question 5.

This area for improvement is now covered by a requirement.

Previous area for improvement 3

People at risk of falling should be confident that appropriate equipment is available for use. The provider should have equipment available to people who have been assessed as a high risk of falling. This should be tried to see if it is effective in its purpose.

This area for improvement was made on 28 May 2024.

Action taken since then

Please see information under key question 2.

This area for improvement is now covered by a requirement.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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