

Beech Cliffe Limited

Beech Cliffe Grange

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Beech Cliffe Grange is a residential care home providing support to adults with a learning disability and autistic people. At the time of the inspection there were nine people using the service. The service can support up to eleven people.

People's experience of using this service and what we found

We looked at the key questions of safe and well led and found the service was able to demonstrate they were meeting the underpinning principles of Right support, right care right culture.

Right Support

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Support was planned in people's best interests.

Risks associated with people's care and support were assessed, monitored and managed to ensure people were safe. People were supported by sufficient staff to meet their needs and ensure people's preferences were adhered to.

We found some minor concerns in relation to infection control; however, the provider took appropriate actions to ensure these concerns were rectified.

People's needs were assessed, and support was provided in line with what people wanted and needed. People received good outcomes and met their health, social and emotional needs. People were supported by staff who knew them well. People received their medicines as prescribed.

Right Care

The management team and staff promoted person-centred care and ensured people's privacy, dignity and human rights were upheld. Staff respected people and offered choices and supported them in making decisions. We found healthcare professionals had been referred to appropriately and staff ensured their support and advice was implemented.

Right culture

The ethos, values, attitudes and behaviours of leaders and care staff ensured people could lead confident, inclusive and empowered lives.

Staff felt supported by the management team and were confident when supporting people in situations where people could become distressed.

The overarching governance system included a series of audits which checked areas such as medication, infection control and the environment. Some issues identified during the environmental audit and infection control audit, had not been actioned and there was no timescale when these actions should be met. We recommended further detail and action was required to ensure the quality monitoring systems were effective.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 12 January 2018).

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process. We also used this inspection to assess that the service is applying the principles of Right support right care right culture.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Beech Cliffe Grange

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two Inspectors, and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Beech Cliffe Grange is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beech Cliffe Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, and care workers.

We observed staff interacting with people. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse and staff knew what action to take if they suspected abuse.
- People and relatives, we spoke with told us they felt they or their family member was safe living at the service. People looked relaxed and comfortable in the presence of staff. Relatives we spoke with said, "Yes, I do believe [family member is safe], I go down and see them every week or facetime [family member]. I would be able to tell [if something was wrong]. [Family member] seems happy, carers are wonderful, they have a good rapport."

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified.
- Care planning documentation clearly identified areas of risk such as choking, epilepsy and self-harm. Risk assessments were in place to minimise risks occurring.
- The provider ensured equipment such as hoists were maintained, and regular maintenance of the premises was carried out.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- The provider had a robust recruitment system in place to ensure staff were safely recruited. One person said, "I always get introduced to new staff members."
- We looked at two staff recruitment files and found they contained appropriate documentation and evidence of per-employment checks such as Disclosure and Barring Service (DBS) checks.

Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- During the day people were supported on a one to one basis, therefore there was enough staff to support people in line with their needs. A night a waking night staff team were available.

Using medicines safely

- People received their medicines as prescribed by staff who were trained in the safe administration of medicines.
- Medicines were appropriately stored, and the temperature of the room was maintained.
- Some people required medicines on an as and when required basis, often referred to as PRN medicines. PRN medicines were administered in line with people's individual needs.

Preventing and controlling infection

- We carried out a tour of the home with the registered manager and found some areas in need of cleaning. The provider took swift action to address these concerns and on our second day of inspection we found the environment had improved.
- We were assured the provider was preventing visitors from catching and spreading infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider had a system in place to ensure lessons were learnt from accidents and incidents. The registered manager used this system to identify trends and improve the service.
- Physical intervention investigation forms identified the incident and looked at the proportionality of the event reoccurring and the likeliness of harm and the least restrictive action taken in any circumstances.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The provider had a quality monitoring system in place and audits were carried out frequently to identify and actions and resolve them.
- During our inspection we found audits had not always identified concerns. Some minor issues were found regarding infection control and the registered manager took appropriate action to remedy them.
- The provider was in the process of identifying areas of the home which required refurbishment and had commenced an environmental audit. However, there was no timescale for completion.

We recommend the provider updates their monitoring and reviewing systems to ensure the quality monitoring systems were effective.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered manager promoted a culture within the home that was person-centred and inclusive. Staff were knowledgeable about people's needs and preferences and were focused on people meeting their outcomes. One staff member said, "We verbally prompt [person] to do baking, [person] rolls the pastry out. People's goals are in their care plan."
- People were supported to live a life which considered their preferences and choices and was in line with their personal needs.
- Relatives we spoke with were complimentary about the service. One relative said, "Yes, they [family member] works with the same staff and has built up a good relationship."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their roles and responsibilities and acted on their duty of candour.
- People and relatives, we spoke with were confident they could speak with the management team and found them approachable and supportive. One relative said, "I know that if I have any worries I can talk to the manager."

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

- The provider and registered manager had systems in place to gain feedback from people, their relatives

and other stakeholders. Feedback received was used to develop the service.

- People we spoke with found the registered manager approachable and staff felt supported by the management team.

Working in partnership with others

- The registered manager worked in partnership with other professionals. For example, they had a close working relationship with the local adult learning disability team.