

Glancestyle Care Homes Limited

Beech Manor

Inspection report

21 Banstead Road South
Sutton
Surrey
SM2 5LF

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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

Beech Manor provides accommodation and support to up to eight adults with mental health needs. At the time of our inspection seven people were using the service.

At our last inspection in October 2015 the service was rated good. The service remained rated good.

There continued to be sufficient staff in post to meet people's needs. Staff were aware of the risks to people's safety and put plans in place to mitigate those risks. Staff continued to adhere to safeguarding procedures and escalated any concerns when needed. People received their medicines as prescribed and safe medicines management processes were followed.

Staff worked with other healthcare professionals to ensure people's needs were met. Staff adhered to the principles of the Mental Capacity Act (MCA) 2005. Staff and people were aware of any restrictions imposed on people in line with either the Mental Health Act 1983 or MCA. Staff received regular training to ensure they had the knowledge and skills to undertake their duties. Staff provided any support people required with their nutrition and provided people with information about how to maintain a balanced diet.

Staff continued to build friendly trusting relationships with people. People felt able to speak openly with staff and staff provided any emotional support people required. People were involved in decisions about their care and how they spent their time. Staff continued to respect people's privacy and dignity, respected their individual preferences including in relation to their culture or religion and supported people to rebuild relationships with their relatives.

Clear and detailed care records remained in place detailing people's support needs. Staff provided people with any support they required and empowered them to take ownership of their recovery. They encouraged people to relearn their skills and participate in college courses and voluntary work placements. A complaints process remained in place which ensured any concerns raised were listened to and investigated.

Clear leadership and management were in place. A registered manager remained in post and staff felt able to have open conversations with their manager. There continued to be processes in place to monitor the quality of service delivery and mechanisms in place to obtain feedback from people and their relatives.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Beech Manor

Detailed findings

Background to this inspection

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

This inspection took place on 1 September 2017 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with five staff and three people using the service. We viewed three people's care records and three staff records. We reviewed medicines management processes and records relating to the management of the service. After the inspection we spoke with the registered manager, an advocate and one social care professional involved in the care of a person using the service.

Is the service safe?

Our findings

There continued to be sufficient staff to meet people's needs. There was always a minimum of two staff on duty. This could be increased in order to accommodate people's needs, for example one person needed support in the community and staff regularly accompanied people to healthcare appointments. Safe recruitment practices remained in place to ensure appropriate staff were employed. This included obtaining references from previous employers, ensuring people's eligibility to work in the UK and undertaking criminal record checks.

There had been no safeguarding concerns raised since our last inspection. Nevertheless staff continued to be aware of signs and symptoms that a person may be being abused or at the risk of abuse. Staff were aware of the procedures to follow if they had concerns about a person's safety.

Clear and detailed records were maintained about the risks to people's safety and people's risk behaviour. This included detailed information from referring agencies about people's history and any episodes of risk behaviour and how this impacted on themselves or others. Information was included in people's records about triggers to challenging or aggressive behaviour and what this behaviour may signify. People's records stated that much of the challenging or aggressive behaviour, as well as signs of self-neglect, may be due to a person's mental health declining and plans were in place about how to manage this, including what to do if the person was in crisis. From people's records we saw that some people had limited insight into the dangers at the service and therefore, for those that required it, staff supervised people whilst using the kitchen and in the community. For everyone's safety some standard practices were observed including locking sharp knives away and staff storing people's cigarette lighters securely overnight.

Checks continued to be carried out to ensure a safe and appropriate environment was provided. This included in regards to gas safety, electrical safety, water safety and fire safety checks. We identified that that most recent water temperature checks were above the recommended temperatures meaning there was a risk that people may scald themselves. Following our inspection the registered manager confirmed that thermostatic values had been installed on all water outlets to ensure water remained within a safe temperature. In addition, staff carried out checks on the health and safety of the environment, including risk assessments and identification of any potential ligature points.

People confirmed they received their medicines. One person told us, "The staff are very good with that." People also confirmed that they had regular medicine reviews with their GP and/or psychiatrist. Safe medicines management processes continued to be followed. Medicines were stored securely and accurate records were maintained of all medicines administered. Regular checks were undertaken and records were maintained to check stocks of medicines and ensure all medicines were accounted for. Processes were in place to support people safely with their medicines when on social leave. There were also processes in place to ensure people received their 'when required' medicines. The management team ensured systems were followed to ensure medicines were ordered when required and there was safe receipt and disposal of medicines procedures.

Is the service effective?

Our findings

A social care professional supporting one of the people using the service told us, "We have had a good joint working relationship and the staff keep me well informed of any issues or concerns." People confirmed they had regular meetings with their care co-ordinator from the community mental health team. In addition to supporting people with their mental health, staff supported people with their physical health. This included supporting people to attend regular health screening appointments and check-ups. Staff were aware of any long term health conditions people had and what support they required with these, this included in relation to diabetes, epilepsy and asthma. Staff supported people to attend regular appointments with healthcare professionals and nursing staff supported those with diabetes to check their blood sugar levels.

The provider had identified that a number of the people currently using their service were living with diabetes. The nursing team had developed a training package to educate staff about diabetes. The team leader told us they had also used this training resource with people using the service who had diabetes so they could become better educated about how to self-manage their diabetes.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff were aware of when to apply for a DoLS authorisation to ensure any restrictions were lawful and in the person's best interest. The team leader arranged for these restrictions to be reviewed to ensure they remained in people's best interests. Staff and people were aware of any other restrictions in place under the Mental Health Act 1983, including through Community Treatment Orders (CTOs).

The management team registered with an online reference group which provided regular bulletin's on issues relating to the Mental Health Act 1983 and the Mental Capacity Act 2005. This resource provided case studies and examples of serious incidents that occurred in other services so lessons could be learnt and good practice shared amongst providers. Staff told us this was a good resource to reinforce and re-emphasise good practice guidelines and expectations. Staff continued to support people in line with the principles of the MCA.

Staff told us there was good access to training and they felt they had received the training they needed to undertake their roles. One staff member said, "The staff have been fantastic" in regards to the support they received during their induction. Staff were supported to complete the Care Certificate during their first few months. The Care Certificate is a nationally recognised tool to provide staff with the basic knowledge and skills to undertake their roles within a care setting. From the management team's training matrix we saw that all staff were up to date with their mandatory training. This ensured they had the knowledge and skills to undertake their duties and meet people's needs. Staff were also supported to complete additional qualifications in health and social care.

All staff received regular supervision. The frequency of supervision sessions depended on staff's experience and if there were any concerns regarding their performance. Records confirmed staff continued to receive

regular supervision and appraisals.

People continued to receive any support they required with nutrition and to ensure they ate and drank sufficient amounts to meet their needs. One person told us they chose what they wanted to eat and staff were available to help cook if they needed it. Whilst people were able to eat what they liked, staff provided people with information about how to achieve a balanced and nutritious diet that met their individual needs.

Is the service caring?

Our findings

One person said, "The staff are nice." They also told us, "It's alright this place. The best place I've been in. People talk to you and have a joke." Another person told us they liked living at the service because "it's quiet and calm." They also said in regards to the staff, "They're very helpful. There's nothing negative about them." A social care professional supporting one of the people using the service told us, "The staff are all friendly and helpful and know what they are doing." Staff told us, "We treat [people] as human beings...we include the whole family."

Staff had built trusting relationships with people. People felt comfortable speaking with staff and told us they would speak to staff if they were feeling upset or unwell. They felt able to speak openly with staff.

Staff supported people to rebuild relationships with their families and friends, and welcomed relatives when visiting people at the service. Most of the people using the service had regular contact with family members. This included relatives visiting them at the service as well as people going to visit their relatives. One person regularly had meals with their family. Another person was supported to accompany their family member to important appointments.

One staff member said, "[People] have the freedom to make their own choices." People were encouraged and empowered to make their own decisions and they choose how they spent their time. Staff encouraged people to undertake activities and there was the expectation that people would contribute to daily living activities at the service. People were able to choose where they spent their time, whether this was in the community or at the service, and what activities they engaged in. There were no set times throughout the day for meals or activities and people were able to adhere to their own preferred daily routine.

Staff continued to support people with their individual preferences including in relation to their culture and religion. If people wanted support to access places of worship then this was provided by staff.

Staff respected people's privacy and dignity. They did not enter people's room with the person's permission unless they had concerns about their safety. People told us they were free to move around the service and staff respected their decision if they wanted to spend time on their own.

Is the service responsive?

Our findings

A social care professional who supported one of the people using the service told us, "We have a tight crisis plan that has always been followed and responded to. The staff have supported him to become more independent and provided structure for him."

The aim of the service was to support people to become more independent and relearn life skills that they may have lost from spending time in hospital or when their mental health deteriorated. Staff were aware of how people's physical health needs, as well as their mental health, may limit their independence and provided them with support around this, for example in regards to any sensory impairments or with their personal care.

Clear and detailed care plans were recorded identifying what level of support people required and what goals people wanted to achieve whilst at the service. Care plans were written with the involvement of the person using the service. They contributed to the content of their care plans and staff listened to people's views, wishes and preferences. The advocate told us staff were "very welcoming of advocacy" and confirmed "they [the staff] listen to the [people using the service]."

Staff encouraged people to learn new skills, including supporting people to enrol in college courses and identify voluntary work opportunities. People continued to receive support with skill development particularly in regards to activities of daily living. They were encouraged to undertake as many tasks as possible independently with staff available to support or supervise where required. This supported people to take ownership of their recovery and progress towards more independent living.

Staff offered people regular one to one sessions. Included in these sessions were the opportunity for staff to help people to gain greater insight into their mental health and any associated diagnosis. The management team produced regular reports for the clinicians involved in people's care, reflecting on what they had achieved and any progress the person had made towards living a more independent life.

There continued to be a system in place to record and respond to all complaints that were made. Staff told us and records confirmed that all complaints were investigated and resolved as much as possible to the satisfaction of the complainant.

Is the service well-led?

Our findings

A registered manager remained in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager as well as managing Beech Manor also managed another service under the same provider and therefore was not based at Beech Manor all the time but did visit most days.

A social worker supporting one person using the service said, "The staff are very responsive and the management are good and organised." There was a clear management structure in place. Staff told us the registered manager visited the service regularly and they were accessible if staff needed to speak with them. Staff said they felt well supported by their managers.

The provider held quarterly quality governance meetings. These meetings were used to review key data about the service, including reviewing incidents, complaints, safeguarding concerns, staff training requirements, vacancies and any feedback received. The information was reviewed to identify any areas that could be improved upon and lessons learned in order to improve the quality of service delivery and support provided to people.

In addition the management team delegated certain tasks to staff. This encouraged all staff to take responsibility for ensuring a high quality service was provided. This included checking care records, undertaking room checks, ensuring community meetings were held, checking medicines administration records, checking the clinic room and ensuring the first aid box was appropriately stocked. The team leader then spot checked and audited the records. The registered manager also undertook a bi-annual audit of the full medicines management process.

There continued to be mechanisms in place to obtain feedback from people using the service. This included two weekly meetings and completion of an annual questionnaire. This year's questionnaire had just been completed with support from the advocate who visited the service. The findings were positive and people were happy with the support they received, with one person saying, "I'm very happy here. It's a great safety net." The staff also held two weekly community meetings with people. These meetings gave staff the opportunity to update people on any changes to the service, for example recent refurbishment work, as well as giving people the opportunity to raise any concerns they had. We also saw that this meeting was used to formally thank people for their contribution to the service. For example, one person enjoyed gardening and the staff thanked them for the work they had put into the service's garden over the summer. We viewed some of the written feedback received from relatives, which included a number of compliments. One relative wrote, "It is great that [family member] is doing so well. Long may this continue and may he go from strength to strength. This, I feel is a reflection of all the TLC he receives from your fine staff...you have been his life saver."

The management team undertook regular checks on the quality of service provision. This included checks

on the level of care and support provided at night. Where concerns were identified these were investigated and dealt with, including reviewing staff performance concerns where required.

On the whole the registered manager was aware of and adhered to their CQC registration requirements. However, we noted that a recent incident involving the police had not been notified to us as required by law. We spoke with the registered manager about this who apologised for the oversight and said they would ensure all police incidents were notified in the future.