

Voyage 1 Limited

Beechwood

Inspection report

High Pitfold
Hindhead
Surrey
GU26 6BN

Tel: 01428608124
Website: www.voyagecare.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Beechwood is a small care home providing care for up to five adults with learning disabilities. The home is a bungalow and there are five single bedrooms on the ground floor. At the time of our inspection, there were five people living at Beechwood. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

Relatives told us they felt their loved ones were safe at Beechwood, and staff were aware of their responsibilities in safeguarding people from abuse. Risks to people were recorded and managed appropriately. There were a sufficient number of staff to meet people's needs, and medicines were recorded correctly and administered safely.

People's rights were protected in line with the principles of the Mental Capacity Act 2005. Staff were up to date with training and received supervision on a regular basis. The design of the building was suitable for people's needs. Staff felt that the communication within the service was effective, and people were referred to healthcare professionals where required.

Relatives told us staff were extremely kind and caring, and we observed friendly interactions between people and staff. People were involved in decisions around their care and were encouraged to be independent as much as possible. People's dignity and privacy was respected, with personal care and conversations taking place behind closed doors.

There were a wide range of activities available which helped people live fulfilled lives. The service had not received any complaints, but there was a policy around this in place for people and relatives if required. Although people were young adults, the service had considered and recorded their end of life wishes.

Staff felt supported by various levels of management within the service. Robust quality checks allowed the service to identify and resolve any issues or improvements. People and staff were engaged in the running of the service and asked for feedback regularly. The service had strong working partnerships with a range of organisations, and had plans in place to improve the garden.

Rating at last inspection: At the last inspection the service was rated Good (report published on 28 September 2016)

Why we inspected: This was a planned fully comprehensive inspection to confirm the service remained

Good.

Follow up: We will continue to monitor all information received about the service to ensure the next planned inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Beechwood

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector over two days.

Service and service type:

Beechwood is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection site visit. As this is a small service we wanted to make sure someone would be in.

What we did:

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection

As part of our inspection we observed the care and support provided to people as they were unable to

communicate with us. As we were unable to speak to people, we observed interactions between staff and people. We spoke with four staff members including the registered manager and one visiting professional. We reviewed a range of documents including two care plans, two staff recruitment files, medication administration records, accident and incidents records, policies and procedures and internal audits that had been completed. Following the inspection, we spoke with two relatives by telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their loved ones were safe. One relative said, "I feel [my relative] is safe. When we see him he's so comfortable and happy." Another relative said, "I feel completely confident that [my relative] is safe at Beechwood."
- Staff were aware of safeguarding policies and procedures. One staff member told us, "We need to speak to the manager or the local authority if we have any concerns. The policies are on the board for us to read." Another staff member said, "Firstly I'd speak to my line manager. If I felt I couldn't speak to them I'd go to CQC or the safeguarding team. We have a whistleblowing procedure if we need it too."
- Records showed that concerns had been made to the safeguarding team where appropriate.

Assessing risk, safety monitoring and management

- Risk were appropriately recorded and managed. One person had a medical condition which meant that they were unable to regulate their body temperature and frequently felt hot. Their risk assessment stated that cold drinks should be readily available, the car should have a shade on the side they were sitting, and they should have a light duvet on their bed. Another person was at risk of pressure sores due to preferring to use their hand and knees to mobilise. Their risk assessment stated that they should be encouraged to wear knee pads. We observed this on the day.
- There was a business continuity plan in place. This confirmed what action should be taken in the event of an emergency, such as alternative emergency accommodation, the loss of utilities such as water or gas, and failure of IT equipment.
- Fire drills were held regularly to ensure that people and staff knew what to do in the event of a fire. Each person had a personal emergency evacuation plan which detailed what support they would require in the event of evacuating the building.

Staffing and recruitment

- There were a sufficient number of staff to meet people's needs. A relative said, "They're not short staffed. And what is lovely is staff appear to like each other too and work well together." One staff member told us, "I think there's enough staff. It's also important to have the right quality of staff as well as quantity. Especially on trips out in the community." The registered manager said, "I feel we have enough staff. There's never been a day we've been short. Staff are always happy to pick up overtime which is helpful."
- Rotas showed that staff sickness was covered by other staff members, the registered manager or agency staff. There were no gaps or staff shortages on rotas.
- Recruitment files evidence staff had been recruited safely. This included a Disclosure and Barring Service (DBS) check, written references and a full employment history.

Using medicines safely

- Medicine administration and recording practices were safe. People received their medicines on time as medicine administration records (MAR) were fully completed with no gaps. There were protocols in place for as and when medicines (PRN).
- People's individual medicine profile included a recent photograph of them, and information on how they like to take their medicines and any allergies they have.
- Staff competencies in medicine administration and recording were done yearly or sooner if needed.

Preventing and controlling infection

- People were protected from the risk of infection. A relative said, "They've always worn the relevant equipment needed for infection control when I've been there." A staff member told us, "We always wear gloves and aprons for personal care and feeding. They're kept in the COSHH cupboard which is always locked." We observed this on the day of the inspection.
- People lived in a clean environment. There was an infection control policy in place, and regular equipment cleanliness checks identified where issues needed to be resolved, such a dining chair no longer being fit for use. There was a norovirus information sheet for staff and people on how to prevent this illness from occurring.
- People's laundry was kept in separate laundry baskets and was washed separately to minimise the risk of cross infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded on a central online system, including details such as what had occurred and what actions were taken as a result of this. The registered manager was able to analyse the information for any trends of issues that needed to be addressed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- At our previous inspection we found that pre assessment checks were thorough to determine whether they could meet people's needs before they moved in. There had been no new people moving in to the service since our last inspection.
- People received care in line with guidance supplied from healthcare professionals. For example, the Speech and Language therapist recommended a soft diet for one person, which we observed was prepared for them.

Staff support: induction, training, skills and experience

- Staff were mostly up to date with their mandatory training. One relative said, "All the staff are skilful there. They know what they're doing." A staff member told us, "I think the training here is very useful. You can refresh things you're unsure of on e-learning. The company do put a lot of time and effort in to it." Another staff member said, "I've just finished some refresher training. I've had epilepsy training as some of the people here are epileptic." The registered manager said, "I've found someone who can give us specific training on Asperger so I've organised this for staff. It will help us all know how to support our people better."
- The service's training matrix computer system identified when a staff member's refresher training was due for renewal. A staff member said, "I organise the training for people. We have a system which shows when its due so I can book people on to it if it's due."
- Staff received regular supervisions, which included discussions around wellbeing, training and development and any other business. One member of staff said, "We have regular supervisions and I had observational supervision today. We have yearly appraisals too." Observational supervisions checked the appearance of a staff member, their communication with the person they were caring for, their paperwork standards, and the level of care given.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain their nutritional and hydrational needs. A relative told us, "[The registered manager] has focused on healthy eating and has got [my relative's] weight down by exercising more. She has made sure his diet has improved." The registered manager said, "I'm involved in ensuring that there is fruit and veg in people's diets or menus. We always have drinks available to keep people hydrated, and take weights if people are losing or gaining weight so we can keep an eye on the situation."
- Food was home cooked with fresh ingredients and prepared to meet people's individual dietary needs.
- People were provided with equipment suited to meet their dietary needs, such as beakers and plate guards.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Relatives and staff felt communication within the service was effective. A relative told us, "We're kept updated by email or text from the manager or staff." A staff member said "The communication is good. We have handover sheets that are really detailed. I like to give as much detail as possible as it's important." A visiting professional said, "I get a brief or an overview when I get here if anything has happened to [the person I see] that I need to be aware of." Handover sheets were thorough. They included which member of staff had administered meds during a shift, which laundry and health and safety checks had been done, and people's wellbeing during a shift.
- People had a hospital passport in place. This document could be taken to hospital with a person to inform staff of their health and care needs.
- People saw healthcare professionals such as GPs, dentists and chiropodists regularly. Referrals to healthcare professionals for new or additional support were completed where required.

Adapting service, design, decoration to meet people's needs

- People had access to a large garden which was suitable for their needs.
- Electrical equipment such as televisions were stored in cabinets to ensure that people were unable to move them and place themselves at risk.
- The bath was fitted with a sensor which would only allow a maximum temperature of 38 degrees Celsius. This ensured the water was not too hot for people when bathing.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's legal rights were protected because staff followed the principles of the MCA. A staff member told us, "You should always assume that everyone has capacity unless proven otherwise. They also have the choice to make an unwise decision. My theory is you have to give the guys as much control over their lives as possible." The registered manager told us, "We do a decision specific mental capacity assessment to determine if that person lacks capacity and if we therefore need to make a best interest decision for them."
- Decision specific mental capacity assessments had been completed where people lacked capacity. For example, one person lacked capacity to consent to a flu jab. A mental capacity assessment had been completed for this followed by a best interest decision. Best interest meetings included people's families and healthcare professionals where required. DoLS applications noted the restrictions that were in place for people. This included those who used lap belts when in wheelchairs and under constant supervision.
- The service used the least restrictive option for people. For example, people were not able to leave the service without supervision. However, doors to the garden were open but there was a gate that prevented them from leaving the site. This demonstrated that people were given as much freedom as possible whilst keeping them safe.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives told us staff were kind and caring. One relative said, "I feel [my relative] is loved by staff, and he fits in well with his housemates. They have a lovely friendship and staff promote that." Another relative said, "The staff have a brilliant rapport with [my loved one]. He's getting the best care possible. The care and experience he gets there is fantastic. We're very happy with Beechwood." A staff member said, "Our guys are lovely. Because of their conditions they're very tactile. Our guys love to interact with us too. They have feelings even although they can't always express them we make sure we notice this and look after them." Another staff member said, "This place is special, it's not like other places I've been to. We definitely have a kind staffing team. I like that we've been here such a long time as we really know our guys." A visiting professional told us "They really do seem kind and caring here. Because I'm from a psychological background they always ask me on advice on how to help and support people so they're proactive in trying new things."

- Staff genuinely cared about people and treated them like friends. We observed one staff member hugging a person when they scored whilst playing basketball. We also observed another person and staff member sharing a joke. One staff member had come in when they were not due to be on shift as a resident had been unwell and they wanted to check that they were feeling better and spend time with them. The registered manager said, "I think I'm really lucky here. The staff have been here a long time so know people well. All of them go above and beyond. They never moan, they help out even if it's their day off because they want to."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in planning care where possible. People's families were also involved in this process. A relative told us, "We've been involved a review recently and social services were there. [My relative] has always been there at reviews. The staff work with him as part of daily life, by finding out what he likes and dislikes. They've really thought about what makes his life worthwhile for him." One staff member said, "When we had recent reviews, we try to involve [people] as much as possible. They have a high level of understanding." Reviews were person centered and focused on people's abilities. People were encouraged to be involved as much as they wanted to be.

- People were involved in day to day decisions around their care. The registered manager said, "All of [the people that live here] are non-verbal. However, they can all tell us if there is something they don't like whether it's through body language or pictures. We observe them and give them choices. We'll even ask them on a day to day basis which of the staff members they would like to do their personal care." We observed people being asked for their input throughout the inspection, such as giving them a choice in activities they would like to do that day.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence, such as completing their own cleaning and laundry with support from staff. One person was encouraged to make their own hot drinks with the supervision of a staff member. A staff member told us, "You've got to be careful to not disable people more. We encourage active support like people brushing their own teeth and peeling potatoes for dinner."
- People's dignity and privacy was respected. A staff member told us, "We don't discuss personal things in front of the guys, we do handovers in the office in case we need to discuss we need to discuss someone's medical appointment information." A visiting professional said, "The staff very much so respects people's privacy and dignity. [One person] removes their clothing (due to their medical condition) but the staff are very quick to get some shorts on them, so they consider their dignity." Personal care was delivered behind closed doors and we observed staff having confidential conversations in private areas of the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A wide variety of activities helped people live fulfilled lives. A relative told us, "The activities are the one main aspects that we really appreciate. [My relative] has done things that we never thought he would be able to do." Another relative said, "They really worked on making sure they have the right activities for different people." A staff member told us, "We focus on activities. It's best for the guys as they have a fulfilled life. I firmly believe that nature is so good for you and I believe that life is great if you're out and about. If you see that someone is agitated you take them out and they are so much better afterwards."
- We observed that people had access to a wide range of activities, such as going to the beach, playing sports in the garden, swimming, walks and a local outside activity centre. People had personalised books filled with photographs of the activities they had taken part in. These were used for them and their families to look through.
- People received person centred care. Care plans included details such as what music people liked so this could be played for them. Daily notes were detailed and confirmed what activities people had completed daily, as well as what active support they had received.

Improving care quality in response to complaints or concerns

- Although the service had received no complaints, there was a policy in place to support people in raising a concern if required. It gave clear guidance on how complaints would be responded to. One relative said, "I've not had to make a complaint before, but I would be comfortable if I had to."
- Staff knew people well enough to know when they were unhappy. A staff member said, "The guys know that there is a board that they can point at if they're unhappy. If they do that I'll come in here and speak to them. The registered manager said, "As the people here are non-verbal it's a bit trickier, but their key workers know people well enough to know if people are upset about something. Sometimes they can take us to show us what is upsetting them."
- Compliments were kept in a central folder. The service had recently received a compliment from a relative which read, "He looked so smart and happy and that made us both feel extremely thrilled. I went through his care plan and was comforted in the detailed way that [my relative's] care is documented and carried out."

End of life care and support

- At the time of this inspection no one living at Beechwood was receiving end of life care. However, care plans were in place to use to support people if this occurred. The registered manager said, "Although people are young here, we have asked the parents what they would like to happen in the event something happening."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Relatives and professionals told us the registered manager was approachable. One relative told us, "I'm really impressed with [the registered manager]. Her record keeping is phenomenal." Another relative said, "She's very good and keeps us informed. She's very approachable." A visiting professional said, "It's been great having [the registered manager]. She's really good, very organised and on top of everything."
- Staff felt supported in their roles and listened to by the registered manager. One staff member told us, "[The registered manager] works on the floor and comes on outings with us so she knows people too and sees what's going on. If I need any help she always will help which creates a great working environment." Staff also felt supported by other managers within the provider's services. The registered manager said, "I feel supported by [the regional manager]. Because of the layout of the service and the ones nearby, I've got other managers in the vicinity I can ask if I need to and they are always helpful." A staff member told us, "[The regional manager] is really involved. They have an open-door policy which is great."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Robust quality audits identified issues which were then resolved by the registered manager and staff. A recent internal audit completed by the registered manager identified that not all mental capacity assessments had been recorded. We observed that this was resolved on the day of our inspection.
- We observed that one of the bathrooms required work to it due to moisture damage. This had been picked up in a recent external audit by the regional manager, and the provider's maintenance manager had been booked in to complete the work in May.
- The registered manager was aware of their responsibilities in ensuring that CQC were notified of significant events which had occurred within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to be involved in the running of their home. House meetings took place where people were able to choose what meals and activities they would like to do during the week. Records showed how each person communicated this, such as pictorial guides or facial expressions when a certain meal was mentioned. Staff also asked people if they had any concerns during house meetings, but none had been raised.
- The service actively sought feedback from relatives. One relative said, "They send me a survey to complete every year." Another relative said, "They ask for feedback over the phone and when we visit." The registered

manager told us, "We speak to relatives on a one to one basis too as we speak to them regularly anyway." No concerns had been raised by relatives.

- Regular staff meetings were held. One staff member said, "There are regular staff meetings. If we can't attend we have to sign the meeting minutes to acknowledge they've been read." Meeting minutes showed who attended and what was discussed, such as updates on people's care needs as well as staff being tested on their safeguarding knowledge.

Continuous learning and improving care; Working in partnership with others

- There were plans in place to improve the service. The registered manager told us that she planned to create two separate gardens. She told us, "I plan for the back garden to be a sensory garden, and the front one to be sporty so they can be used for different needs."

- The service had close working partnerships with outside agencies. One staff member said, "We go to an outside centre where we do zip wiring, boating, bush craft and archery. The people here absolutely love it." The service made use of a day centre on the site where people could have hydrotherapy or hire rooms for parties.