

Beechwood Park Care Home Service

136 Main Street
New Sauchie
Alloa
FK10 3JX

Telephone: 01259 720 355

Type of inspection:
Unannounced

Completed on:
12 December 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 50 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 a focussed follow up inspection which took place on 12 December 2024. The purpose was to follow up on one requirement and one area for improvement made at the inspection on 29 July 2024 and again extended on 5 November 2024. The inspection was carried out by one inspector 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 eight people using the service and three of their families
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- The service and the new management had worked hard to make improvements around, medication management and the care and support people receive
- People could be assured people's medication, including topical medication were managed safely and administered as prescribed.

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?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

This was a second follow-up inspection to check the progress on the improvements we had required the provider to make. Details of our findings can be found within this report under "Outstanding requirements."

The service and the new management had worked hard to make improvements around, medication management and the care and support people receive, we have therefore re-evaluated quality indicator 1.3 from weak to adequate, the other evaluations remain the same.

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

Requirements

Requirement 1

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).

This requirement was made on 29 July 2024.

Action taken on previous requirement

We sampled 15 people's medication recording charts and saw good evidence of people receiving medication as prescribed and a marked improvement on all medication, including topical and transdermal patches being administered. We spoke with senior care staff who were knowledgeable about medication management. Medication training had taken place and observation of practice had been carried out to ensure training was effective. Managers had a good oversight of medication and we saw regular audits being carried out with clear actions and outcomes. People could be assured people's medication, including topical medication were managed safely and administered as prescribed.

Met - outwith 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 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)

This area for improvement was made on 29 July 2024.

Action taken since then

We saw regular inhouse activities taken place and staff worked hard to support people to engage in meaningful activities. However the home did not have any wellbeing staff in post and in process of recruiting, which meant they relied on support from sister homes, which meant the range of activities on offer were limited.

Therefore this area for improvement has been repeated.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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