

# Beechwood Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
12 July 2023

**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 90 people living in the home.

## About the inspection

This was an unannounced inspection which took place on 27 June 2023 from 07:00 to 16.30 hours, 28 June 2023 from 09:30 to 16.30 hours, 30 June 2023 from 09:30 to 14:30 hours and 3 July 2023 from 09:45 to 16:00 hours. 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 and spent time with people using the service and their families;
- spoke with staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

**Key messages**

- Activities were plentiful and varied as well as person-centred.
- People had very good outcomes as a result of staff support and effort.
- People had the opportunity of planting and growing their own fruit and vegetables.
- Refurbishment of the home was being carried out.
- WIFI was not great in certain parts of the home which was frustrating for some people.

**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 leadership?	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 found staff engaging with people in a respectful and caring manner. Staff appeared to know people's likes and dislikes. Staff knew the names people liked to be known as and used these. This was also written in their care plan.

We noted that some staff used terms of endearment when speaking to people, which was inappropriate. We understood it was well meaning; however, staff are professionals at their workplace and some people may feel offended by these terms.

Where people's independence, choice and control were restricted we saw 'Adults with Incapacity' and 'Guardianship' paperwork in place and in their files. This meant that staff could support people appropriately and with their rights being acknowledged.

If people were confused or displaying their emotions, staff comforted them and used distraction strategies to help them move on. This early intervention limited people's emotions escalating and unsettling others.

We observed the dining experience on both floors on different days and in different parts of the home. These were mixed in approaches. Different flavours of juice were offered, temperatures were taken in the food. The soup on the menu was on wall but not what kind. Some staff did not let people know what kind of soup was being offered. Some places set the table, some didn't. There were no condiments on the tables and had to be asked for by the people. There may be reasons for this; however, there should not be a blanket response to what 'some, or a few' individuals may do. People's independence and dignity should be always respected unless risk assessments are in place to explain why (see area for improvement 1).

Furthermore, the glasses that people were served their drinks in were plastic, which looked grubby although clean. The manager advised that they would look at alternatives.

The service had three activity staff to support people. Time had been taken to gather information about people likes, hobbies and past job roles. This was then incorporated into people's specific activities. This meant that people's memories could be stimulated about what they used to enjoy.

We saw examples of a man who enjoyed fixing things supporting the maintenance man on his rounds and doing repairs. Furthermore, one person told us how they had made progress beyond their dreams to conquer the fear of swimming with support from the staff.

There were various activities on offer to allow people the opportunity to be physically, mentally, and emotionally stimulated. There were many photos of activities taking place in the home and out in the community. People were able to experience fun, music and achieving their outcomes.

Many questionnaires that had been returned from relatives were very positive. This was also reflected in the relatives we spoke to. There was a monthly newsletter and a Facebook page which kept people and their relatives updated. This was especially important to a relative who lived abroad.

### **Quality indicator 1.3: People's health and wellbeing benefits from their care and support.**

People's health and wellbeing were supported by healthcare staff from different professions, such as

psychiatry, occupational health, physiotherapy, general practitioner, and dieticians. This meant that people could be confident that they were getting the right support at the right time.

Healthcare charts were mostly completed well. We found a few gaps relating to hydration and nutrition intake. Therefore, we could not be assured that people were receiving the necessary nourishment required (see area for improvement 2).

We reviewed the home's medication management and found it to be appropriate in supporting people's needs. Staff signatures and stock counting were in place to ensure people received the right medication. However, we found that for a few people, this was not the case. They did not receive part of their medication for a couple of weeks. This was due to the medication not being in stock. This should have been responded to immediately and the manager being made aware by seniors (see area for improvement 3).

When we fed the above situation back to the manager, they responded swiftly and put strategies in place to limit this happening again. The relatives and the Health and Social Care Partnership were alerted. Staff were given extra training and supervisions. Daily communications about medication were introduced to the handovers to limit risk and keep people safe.

Falls risk assessments were in place and we saw good evidence of post fall care and recordings. This meant that lessons were learned, and that people were supported to recover well to their benefit. Protocols were in place to advise staff to contact the North Lanarkshire Falls team if falls persisted. As a result, people received enhanced support from professionals.

## Areas 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.

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.

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.

## How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths taken together clearly outweighed areas for improvement. Whilst some improvements were needed, strengths had a positive impact on people's experiences.

We reviewed the service's quality assurance documents, and their improvement plan. The manager had a good overview of most aspects of the home and where improvements should be focussed. An action plan in place to be 'inspection ready' and actions identified to improve outcomes for people.

During the inspection, we found that certain medications had not been administered to people as necessary. This was for a period of three weeks and this was not escalated to the manager. Although people did not experience any negative outcomes from this, it highlighted the gap in communication and quality assurance processes. The managers were quick to respond to this effectively in relation to putting steps in place to limit this happening again. All units will be audited on a monthly basis as one of the action points.

Training priorities for 2023 had been identified through supervisions, service user support needs and regulatory requirements; subjects such as IPC training, including observations of practice, CAPA (Care About Physical Activity) and Dementia ambassador training. This meant that people could expect to be supported by knowledgeable and skilled staff.

Staff supervisions had taken place, although a few staff advised they could not remember the last time they had it. We checked the supervision matrix and found that a significant number of supervisions had progressed. This ensured that people were being cared for by staff who are well informed and knowledgeable about their roles and responsibilities.

We noted that there was a malodour, particularly on the first floor. The managers agreed and were addressing this by replacing the carpet. There was an active refurbishment plan in place which was upgrading the decoration and dealing with repairs. This meant people could experience an environment which was pleasant and comfortable.

There were lots of comments from people, here are some:

- "All staff are friendly and helpful and always go above and beyond but seem to be overworked sometimes due to not enough staff."
- "Would be great if more staff were available."
- "There is a friendly ethos."
- "Most staff are approachable and accommodating."
- "I feel more could be done for residents' personal appearance, hair combed, nails cleaned, etc."
- "Leadership - very helpful and attentive to relative's needs."
- "Very positive, odd comments not so good about things going missing and other residents going into other people's rooms."

## 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	4 - Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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