

Deafinitely Independent

Beech Lodge DEAF-initely Independent

Inspection report

Beech Lodge
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Leamington Spa
Warwickshire
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Tel: 01926337743

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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?	Requires Improvement ●

Summary of findings

Overall summary

What life is like for people using this service:

- There were enough staff to meet people's assessed needs and support their planned activities.
- Risks which affected people's daily lives, both in the home and out in the community, were documented and known by staff.
- Staff had completed safeguarding training and knew what to do if they were concerned about people's well-being.
- Staff provided support for people to take the medicines they needed to remain well.
- People's needs were assessed and staff received training which enabled them to provide care and support in line with best practice.
- People were supported to choose what they wanted to eat and to maintain good health. Staff were aware that people's needs could change, and understood when to involve other health care professionals and services when this was required.
- People were supported by staff to make decisions about their care. Staff used their knowledge of people's preferred ways of communicating, to assist people to make their own choices.
- Staff treated people with empathy and kindness. Staff took a genuine interest in people, knew them well and had a good understanding of their social and cultural diversity.
- Staff treated people with dignity and respect and overall, promoted their independence.
- Care plans contained sufficient detail, and work was being completed to ensure they were even more personalised and expressed what was important to people.
- People benefitted from engagement in meaningful occupation that supported their interests and hobbies.
- Since our last inspection in November 2017, the registered manager and staff had worked together to improve outcomes for people.
- However, some improvements were still required to ensure the quality of record keeping was consistently maintained and messages were communicated effectively.
- The provider was exploring relationships with another charitable organisation to ensure the future sustainability of the service.
- People, relatives and staff were being supported to make their views known about the future direction of the service.
- We found the service met the characteristics of a "Good" rating in four areas and "Requires Improvement" in one area; More information is available in the full report

Rating at last inspection: Requires Improvement. The last report for Beech Lodge DEAF-initely Independent was published on 9 January 2018.

About the service: Beech Lodge DEAF-initely Independent is a residential care home. The service is delivered from two adjacent houses, Beech Lodge and Chestnut Lodge. It provides accommodation and personal care for up to 19 deaf younger adults, who may have learning disabilities or autistic spectrum disorder, a physical disability or a sensory impairment. Fifteen people were living at the home on the day of our inspection.

Deaf-initely Independent is a charitable organisation who is the service provider. It is overseen by a board of trustees who meet monthly.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service has improved its rating from Requires Improvement to Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Beech Lodge DEAF-initely Independent

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection was carried out by two inspectors.

Service and service type: Beech Lodge DEAF-initely Independent is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service was managed by the registered manager. 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 home had been registered with CQC before Registering the Right Support guidance and Building the Right Support had been developed. However, we found the care provided included choice, promotion of independence and inclusion. People living with learning disabilities at Beech Lodge DEAF-initely Limited were supported to live as ordinary a life as any citizen.

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection visit, the provider completed a Provider Information Return (PIR). We used information the provider sent us in the PIR. 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. We also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about.

We spoke with the Commissioners who are people who contract services, and monitor the care and support the service provides, when services are paid for by the local authority. Following concerns raised about the service, the commissioners had asked the provider to complete an action plan for planned improvements in the home. The commissioners shared that improvements had been evidenced against the action plan.

During the inspection visit we spoke with three people who used the service. Other people were unable to tell us, in detail, about their experiences of their care, so we spent time observing how their care and support was delivered. We also spoke with the Chairman of the Board of Trustees, the registered manager, two senior support workers, four support workers, the maintenance person, the administrator and a housekeeper.

We looked at the care records of three people who used the service to see whether they reflected the care that was required to meet their needs. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in November 2017.

Safe – this means people were protected from abuse and avoidable harm.

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

Systems and processes

- At our last inspection there was a breach of the regulations because the provider and registered manager did not fully understand their obligations under safeguarding procedures when concerns were reported to them. At this inspection we found improvements had been made to ensure people were safeguarded from the risks of abuse.
- The new Chairman of the Board of Trustees had expertise in safeguarding and was committed to ensuring safeguarding was 'everybody's business'.
- All staff had recently completed face to face safeguarding training and knew what to do if they were concerned about people's well-being. Staff we spoke with understood their responsibility to escalate concerns to the local authority if they felt appropriate action had not been taken which left people at risk.
- The provider was exploring ways of improving people's safety when they were outside the home. For example, staff were introducing the 'Safe Places' project. Under the project vulnerable people are given cards listing places in the local area they can go to if they feel lost, bullied, worried about their safety or in need of assistance.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

People's needs and abilities had been assessed and risk management plans were in place to guide staff on how to protect people.

- The potential risks to each person's safety and welfare had been identified. Risks which affected their daily lives, both in the home and out in the community, were documented and known by staff.
- Risks around some specific health conditions had been assessed. For example, people had detailed risk management plans for when they had epilepsy. The information described the type of seizures they had, how staff should avoid harm to the person whilst having a seizure, and when staff needed to call for emergency assistance. However, where people had diabetes there were no plans to inform staff how to identify if people were suffering from high or low blood sugar levels and what action to take. The registered manager immediately addressed this and sent us a copy of a 'diabetes risk management plan' following our visit.
- People were supported to stay safe without compromising their independence. The Chairman of the Board of Trustees explained, "We are letting them take risks, but I believe they are calculated risks." We particularly discussed the potential risks around social media and they responded, "They (people) have the right to live their lives as they want to, but they also have the right to be safe from abuse and it is getting that balance right." They told us they would do a training session with people to make sure they remained safe.

- Risks within the environment were minimised. The provider had recently employed a maintenance person who had taken on responsibility for safety checks, such as of the service vehicles and emergency equipment.
- Plans were in place to respond to emergencies, such as personal emergency evacuation plans (PEEPS). This provided assurance that people would receive the appropriate level of support in an emergency to keep them safe.

Staffing levels

- The PIR informed us the registered manager organised staff rotas to ensure there were enough staff with a mix of experience and skills on each shift to accommodate people's needs.
- On the day of our inspection visit there were sufficient numbers of staff on duty to meet people's assessed needs and support their planned activities. This meant people received support in a timely manner and felt they could rely on staff to help them meet their needs.
- At night there was a 'sleep in' member of staff in each house, who people could call on in an emergency. At our previous inspections we raised concerns about what would happen if a person was unable to call for assistance. In response the registered manager had introduced an electronic alarm system which activated if any external doors were opened or, where appropriate, a person who was at high risk opened their bedroom door. This alerted the 'sleep in' members of staff who could immediately respond to check on people's wellbeing to maintain their safety.

Using medicines safely

- People's medicines were stored and disposed of safely. The registered manager planned to review the use of petroleum based creams for people who smoked with their GP, to reduce risks further.
- People received their medicines in line with their individual prescriptions. The administration of medicines was checked weekly by the senior members of staff so they could be sure medicines were administered as prescribed.
- Only staff trained in safe medicines management could support people to take their medicines. However, staff had not received any formal competency assessments. The registered manager assured us these would be completed without delay.
- Staff worked with people's GPs, so people's medicines were regularly reviewed. However, where people had been prescribed medicines to be given 'as and when required', guidelines were not always in place to guide staff on when to give these. The registered manager took immediate action. They consulted people's doctors and sent us guidelines following the inspection which informed staff in what situations these medicines should be given.

Preventing and controlling infection

- People were encouraged and supported to keep their home clean and free from any obvious risks associated with the spread of infection.
- Staff had been trained in infection control and followed safe practices. For example, we saw staff wearing appropriate Personal Protective Equipment (PPE), washing their hands and using colour co-ordinated cleaning equipment dependant on what area of the home they were cleaning. One staff member told us, "Infection control is so important. We do everything we can not to spread any infections around this home."

Learning lessons when things go wrong

- Action was taken to minimise risks to people in response to individual accidents and incidents. For example, one person had been identified as at risk of falling in the shower. The provider had installed a 'walk-in' shower to reduce the risks.
- We found systems for managing and recording incidents could be developed more, to further reduce risks to people.

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in November 2017.

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

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

Ensuring consent to care and treatment is 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our last inspection we found some improvements were required in the understanding and application of the MCA within the home. At this inspection we found improvements had been made.
- Where there were concerns a person did not have the ability to make a specific decision, their capacity to do so had been assessed.
- Staff understood the principles of the MCA and offered people choices about how they lived their lives. Where people needed support to make some decisions, this was provided by staff based on people's preferred communication methods.
- Staff obtained people's consent before they provided care.
- The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way. Where there were restrictions within care plans that people did not have capacity to consent to, appropriate authorisation had been correctly obtained. However, some care staff were not clear which people had an approved DoLS in place.

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

- People's individual and diverse needs had been assessed and the information used to develop their plan of care. Care plans were personalised and contained enough information for staff to allow them to support people as assessed.

Staff skills, knowledge and experience.

- Staff told us they had received training which enabled them to provide care and support in line with best practice.

- Staff described the training as 'good' and felt confident in their roles. However, due to changes in one person's behaviours, we felt some staff would benefit from training in managing behaviour that challenged. The registered manager said they would explore appropriate training courses.
- New staff received an induction to the service to enable them to understand people's needs and work effectively with them. The provider's induction for staff new to care included starting the Care Certificate. The Care Certificate helps new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. This showed the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.

Supporting people to eat and drink enough with choice in a balanced diet

- People were involved in decisions about planning and cooking the meals they wanted. We saw people choosing what they wanted for lunch. Staff showed them what was available and they made their own choices.
- Most people could prepare their own breakfast, drinks and snacks and had assistance from staff to prepare their main meal of the day.
- Staff joined people for lunch which made it a fun and social occasion.

Staff providing consistent, effective, timely care

- People had health action plans in place, to focus on maintaining and improving their health. People were supported to attend routine health appointments, such as with the dentist and optician, and specialist appointments, such as with mental health specialists, so they enjoyed the best health possible.
- Staff were aware that people's needs could change, and understood when to involve other health care professionals and services when this was required. The registered manager told us how they had recently been working with a healthcare professional to support one person whose health and behaviour had recently changed. They had received support and guidance and were still investigating other resources.
- People had hospital passports that detailed their personal and healthcare needs to take with them if they needed to go to hospital. These contained information for hospital staff so they could support the person appropriately during their stay.

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

- The premises and environment met the needs of people. People's rooms were spacious and furnished and decorated to their taste. Different communal areas offered people a choice of places where they could spend their time. The home was decorated and furnished to a style people were accustomed to and provided a homely environment.
- In one house, some people had more limited mobility and a chairlift had been installed so they could access the first floor of the home more easily.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported

- There was a welcoming atmosphere within the home and people clearly felt comfortable and content in the presence of staff. We observed people laughing and interacting with staff and each other in a playful way. For example, one person dropped a paper towel onto a staff member's shoulder as they were sitting at the dining table. The other three people in the room found this very amusing and there were smiles and laughter from everyone.
- Staff treated people with empathy and kindness. We observed many occasions where people approached staff to hold their hand or to receive a reassuring hug.
- Staff knew people well and had a good understanding of their social and cultural diversity. For example, some people were supported to regularly attend church services.
- Staff took a genuine interest in people and told us, "It is important to treat service users how you would like to be treated" and, "The residents come first, that is why I do this job." One staff member told us they enjoyed working in the home because, "It has got a great atmosphere and everybody is very happy. There is a lot of laughter and it is a happy place to work."

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

- Most people were not able to verbally express how they would like to receive their care and support. However, staff communicated with people in line with their preferred method of communication to enable them to express their wishes and needs. For example, one person expressed to staff that they were not happy a personal item had broken. Staff listened sympathetically and then took time to resolve the problem. Another person told us, "I am happy staff sign. We laugh every day. If I am not understood, I would get frustrated."
- Many staff had cared for people living at the home for a number of years. They told us this helped them to understand people's emotional and social needs.
- New staff worked alongside experienced staff for 12 weeks so they could learn each person's individual and unique ways of expressing themselves. Detailed individual communication passports helped new staff understand how to communicate with people.
- Overall, people were involved in how their care was delivered, however this had not always been recorded in their care records.

Respecting and promoting people's privacy, dignity and independence

- People were supported in ways that maintained their privacy and dignity. Staff told us, "Women only do the ladies' personal care. We make sure that we shut the curtain. Once when I was supporting [person] with dressing, someone else tried to come in the room. I told them not to come in."
- One person invited us into their bedroom. Their room was personalised with photographs and items of

importance that made it unique to them. People could maintain their privacy by locking their bedroom door if they wished to.

- The provider had introduced ways to support staff in respecting people's right to private time. For example, because people could not hear when staff knocked on their door, staff pressed a switch which triggered a light in the bedroom. This alerted the person so they could invite staff in.
- People were supported to maintain relationships which were important to them. One person told us how they were going to visit their family at the weekend.
- Overall, staff promoted people's independence and we observed people being encouraged to complete many different daily living activities such as making lunch or doing their laundry. One staff member told us, "They have loads of independence here, they go where they want. We try to encourage people to do things for themselves but they may also ask for some help." However, another staff member told us, "Some staff don't get the encouraging independence thing, and do more than they should for people." Another staff member explained, "Our guys are quite capable of doing a lot of things for themselves."

Is the service responsive?

Our findings

Responsive - this means that services met people's needs

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

Personalised care

- People's care plans were personalised and provided information to staff on how to support people in the way they wanted. There were also plans for when situations arose such as positive behaviour support.
- At the time of our inspection, the registered manager was introducing new care plans that were written in the first person and focused on people's strengths and what they wanted to achieve. People were going to be fully involved in developing the care plans to ensure they included their likes, dislikes, preferences and what was important to them. The new care plans were more goal focussed, but this was an area we found the registered manager could explore further so people were supported to maximise their potential.
- Staff knew the people they supported well. For example, staff responded compassionately to one person when they started to become agitated. We saw staff used techniques to distract the person and provided support to improve their emotional wellbeing. For another person, routines were very important to them, so staff helped them organise their week using pictorial and written timetables.
- During our inspection visit people socialised with each other and staff and engaged in activities. Some people enjoyed going out independently while others enjoyed being supported by staff to participate in activities such as riding for the disabled, exercise classes and tennis. Some people had recently been supported to join a local gym and another person was working at a local garden centre. One person had their own workshop area where they could continue their hobby of woodwork. This meant people benefitted from engagement in meaningful occupation that supported their interests and hobbies.
- From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. The registered manager was not aware of the AIS, but we were assured people's communication needs had been assessed and they received information in accessible formats.
- All staff were trained in British Sign Language (BSL) and used other communication aids such as Makaton, pictures and technology to ensure people could express their needs and make their voices heard.
- Staff continued to support people's communication when they were in the local community independently. For example, we were told of one person who liked computer games and who regularly visited a local shop. A staff member told us, "If they have a problem explaining something to [name], they just pick up the phone to us."
- The provider had installed 'Skype' so they could speak to hearing impaired staff using BSL when they were not on duty.

Improving care quality in response to complaints or concerns

- The home had a complaints procedure which was in an easy read format in each person's bedroom.
- There had been no formal complaints since our last inspection. The registered manager said where

possible they dealt with issues as they arose to prevent concerns escalating.

End of life care and support

- Nobody was receiving end of life care at the time of our inspection visit. However, at previous inspections the registered manager had told us the service provided people with a home for life. If people became poorly they would work with the person, their family and other healthcare professionals to support them to stay at the home if that was their wish.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in November 2017.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- At our previous two inspections we rated the service as 'requires improvement' overall. At this inspection we found the registered manager and staff had worked together to improve outcomes for people and to ensure the service was meeting their obligations under the Mental Capacity Act 2005 and local safeguarding procedures.
- Records and risk assessments had improved and plans were in place to make care records more person centred and focused on the individual.
- However, we found improvements were still required in the recording, management and analysis of accidents and incidents to drive improvement within the home. For example, one person could demonstrate behaviour that challenged and staff were recording incidents of those behaviours on the person's ABC charts. However, sometimes those behaviours impacted on staff and other people and staff had not always completed incident forms in relation to those episodes. For example, the person had demonstrated behaviours when in a vehicle with other people that the registered manager and senior staff were not aware of, and on another occasion they had pushed somebody else living in the home. Whilst we were assured the person was receiving appropriate input from other health and social care professionals and the incidents did not reach the safeguarding threshold, a lack of incident reporting meant the registered manager did not have an overview of the situation. This could lead to a failure to identify if risk management plans needed to be updated or whether staff needed further training to meet the person's specific needs.
- Reviews of care records needed to be more robust to identify when there were gaps such as a lack of plans to manage the risks associated with diabetes.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager displayed a good understanding of their regulatory requirements and had completed statutory notifications as required. The latest CQC inspection report rating was on display so people could see it easily. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- Staff were supported to understand their roles through regular meetings with their managers, and handover meetings at the end of each shift.
- However, we found some improvements were still required in communicating messages. For example, one

person had recently been prescribed an 'as required medicine' for times they became anxious or agitated. There was disagreement between staff as to when this medicine should be administered because there were no guidelines in place. Whilst the registered manager took immediate action to put an administration protocol in place, this had not been identified by the management team prior to our inspection visit.

- Some staff did not know when an approved DoLS was in place for people and the competence of staff to give medicines safely had not been formally assessed.
- The registered manager confirmed they received support from the Board of Trustees and one member of staff told us, "A month doesn't go by without seeing one or two board members."
- At our last in inspection in November 2017 we found the trustees had started to record their visits and any areas where improvements were required. However, this had not been maintained which meant there was no recorded scrutiny by the provider to monitor the quality of the care provided and make improvements where needed.

Engaging and involving people using the service, the public and staff

- People had the opportunity to feedback on their experience of the service on a day to day basis and at residents' meetings.
- Relatives, friends and visiting healthcare professionals were invited to complete feedback sheets which were available in the entrance hall of both houses. There was also a book where people could record their views of the service. Whilst feedback had been limited, it was positive. One compliment read, "Lovely care home and setting. Obvious person-centred care – inclusive practice with residents."
- Staff had opportunities to meet together and discuss good practice and issues impacting on the home. One member of staff said, "People (staff) are very vocal here. I don't think anybody holds back about going to [registered manager] about any issues they have." Another said, "We have still got some issues, but they are talked about."

Continuous learning, improving care and working with other organisations

- The Chairman of the Board of Trustees explained that the provider was looking at the future sustainability of the service and the suitability of the premises as people's needs changed.
- The provider was exploring a relationship with another charitable organisation to look at moving to a new purpose-built building in the next 12 to 18 months.
- People, relatives, staff and commissioners of services were all being consulted about the potential move. The provider had employed an independent advocate to gather people's views and ensure they were taken into account before any final decisions were made. The Chairman of the Board explained, "We are trying to make sure everybody is listened to and has a choice."
- The Chairman acknowledged the challenges for the registered manager of managing a 'stand-alone' service because they did not have other managers to contact for support or advice. They told us the service was establishing links with other organisations such as a local learning disability group, "To get that reassurance we are doing things right."