

Beechfield Care & Support Limited

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Inspection report

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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

This was an unannounced inspection that took place on 9 November 2017.

Beechfield Care and Support is registered to provide personal care to adults with learning disabilities. People are supported by staff to live individually in their own homes or in small groups, referred to as independent supported living schemes. People are tenants of their home and pay rent for their accommodation which is leased from a housing association.

At the last inspection in July 2015 we had rated the service as good. At this inspection we found the service remained 'good' and met each of the fundamental standards we inspected.

People told us they felt safe and were well cared for. There were sufficient staff hours available to meet people's needs in a safe and timely way and staff roles were flexible to allow this. Staff knew about safeguarding vulnerable adults procedures. Staff were subject to robust recruitment checks. Arrangements for managing people's medicines were also safe. Appropriate processes were in place for the administration of medicines.

Appropriate training was provided and staff were supervised and supported. 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. We have made a recommendation that more regular tenant's meetings should take place with people to keep them involved in the running of their home.

Staff knew the people they were supporting well. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. The records gave detailed instructions to staff to help people learn new skills and become more independent. Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks.

People received food and drink to meet their needs. People were assisted by staff to cook their own food. They also received meals that had been cooked by staff.

People told us they were supported to go on holiday and to be part of the local community. They were provided with opportunities to follow their interests and hobbies. People said their privacy, dignity and confidentiality were maintained.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. Most people told us staff were kind and caring and they felt comfortable with all the staff who supported them.

People had the opportunity to give their views about the service. There was consultation with staff, people

and/ or family members and their views were used to improve the service. People we spoke with said they knew how to complain. The provider undertook a range of audits to check on the quality of care provided.

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?

The service remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

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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 comprehensive inspection took place on 9 November 2017 and was unannounced.

It was carried out by an adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the Local Authorities who contracted people's care.

During the inspection we spoke with six people who lived at Beechfield Care and Support, the provider and two support staff. We reviewed a range of records about people's care and how the service was managed. We looked at care records for three people, recruitment, training and induction records for four staff, one person's medicines records, staffing rosters, staff meeting minutes, maintenance contracts and quality assurance audits the provider had completed. After the inspection we spoke with a social care professional.

Is the service safe?

Our findings

Most people we spoke with told us they were safe and were well supported by staff. One person told us, "I feel quite safe here." Another person commented, "Staff are kind and help me." A disclosure that was made by one person was dealt with outside of the inspection. The provider's PIR showed there were plans within the next 12 months to remind people of safeguarding procedures, it stated, 'Improved consultation with service users will be promoted to ensure that they are aware of different forms of abuse, and they will be asked for suggestions on how we can improve our safeguarding practices.' Staff were clear about the procedures they would follow should they suspect abuse. They were able to explain the steps they would take to report such concerns if they arose. They expressed confidence that the provider would respond to and address any concerns appropriately.

Risks to people's safety had been identified and actions taken to reduce or manage hazards. Risk assessments were recorded in people's care records. The documents were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to the identified risk. For example, from the risk of choking, travelling independently and bathing. Where an accident or incident did take place these were reviewed by the provider or another senior staff member to ensure that any learning was carried forward.

Maintenance certificates were available to show the properties lived in by the tenants were well maintained and equipment was serviced. There were appropriate emergency evacuation procedures in place and regular fire drills had been completed. People did not receive support over night from staff but they had access to emergency contact numbers if they needed advice or help when staff were not on duty. One person told us, "I have a telephone number to phone [Name], the manager." The provider commented, "When [Name] was unwell during the night, they asked another person [Name] to phone me to let me know."

Medicines were obtained on an individual basis, with some people managing these by themselves. Medicines were given as prescribed. People received their medicines when they needed them. Staff had completed medicines training and the provider told us competency checks were carried out. Staff had access to policies and procedures to guide their practice. The provider also undertook periodic audits, and any shortfalls were identified and suitable actions put in place. This meant there were measures in place to help ensure medicines were safely managed and administered as prescribed.

Staff personnel files showed that a robust recruitment system was in place. This helped to ensure only suitable people were employed to care for vulnerable adults. Staff confirmed that checks had been carried out before they began to work with people.

Is the service effective?

Our findings

People were supported by skilled, knowledgeable and suitably supported staff. Staff told us, and records confirmed, they attended training relevant to their role, people's needs and safety. All staff were expected to attend key training topics at clearly defined intervals. Training records showed staff training was up to date and dates were available for future planned training with a local training provider. Topics covered included health and safety and care related topics and specific courses to give staff some understanding of people's needs. One staff member told us, "I'm doing a National Vocational Qualification at level two (now known as a diploma in health and social care.) Another member of staff said, "We're always doing something, I have an NVQ at level three."

Staff told us they were supported by the provider. Regular supervision sessions were held with each staff member. This meant staff could discuss their professional development and any issues relating to the care of the people who lived there. One staff member told us, "I do feel supported." Staff said they could also approach the provider or senior staff at any time to discuss any issues. They also said they received an annual appraisal to review their work performance. This was important to ensure staff were supported to deliver care safely and to an appropriate standard.

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.

We checked whether the service was working within the principles of the MCA. Beechfield Care and Support was meeting the requirements of the Act. We discussed the requirements of the MCA with the provider. They were aware of their responsibilities regarding this legislation. Staff had received relevant training and were clear about the principles of the MCA and the actions to be taken where people lacked capacity. We were told information was available where a person had a deputy appointed by the Court of Protection in circumstances where this might apply. This would be so staff were aware of the relevant people to consult about decisions affecting people's care. Staff were clear about the need to seek consent and to maintain people's independence.

Staff were involved in people's routine healthcare. They told us they were alert to any changes in a person's health or demeanour and responded to any emergencies. One person also said, "If I'm not well, I'll tell the staff and they'll make the doctor's appointment and go with me." Records showed that people were registered with a GP and received care and support from other professionals, such as the behavioural team, speech and language therapist and the mental health team. People's care needs were considered within the care planning process. The provider told us people's health needs were reviewed every three months.

We checked how the service met people's nutritional needs and found that people had food and drink to meet their needs. People's care records included nutrition care plans and these identified requirements

such as the need for a weight reducing or modified diet. People required different levels of support. People's main meals were prepared by staff but they were able to make their own hot drinks and snacks. One person told us, "There's plenty to eat." Another person commented, "Staff cook the main meal." A third person said, "I make my own breakfast."

Is the service caring?

Our findings

People appeared comfortable and relaxed with staff. There was a calm and pleasant atmosphere in the houses. Staff interacted well with people. One person told us, "I feel listened to by all the staff." Another person said, "I like living here."

Positive, caring relationships had been developed with people. Staff interacted with people in a kind, pleasant and friendly manner. The provider was motivated and keen about making a difference to people's lives. Staff understood their role as an enabler to support people to learn skills and to be involved in aspects of daily decision making.

People were supported by staff who were kind, caring and respectful. We observed staff were patient in their interactions with people and took time to listen and observe people's verbal and non-verbal communication. Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them. Support plans were written in a person centred way, outlining for the staff how to provide individually tailored care and support. The language used within people's care records was informative and respectful.

People were encouraged to make choices about their day to day lives. One person told us, "I usually go to my room about 9:00pm and watch television in bed or listen to music." Support plans provided information to inform staff how a person communicated. The information included signs of discomfort when people were unable to say for example, if they were in pain or agitated.

Staff respected people's privacy and dignity. People were able to choose their clothing and staff assisted people, where necessary, to make sure that clothing promoted people's dignity. Support plans advised when people may want some privacy or solitude. We saw staff knocked on a person's door and waited for permission before they went into their room. Support plans also included information about how people's personal care was to be delivered that respected their dignity.

Is the service responsive?

Our findings

People received care and support that was personalised and responsive to their individual needs and interests. People accessed the community and had the opportunity to go out every day and they were supported to go on holiday. One person told us, "I was anxious about flying but I've now been to Benidorm and Tenerife." Other holidays included to Blackpool and Skegness. The provider told us people also went on holiday when work needed to be done at the houses. They said, "People went to Blue Dolphin village, in Scarborough when a new bathroom was being fitted in one of the houses."

People attended day placements or college and three people also volunteered at local charity shops. One person commented, "I volunteer at a local club." People were supported to try out new activities as well as continue with previous interests. A person said, "I go to drama group." Another person commented, "Most people go out during the day." A third person told us, "I like to play bingo." Records showed they were supported with a range of activities and one person told us, "We often go out for a meal" and "Sometimes we go to the golf club for a meal when it's a birthday."

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had any necessary equipment for their safety and comfort. Records showed pre-admission information had been provided by relatives of people who were to use the service and other professionals. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. Support plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care, behaviour support, mobility and communication needs.

People were supported to learn new skills and become more independent. They were encouraged to be involved in household tasks such as cleaning and laundry. One person told us, "We have a rota for cleaning." Another person said, "I clean my room and staff check it." People were equipped to prepare their own drinks and hot snacks and they were involved in preparing other meals with the support and supervision of staff. Support plans provided instructions to staff to help people learn the skills and become more independent in aspects of daily living whatever their need. They provided a description of the steps staff should take to meet the person's needs. For example, with regard to independent travelling.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a more personalised service. Staff recorded the person's daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated regularly. This was necessary to make sure staff had information that was accurate so people could be supported in the way they wanted and needed.

Written information was available that showed people of importance in a person's life. Staff told us people were supported to keep in touch and spend time with family members. One person told us, "I visit my mother at weekends." Another person commented, "I go home at Christmas."

The provider told us six monthly tenant's meetings took place. We were told and observed people were consulted individually about aspects of daily living. However, we considered more regular meetings should take place with people to discuss menus, activities and outings and other agenda items. Also to remind people of the safeguarding and complaints procedures and to keep people informed and involved in the running of their household. The provider told us that this would be addressed.

We recommend that more regular tenant's meetings should take place with people to keep them involved in the running of their household.

An accessible complaints procedure was available in an easy read format for people who may not read the written word. The provider's PIR stated it was planned in the next 12 months, 'To update and improve pictorial images used in the service user friendly complaints procedure.' People told us they knew how to complain, one person commented, "I've no complaints but I'd speak to [Name] if I did have a complaint."

Is the service well-led?

Our findings

A registered manager was in post who was also the registered provider. They were registered with the Care Quality Commission in October 2013 as the responsible person and were also responsible for the day to day management of the service. 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 provider understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out. We saw an incident had been investigated and resolved and information had been shared with other agencies for example safeguarding.

The provider assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. They were open to working with us in a co-operative and transparent way.

The provider and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. The staff team was very stable with a number of staff having worked in the service for several years. Staff told us they were a team and supported each other.

The provider was enthusiastic and had introduced ideas to promote the well-being of people who used the service. Staff and people we spoke with were positive about their management and had respect for them. They told us the service was well led. They said they could speak to the provider, or would speak to a member of staff if they had any issues or concerns. One staff member told us, "[Name], the provider is approachable." Another staff member said, "[Name] listens to you."

Staff received an induction when they started to work at the service to make them aware of the rights of people with learning disabilities. Information was available to help staff provide care the way the person may want, if they could not verbally tell staff themselves. There was evidence from observation, records and talking to staff that people were encouraged to have some control in their life and be involved in daily decision making.

Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Staff told us meeting minutes were made available for staff who were unable to attend meetings.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who lived in the home. The audits consisted of a wide range of weekly, monthly and quarterly checks. They included the environment, health and safety, accidents and incidents, complaints, safeguarding and care documentation. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

The provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey questionnaires that were sent out annually to people who used the service and staff. Comments from the last survey in July 2016 were positive comments which included, 'Staff go above and beyond to support our family. Their care is exceptional' and 'I am pleased with everything.'