

Care In Style Limited

Beacon House

Inspection report

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Essex
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Tel: 07496294128

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

Beacon House provides accommodation and personal care for up to five people who are living with a learning disability and may have complex behavioural needs. The service does not provide nursing care. At the time of our inspection there were five people using the service. When we last visited the service it was rated good. At this inspection we found the service remained Outstanding.

A registered manager was in post at the service. 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.

People received care which was extremely person centred and responsive to their needs. They were supported and fully engaged in activities that were meaningful to them.

Staff continuously looked for ways to improve care, so people had positive experiences and led fulfilling and meaningful lives. They liaised with professionals to make sure that people's health care needs were met.

Social interaction and community acceptance was important and opportunities to access and integrate into the local community was regularly provided.

Staff had an excellent understanding of people's backgrounds and they supported people to pursue their interests and hobbies, try new things and learn new skills.

People's privacy was respected. Staff supported people to make individual choices. Staff had a common aim and purpose to achieve positive outcomes for people.

Staff were exceptional at helping people to express their views, so they could understand things from their point of view.

Procedures were in place which safeguarded people from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to. The registered manager and staff knew of their responsibilities regarding the Mental Capacity Act 2005.

Risks to people were assessed and control measures put in place to mitigate risks to people's safety. This enabled people to maintain as much independence as possible. There were sufficient numbers of staff to ensure that people's needs were met.

Recruitment practices ensured that staff were of good character and suitable for their roles, and people were involved in interviewing new recruits.

People were supported to take their medicines safely, if required. Systems were in place to record when medicines were given.

Staff received an induction and on-going training to make sure they had the right skills and knowledge. Staff were well supported and had opportunities to discuss any concerns and training needs they might have.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were positive relationships between people and members of staff. Staff treated people with kindness and took the time to get to know them and their interests whilst providing their care. Staff involved people in producing their care plans to ensure that care was provided to them in the way they wanted it to be.

A robust quality assurance system was in place and the registered manager looked at ways they could continuously improve the service people received.

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?

Outstanding ☆

The service people received was very caring.

Staff went the extra mile to support people to be as independent as possible, make their own decisions and take charge of their own lives.

People were treated with kindness and compassion by staff who put people's wellbeing at the heart of everything they did.

Is the service responsive?

Outstanding ☆

The service was very responsive to people's individual needs.

Staff were flexible to people's needs and found creative ways to enable them to live meaningful lives and enhance their wellbeing.

Care plans were based around people's strengths and considered things that people would do for themselves and the things they could develop.

People and their relatives were consulted about their care and involved in developing both short and long term goals and staff provided personalised care which was different for each individual.

Is the service well-led?

Good ●

The service remains Good.

Beacon House

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 was a comprehensive inspection.

This inspection took place on the 13 September 2017 and was unannounced, which meant that the provider did not know that we were coming. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. A PIR was returned to us as requested. We looked at previous inspection records and intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us.

During our inspection we observed how the staff interacted with people and spent time observing the support and care provided to help us understand their experiences of living in the service. We observed care and support in the communal areas and we also looked around the service.

At the time of the inspection we spoke with the registered manager, unit manager and deputy manager of the company. We also spoke with three members of staff, three people who lived at the service, two people's relatives, and one healthcare professional.

We reviewed three people's care files, three staff recruitment and support files, training records, quality assurance information and other information related to the running of the service. Reviewing these records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and look at how they monitored the quality of service people received.

Is the service safe?

Our findings

At the last inspection this was rated good. At this inspection this section remains good.

People were protected from harm and kept safe. Every person we spoke with told us they felt safe living at Beacon House. One person said, "They [staff] are always here to help me and look after me."

People were protected from the risk of abuse because the provider had systems in place to help protect people from potential harm. Staff knew what action to take if they had any concerns and how to protect people from abuse and avoidable harm. They had received regular training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that the management team would act on their concerns.

Robust risk assessments were in place for people which looked at the way harm could be minimised whilst empowering the person to undertake the activity. People had a wide range of risk assessments in place relating to their day to day living skills, hobbies and activities. For example we saw risk assessments relating to a person attending a community based activity, this evidenced how staff could manage any risks to the person. This meant the person could carry out and enjoy the activity in a safe way.

People's ability to evacuate the building in the event of a fire had been considered and people had an individual personal evacuation plan. This was clearly recorded and easily accessible for staff in an emergency situation.

Staff took appropriate action following accidents and incidents to ensure people's safety and lessons learned. This information was recorded and analysed for any trends and any follow up action to prevent a reoccurrence and was updated on the person's care and support plans and shared with staff.

There were sufficient care staff available to meet people's individual needs. The unit manager told us that they operated a staff system which enabled staff to work in other homes within the company and this gave the service easier access to extra staff if required. The unit manager also told us that agency staff had been used at the service when required and the same agency staff were used to ensure consistency for people. The dependency needs of people were assessed and this information was used to determine the staffing level at the service. People told us staffing levels were maintained and we observed people being well supported and assisted with care promptly and when they needed it. At the time of the inspection each person was assessed to have a member of staff working with them on a one to one basis.

Staff told us that there were enough of them to manage the needs of people and support them to participate in things they wanted to do. For example, people had the support they needed to have trips out and had staff accompany them to healthcare appointments.

An effective system was in place for safe staff recruitment. Relevant checks were carried out before a new member of staff started working at the service. The recruitment procedure included processing applications,

conducting employment interviews and obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

People had received their medicines safely and as prescribed. Medication had been administered, stored safely and recorded in line with the service's medication policy. Regular audits had been completed and staff had attended medication training and received regular competency checks.

Is the service effective?

Our findings

At the last inspection this was rated good. At this inspection this section remains good.

People told us and relatives confirmed their needs were consistently met by competent staff. People spoke very highly of the service. One relative told us, "The staff are very well trained; they understand my [relative] extremely well." Another relative said, "They [staff] know what they are doing and are able to look after [relative] well." One person told us, "They [staff] know how to look after me very well."

People received effective care from staff that were supported to obtain the knowledge and skills to provide good care. Staff were provided with a range of training to support them in their roles, the unit manager told us that training course were about to be completed for numerous subjects which included medication, safeguarding and also movement and handling of people. These training courses were to ensure staff were trained and up to date in any new legislation. New staff had a thorough induction which included face to face training and supervision from more experienced staff. Staff told us they felt supported in their roles. One staff member told us, "I feel very supported, I know that I can ring and speak to [unit manager] at any time and he will always have time for me." Another said, "We have supervisions regularly but we all work so closely and speak to each other daily."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were always asked to give their consent to their care, treatment and support. Records showed that staff had considered people's capacity to make particular decisions and knew what they needed to do to ensure decisions were taken in people's best interests, with the involvement of the right professionals. Where people did not have the capacity to make decisions the unit manager ensured, where appropriate, advocates or their friends and family were involved. We saw documentation to show that assessments for people who lacked capacity had been completed appropriately.

Staff told us how they help people make choices on a day to day basis and how to support them in making decisions. Staff told us that they always consulted with people and their families, and supported them with making choices. Relatives and people who use the service we spoke with confirmed this. Comments included, "They [staff] always include us as a family in any decisions and ask for our opinion and consent."

Another was, "They [staff] will ask me if I want to do something and if I say 'no' then I do not have to do it."

People's nutritional requirements had been assessed and their individual needs, including their likes, dislikes and dietary needs were documented. Where people needed help to eat or drink safely, Speech and Language Therapy (SALT) services had been involved and their input and advice was clearly recorded. Staff could tell us in detail each person's nutritional preferences, life choices and how to support them in the correct way in line with their care plan. People we spoke with told us, "I like the food here and I get to choose what I want to eat."

People were supported to access healthcare services as required. Relatives told us that if people required support when attending health appointments the service ensured staff attended with them. One relative told us, "They are very prompt in contacting the doctor and will always communicate with me if [relative] is not very well."

Is the service caring?

Our findings

At this inspection staff demonstrated that they continuously and consistently look for ways to improve and provide the opportunity for meaningful experiences. Therefore we have rated it as Outstanding.

People were cared for by staff that knew people's individual preferences very well and valued their relationships. This helped them to understand what was important for individuals and how to approach their care in a bespoke way. People were encouraged to be as independent as possible and empowered to take responsibility for their own lives and make their own decisions. One person said, "I decide what I want to do with help from the staff." Another person said, "They help me to go out to places that I like." A staff member said, "Everyone's care is different depending on what they need assistance with. We will always encourage them to make their own decisions and be as independent as possible." A relative told us, "The staff are amazing. I can't find fault with them, they are wonderful and caring. [Name] has blossomed since living at Beacon House, they [staff] have encouraged them so much that they have become quite independent and doesn't really like anyone helping them now."

Staff were exceptional at helping people to express their views, so they could understand things from their point of view. For example, one person had been unable to speak when they first moved into the service and used a specialist piece of equipment to communicate at all times. Since their admission staff had worked closely with the person to encourage and support this person to verbalise their needs this was support and advice they had sought from professionals. The outcome was the person is now verbalising some words and not having to use the specialist equipment at all times. The person's relative told us, "They have done an amazing job with [relative], I have waited twenty four years to hear the word 'Mum' and my [relative] is able to say it clearly."

Staff shared information with people and involved and encouraged them to take ownership over their lives and to be as independent as possible. A relative told us, "You can see the staff have a clear vision that this is their [people who live at the service] home. They encourage people to make choices about what they want in their lives." People and their relatives told us they were aware of their care plan and had significant input into these, by developing both long and short term goals. Weekly planning meetings were held to look at what individuals could achieve over the coming week, and support plans were then built around what the person said they wanted to achieve over the coming week.

Although group resident meetings were held the unit manager told us these were not always effective therefore one to one meetings were held with each person. These were used to help people identify things they were interested in and to look at the areas in which people could further develop their skills and independence. When people had made suggestions the unit manager quickly carried out their wishes. For example, two people wanted to holiday together but due to their different mobility needs this would be difficult to achieve. Staff researched different locations and were able to find suitable accommodation that would be appropriate for both people. This meant that people were supported to achieve the goals that they had chosen.

People could choose the gender of the carer they wanted to support them and were supported to explore their spiritual aspects of their lives if this was important to them. Relatives told us there were no restrictions on when they could visit or call and it was evident from people's photographs and conversations we had, people were supported to stay in touch with their friends and families. Staff approached their role in an enabling way and were proactive in ensuring that people (where they wanted to) retained connections to family and friends. This was done inside and outside of the service. People, staff and family/friends demonstrated that they all valued their relationships and benefitted from this approach. People were happy with their loved ones care and how they were encouraged to live their lives as they wished.

Staff had a common aim and purpose to achieve positive outcomes for people. They provided consistency which had a positive impact on people's wellbeing. For example, we saw staff showing empathy and compassion towards one person who had become anxious. Staff showed a clear understanding of the person's needs and how to manage the anxiety they were suffering. The person became calm and relaxed with the interventions from staff.

Staff monitored people's moods and wellbeing and when they needed to they had access to advice and guidance from the person's psychologist. This meant that staff had clear information available to them to know how to implement strategies effectively and consistently. We spoke with a healthcare professional who told us, "Staff are extremely caring and patient with people; they are always seen to treat people with kindness."

People were consulted and involved in decisions about their care. Each person had a key worker who coordinated their care, and looked after their wellbeing. They reviewed and updated each person's care plans with them regularly. People were supported to express their views about their care and support. The unit manager told us if someone did not have access to family or friends that could support them, they would arrange for an advocacy service to offer independent advice, support and guidance to individuals.

Some people were able to communicate in their own way and it was clear that the knowledge of the person was key to understanding what they were trying to communicate. Staff were very good at supporting conversations with people and we saw they were patient and took time to let the person respond. We observed people were happy, comfortable and relaxed.

People's diversity was respected and everyone's bedrooms were personalised to reflect their own interests and had belongings and items that interested them.

Peoples' privacy was respected. Staff supported people to make individual choices on a daily basis. For example, on the day of the inspection there was a fundraising walk organised for a local charity. We saw staff ask each person individually if they would like to take part in the walk. Two people decided that they would like to participate with the support of the staff.

We saw staff ask if they could enter people's rooms. Relatives confirmed that they felt that staff respected their privacy and dignity. Staff were polite and courteous when interacting with people and information held about people was kept confidential by being stored in locked cupboards and an office.

Is the service responsive?

Our findings

People received care which was extremely person centred and responsive to their needs. They were supported and fully engaged in activities that were meaningful to them. One person said, "I tell them [staff] what I want to do and they help me do it." Staff told us that although there is a visual record of activities on the noticeboard this was just to encourage people to look at different activity options. This worked well as people would see the activity and then express their interest in doing it. For example, one person pointed out to us the activities pictured on the noticeboard and as they named the activity that was community based, they decided that they wished to do that activity on that day, staff were seen to facilitate that activity for the person to attend in the afternoon.

Staff continuously looked for ways to improve care, so people had positive experiences and led fulfilling and meaningful lives. One staff member explained the importance of this, they told us, "When people are able to achieve things in their lives, you can see how important it is to them and how they react in a positive way."

Each individual had a detailed health action plan and staff liaised with professionals to make sure that people's health care needs were met. Professionals told us the service was focused on providing person-centred care. One healthcare professional told us, "The staff team are excellent, they really are amazing and probably one of the best teams I have worked with." Other comments received were, "They have had such positive impacts on people lives as they work so hard to ensure people have the best outcomes, they really do go the extra mile." And, "I have seen where their actions and support have turned people's lives around, some other services would have placed people in secure units but at Beacon House they are committed to care for people in their own environment and due to complex needs of some people this is extremely challenging, but they never give up and these people have now settled and their behaviours have changed. This is due to the hard work and commitment of the staff team."

Social interaction and community acceptance was important and opportunities to access and integrate into the local community was a priority. One person told us about a local social club they attended. "I get to see all my friends." One staff member explained, "People are encouraged to socialise and take part in community events, we have people that attend college and daycentres to ensure they are interacting with people outside of the house."

Staff continually supported people to develop and increase their independence, and take more responsibilities for their own day to day lives. The unit manager told us of one person who used the service who they had supported to become independent and they now live in the community in their own residence. The service has continued to support them and are currently looking at ways to employ this person within the service to give them further independence. A relative told us, "Their [relative] independence levels has risen so much, much more than I ever thought I would see and that is due to the staff and the encouragement and support they show."

Staff had an excellent understanding of people's backgrounds and they supported people to pursue their interests and hobbies, try new things and learn new skills. People were encouraged to pursue the activities

they liked and the activities they would like to try.

Activities were individualised and each person had their own activity timetable in place which was based on their own likes and preferences. Some people enjoyed participating in a wide range of activities depending on what their choice was. We saw from records that people had taken part in activities such as swimming, trips out for afternoon tea, bowling and visiting the local pub and also going on holiday either as a group or individually.

Staff undertook an assessment of people's care and support needs before they began using the service, so they could be certain they would be able to meet their needs. These assessments were used to develop detailed care and support plans including clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Care plans focused around the care and support the person needed and people's strengths and abilities. They included information about what the person could attain for themselves. People's transition into the service varied as it was dependent on each person and how they felt about moving into the service. A relative told us, "The transition for [relative's name] took approximately eight months. This consisted of several visits to Beacon House, staff visiting us several times to have time to really understand [relative's name] and how to meet their needs. The staff spent time getting to know [relative's name] complex needs and how to understand communication, this wasn't just at our home we would go out into the community for lunch as well. Then it was a joint decision with all of us that [relative's name] would move into Beacon House." This showed the service ensured that people were in the right environment to meet their needs.

Care plans were written in a way so that staff were instructed about how to encourage people in the best way. For example, we saw a record that detailed how staff could encourage someone's speech ability. People's plans covered areas such as their communication, health care, personal care, activities and likes and dislikes. Records confirmed that where possible, people and their relatives were involved in the formation of these plans and any reviews. One relative told us "The staff are extremely good at communication and I am always involved with any changes." Care records also showed a summary of what training staff required to ensure they could care for the person safely. This showed the service ensured staff with the right skills and knowledge were meeting people's needs.

Staff were observed being responsive to people's needs and assisting people with their care. Each person had a key worker and staff knew how each person wanted their care to be provided. Daily notes were maintained for people and any changes to their routines recorded. These provided evidence that staff had supported people in line with their care plans and recorded any concerns.

People, relatives and visitors told us they were routinely listened to and the service responded to their needs and concerns. One person said, "I made a complaint once and the unit manager dealt with it without delay." People and their relatives told us they were aware of how to make a complaint and that they would have no problem in raising any issues. The complaints and comments that had been made had been recorded and addressed in line with the complaints policy.

Is the service well-led?

Our findings

The provider and registered manager have been able to demonstrate a consistent, stable and bespoke service over the last four years. This enables people to live the life they choose and feel for them and their loved ones to be confident about their future. The stability in the service meant that relationships were very strong, trusting and responsive. This came directly from the approach of the leadership team whose values and behaviours were mirrored all staff. Everyone we spoke with and received feedback from spoke about the service in these terms.

Everyone spoke highly of the service and told us it was well-led. One person said, "[The unit manager] is really good. They really get to know everyone and they know what's going on." Another person said, "The manager is always around to chat to and will make time for you."

A registered manager was in post but not available at the inspection because they were on a planned recruitment day, although we did speak to them towards the end of the inspection. The unit manager and senior team leader on shift managed the day to day running of the service. We found that despite the registered manager not being available at the inspection the service was run very effectively.

Staff were very clear about their own roles and responsibilities and those of their colleagues and within the wider organisation. Typical comments from staff described the management team as, "Approachable and will listen to us." Staff told us "They felt valued and enjoyed working as a team." Staff told us that they felt supported to carry out their roles.

The staff team as a whole demonstrated a strong commitment to providing good care and knew people well. They had a good understanding of how best to support people and gave us detailed information about people's individual personalities and character traits. For example, they were able to talk about the people they cared for, their personal history, what they liked to do and the activities they took part in.

Staff told us they were well managed. One staff member said, "We all work together and all want the very best for each person." Another staff member explained, "Everyone is a team and knows what each person needs and that is why it works so well."

People were at the heart of the service, their opinions mattered and they were consulted on every aspect of the running of the service on an on-going and continuous basis. The service considered people's ideas and suggestions seriously and looked at ways they could use this information to improve the service people received. They were involved in every day decisions such as menu setting and deciding who to invite to social events. People were also involved in larger decisions, such as, being involved in staff recruitment.

Regular meetings were held with staff and residents and they were used as a way of consulting with people about the things that mattered to them most.

Regular audits of the quality and safety of the service were carried out by the Director, registered manager,

and team leaders. Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and health and safety. The results were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and put plans in place to improve the care people received. In addition this fed into working with other professionals to ensure that the care provided was meeting best practice guidance and new ideas were always explored. This was demonstrated in the way staff researched with people how to achieve their wishes, including holidays, day out and health improvement.