

Beechwood Care Home Care Home Service

20 Bridge Street
Wishaw
ML2 7QX

Telephone: 01698 374 698

Type of inspection:
Unannounced

Completed on:
23 October 2024

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2020379128

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 in 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 89 people living in the home comprising of 89 people and 20 younger adults

About the inspection

This was an unannounced inspection which took place on 21, 22 and 23 October 2024. The inspection was carried out by two 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 12 people using the service and of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People were supported by the right number of staff at the right time to meet their needs. People looked and sounded well.
- People benefitted from timeous and responsive care and support.
- Staff had time to provide care and support with compassion and engage in meaningful conversations.
- Menus could be improved to offer variation and choice.
- The provider should ensure daily health recording charts are completed and signed.
- Overall, the environment was clean and well maintained.
- Staff training should be improved.

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 staff team?	3 - Adequate
How well is our care and support planned?	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

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Visitors and some residents spoke highly of the care and support they received. People praised the staff and stated they had built good relationships with each other.

We could see from communication records with families that they were kept up to date with any issues, such as falls, and family members we spoke with confirmed this.

We observed various activities taking place where staff were enthusiastic and joined in. We saw games such as passing the ball and singing. This meant that people could feel physically and mentally stimulated each day.

Health assessments were in place to monitor, record and evidence people's health and wellbeing progress. These included oral health, personal hygiene, and repositioning of people. However, we found gaps in recording and staff signatures across some of these documents. As a result, people could not be assured that their health and wellbeing were being fully supported. Eating and drinking records were not being consistently completed by staff. We had already made an area for improvement relating to this in our previous inspection, so we repeated this (see area for improvement 1).

The lunchtime dining experience in both units downstairs was a nice experience. Choices were offered and people supported appropriately. Staff were very aware of people at a choking risk when supporting them to choose their meal. One of the units upstairs had a quiet atmosphere, although there appeared to be a lack of space for people to comfortably move around. The manager had some ideas to improve this situation. People were not supported by staff to practice hand hygiene before meals. This was highlighted to the manager.

Some comments from people and staff:

"She has put on weight since coming here."

"Since moving here, she has not been back in hospital due to the good care."

"Now I think best place for her, care is the best."

"What I like is it's more like a family unit, everyone friendly, cheery."

"Glad you got me into this place, they can't do enough for you."

We noted that the food was repetitive on the menu and that people, their relatives and staff confirmed this. People advised that they were fed up with sandwiches every day and supper time. People also had limited choice as to the sandwich fillings with staff being reluctant to ask the kitchen staff for alternatives. The menus were in the process of being reviewed with people's views being considered.

Medication records were mostly signed by staff when administered. Missing signatures should always be identified and rectified as soon as possible and at handover checks. 'As required' medication protocols were in place and being reviewed regularly. This meant people could be confident that their health and wellbeing was mostly monitored and supported.

Areas for improvement

1. To support people's health and wellbeing outcomes, the manager should ensure that all health monitoring charts are fully completed by staff and offer an accurate reflection of what support the individual has received.

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

'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).

This area for improvement has been repeated on 4 November 2024.

How good is our staff team?

3 - Adequate

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

Staff were relaxed and responsive to people's needs. Staff worked well together, which created a warm and welcoming atmosphere for people in their home.

Staff had time to talk to people and offer support in a way that was respectful and dignified. People were not put under any pressure to do any actions in a rushed manner and staff supported their pace. We concluded the right number of staff were working throughout our inspection period and we sought further evidence of this from the staff rota. This meant people could benefit from quality time being spent with them and enough staff present to meet their outcomes.

We were confident staff were recruited in a way that was guided by all aspects of safer recruitment guidance. All relevant checks and documentation were in place, and this promoted people's wellbeing and safety. The recruitment process was well organised and this included regular audits to ensure compliance.

Staff were confident about their roles and responsibilities. They talked fondly about the people they supported and felt committed to do a good job. However, staff completion of most training overall needed to improve. We found staff had not completed or achieved a level of training that was acceptable. This meant people could be at risk of harm if staff were not trained, skilled or knowledgeable to support people safely and effectively. Due to the low numbers of staff who attended training we made a requirement (see requirement 1).

Requirements

1. By 27 January 2024, the provider must ensure that staff training and development reflects the needs of the people they support. To do this, the provider must develop a training and staff development programme which helps staff keep up to date and follow good practice guidance.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 9 (i) and (b).

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

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

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Overall, personal plans sampled held good and detailed information about the person's care and support needs. However, some plans sampled, particularly relating to stress and distress, needed more detail about the level of support needed, and how staff should engage with the person when they were distressed (see area for improvement 1).

Where people were unable to make choices or decisions, supporting legal documentation was in place. This meant staff were clear about their responsibilities and supporting people with any decisions to be made or need support to make.

Reviews of care plans were carried out regularly with relatives' views and input recorded. However, review documents did not give a clear picture of the person over the last six months. Each area of the care plan should be reviewed with a detailed account and narrative. Some information was limited and, in some cases, difficult to read due to the illegible writing. We discussed this with the manager who was aware of the need for improvement. This would ensure reviews were meaningful processes which presented an up-to-date picture of the person's achievements (see area for improvement 2).

Some personal fire evacuation plans had not been reviewed regularly to ensure they were up to date and current. This meant people could be at risk of harm if a fire incident were to occur. The manager updated all plans and rectified this situation by the end of the inspection.

Areas for improvement

1. To ensure people experience care and support that is right for them, personal plans for people who experience increased stress and anxiety should be improved. Information should clearly direct staff on strategies to recognise, support and reduce levels of distress experienced.

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

'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).

2. In order for people to experience meaningful reviews, the provider should ensure that all areas of the care plan are reviewed with detailed narratives of what is working and not working well. Furthermore, clear goal setting and how this would be achieved in the following six months, should be recorded.

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

'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 areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support people's health and wellbeing, the provider should ensure that people's mealtime experiences meet their needs and preferences. This should include, but is not limited to, providing an inviting environment, offering a visual choice of meals and snacks.

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

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35); and 'My care and support meet my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 17 July 2023.

Action taken since then

Most of the dining experiences we observed throughout the inspection period was positive and improved. There were peaceful atmospheres to allow people to relax and focus on eating their meal.

We advised the manager of one unit where it appeared to be tight for space due to most of the people choosing to eat in the dining room. The provider suggested two different sittings may be a better option to alleviate any congestion at tables and discomfort to people.

This area for improvement was met.

Previous area for improvement 2

The provider must ensure that all care interventions required to monitor, maintain, and improve people's health are undertaken in line with preference and need. To do this, the provider must:

- a) ensure there are accurate records completed for, but not be limited to, recording of oral, and skin care; and
- b) ensure there are effective systems to oversee their completion.

This is 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 area for improvement was made on 17 July 2023. This area for improvement was not met therefore a requirement was made on 4 November 2024.

This area for improvement was made on 17 July 2023.

Action taken since then

There continued to be some gaps in record keeping regarding people's routine care and support. We made this a requirement as they had not met this area for improvement.

Not met.

Previous area for improvement 3

The provider should ensure that medication is managed in a manner that protects the health and wellbeing of people and that the service's medication management system adheres to good practice guidance. In order to achieve this, the provider must ensure:

- a) there is a medication support plan, with appropriate medication risk assessments and medication recording charts (MARS);
- b) that protocols for 'as required' medications are put in place and MARS sheets correctly record this; and
- c) that medication support plans, risk assessments and administration charts are regularly audited to monitor compliance.

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

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

This area for improvement was made on 17 July 2023.

Action taken since then

Medication administration was to a good standard. PRN was used appropriately once other avenues had been tried.

This area for improvement was met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	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

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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 iarrrtas.

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.