

Pretim Singh

Beechwood Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on 27 October 2014 and was unannounced. At the previous inspection of this service in February 2014 we found the provider had not met all the regulations we checked. This was because staff were not properly supported with supervision and appraisals and medicines was not properly recorded. The provider sent us an action plan detailing what steps they were going to take to address these issues and stated that issues would be addressed by 1 April 2014. At this inspection we found

that staff received supervision and appraisals but the service was still not managing medicines safely. You can see what action we told the provider to take at the back of the full version of the report.

Beechwood Residential Home is registered to provide care and accommodation for up to six adults with learning disabilities or autistic spectrum disorder. Five people were living at the service at the time of our inspection. A condition of the service's registration is that

Summary of findings

it has a registered manager in place, however, the service has not had a registered manager in place since December 2012 and so were in breach of the conditions of their registration. 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.

Most people said they felt safe living at the service. Risk assessments were in place which set out how to support people in a safe manner. The service took steps to support people that exhibited behaviours that challenged the service. Appropriate safeguarding adults procedures were in place and staff understood their responsibility with regard to safeguarding adults. There were enough staff working at the service to keep people safe. But suitable arrangements were not in place to safeguard people from the risk of financial abuse.

Staff had regular supervision and undertook training to provide them with the skills and knowledge to support them to meet people's needs. People were able to make choices for themselves where they had capacity to do so.

Where they lacked capacity decisions were made within the principles of the Mental Capacity Act (MCA) 2005. No one living at the service was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. However, the provider told us that they would restrict people's liberty under certain circumstances in line with MCA and DoLS. MCA and DoLS is law that supports people to make choices where they have the capacity to do so.

People were treated with respect and their privacy and independence was promoted. People were supported to communicate their needs.

Care plans were in place which set out how to meet people's individual needs in a personalised manner. Staff had a good understanding of how to support people and meet their needs. People had access to a range of leisure, educational and employment opportunities. The service had a complaints procedure in place but this was not accessible to people.

The service did not have sufficiently robust and effective quality assurance and monitoring systems in place. People told us the manager was accessible and approachable.

Summary of findings

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 not safe. The service did not have effective systems in place for the management of medicines which potentially compromised people's health, safety and wellbeing.

The service had a safeguarding procedure in place and staff were aware of their responsibilities with regard to safeguarding adults. But suitable arrangements were not in place to safeguard people from the risk of financial abuse.

Risk assessments were in place which included information about how to support people to manage risk in a safe manner. The service was able to respond appropriately to behaviours that challenged the service.

There were enough staff at the service to help people to be safe.

Inadequate



Is the service effective?

The service was effective. Staff undertook regular training and received one to one supervision which supported them to meet people's needs.

People's health care needs were met and they had access to health care professionals.

People were supported to eat and drink sufficient amounts and they had a choice of what they ate.

People were able to make choices. Where they lacked the capacity to do so decisions were made in line with the Mental Capacity Act 2005. No one was subject to a Deprivation of Liberty Safeguard authorisation although the provider told us they planned to make four DoLS applications for people.

Good



Is the service caring?

The service was caring. Care was provided in a personalised manner designed to meet people's individual needs.

Staff treated people with dignity, promoting their independence, choice and privacy. The service supported people with needs related to equality and diversity.

Good



Is the service responsive?

The service was responsive. The service had a complaints procedure in place but this was not accessible to people.

Care plans were in place which set out how to meet people's needs in a personalised manner and staff had a good understanding of people's needs

Requires Improvement



Summary of findings

Is the service well-led?

The service was not well-led. The service did not have a registered manager in place. However, people told us they found the manager to be approachable and accessible.

The service had various quality assurance systems in place. However, these were not sufficiently robust or effective to lead to changes and improvements within the service.

Requires Improvement



Beechwood Residential Home

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.

The inspection took place on 27 October 2014 and was unannounced. The inspection team consisted of an inspector, an inspection manager and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service. This included previous inspection reports, details of its registration and information the provider had sent us in the form of notifications. During the inspection we talked with four of the five people that used the service. We also talked with four staff. This included the provider, the manager and two support workers. We observed care being provided and examined various records. These included three sets of care plans, risk assessments, staff training records, minutes of meetings including 'residents' and staff meetings, medicine records and policies and procedures including the complaints and safeguarding adults procedures.

Is the service safe?

Our findings

Most people we spoke with said they felt safe living at the home. Everyone said they felt safe with the staff. One person said they felt unsafe because they might fall over. We found there was a risk assessment in place to help reduce the risk of this person falling which included guidance such as making sure the person had close fitting shoes on, that walkways were free from obstruction and that staff supported them when they walked. We observed staff followed this guidance during the course of our visit. We also found the service had made a referral to obtain physiotherapy support for this person to help them work with the person safely.

At the previous inspection of this service in January 2014 we found the service did not keep up to date and accurate records of people's medicines and the service had two conflicting versions of its medicines policy. During this inspection we found the service had only one version of its medicines policy which was appropriate. However, we found the service was still not keeping accurate and up to date records of people's medicines. We found that for two people there was a discrepancy between the amounts held in stock and the amounts recorded as being in stock. This was because there was less medicines held at the service than records indicated which meant people may have received an incorrect dosage. This potentially compromised the health, safety and wellbeing of people.

We found several instances of unexplained gaps on medicine administration record (MAR) charts. We found other instances where the letter 'O' had been entered on MAR charts. The key to the MAR charts said this stood for 'other' and needed to be defined. However, records we checked did not show a definition of 'O'. This meant it was not possible to tell if medicines had been administered correctly on those occasions and people may not have received their correct dosage of medicines. We found errors in the records of four of the five people that used the service. Poor record keeping increases the likelihood of mistakes being made with people's medicines which potentially puts them at risk. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service held money on behalf of people. People said they were happy with this arrangement. Money held on

behalf of people was stored in a locked cabinet. Amounts were checked and signed for at each shift handover and it was recorded every time money was spent on behalf of people. However, we found that the service did not always obtain a receipt when it spent people's money. We also found that there were no checks in place to make sure monies withdrawn from bank accounts matched the monies that were recorded as being entered into the home. This meant that people were at risk of financial abuse. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service had a safeguarding adult's procedure in place. This made clear the services responsibility for reporting any allegations of abuse to the relevant local authority. Records showed that six of the seven staff had undertaken training about safeguarding adults in the past twelve months. Staff were able to recognise the different types of abuse and possible indicators that a person was been abused. Staff were aware of their responsibility for reporting any allegations of abuse. We saw the provider had a whistleblowing procedure in place and staff told us they were aware of their right to raise concerns to outside organisations if necessary.

We found risk assessments had been completed for risks people faced, including in relation to eating and drinking, mobility and accessing the community. We found that people were supported to take risks. For example, one person wanted to travel on public transport without staff support. This was risk assessed and measures were put in place to help ensure the person was able to do this in a safe manner.

Risk assessments were in place for people whose behaviours challenged others. We observed one person exhibiting behaviours that challenged the service during the course of our inspection. Staff responded in a safe and sensitive manner which was in line with the guidance provided within the risk assessment for this person.

People and staff told us there were enough staff to meet people's needs. We observed staff responded promptly to requests for support from people. We examined the staff rota and this showed staffing levels were flexible depending on the needs of people. For example, there were less staff on duty at times when people were attending day services. Extra staff were on shift to support people with planned activities and appointments.

Is the service effective?

Our findings

People told us they found the staff were supportive and able to meet their needs.

At the previous inspection we found the provider did not have suitable arrangements in place for supporting staff through regular supervision and appraisals. At this inspection we found the provider had met this regulation.

Staff told us they had regular supervision. One staff member said of their supervision meetings, “She [the manager] asks about the work and if there is anything I need to tell her. We talk about the clients, the staff, any training I need.” Another member of staff said, “I have supervision every six weeks, we talk about service users and any other issues I want.” Records confirmed that staff had supervision with their manager. Staff also told us they had regular training that was relevant to people’s needs. We examined the staff training matrix that showed most people were up to date with their training. One member of staff had recently returned from a prolonged period of leave and they told us they had been booked to attend refresher training in the near future. By providing staff with supervision and training the provider supported them to develop skills and knowledge to better equip them to support people and meet their needs.

The provider informed us that they believed it would be in people’s best interests to prevent them from leaving the premises on their own during the night to promote their safety. However, they told us they had not applied for a DoLS authorisation. They said people had not expressed any desire to leave the premises during the night. We discussed the recent ruling by the Supreme Court on this matter and the provider told us they would now make an application for DoLS authorisations for relevant people.

We found people were able to make choices in line with the principles of the Mental Capacity Act 2005. We observed that people were able to make choices about their daily lives, such as if they wished to attend a day centre or what they spent their money on. Where people lacked the capacity to make a decision we saw that mental capacity assessments were carried out and if appropriate best interest meetings were held. For example, records showed a ‘best interests’ meeting was held about a person undergoing a medical procedure. This was attended by the

person, their relatives, staff from the home and medical professionals. Another person was supported by an independent advocate at a ‘best interests’ meeting to decide if they should move into their own home.

People said they liked the food at the service and they were able to make choices about what they ate. One person said that the “food is nice.” People were eating breakfast when we arrived and they told us they had chosen their breakfast. One person told us they helped with cooking. This supported them to develop independent living skills. Another person said they had take-away meals sometimes which they chose and enjoyed. Staff told us they sought to help develop people’s independence through supporting them to cook their own meals.

Staff told us that they supported people to make choices about the menu. They said a meeting was held each week with people to plan the menu. This involved the use of picture cards to help people make choices who had limited verbal communication. We checked records of menus which showed people were offered a variety of meals. We saw that vegetables were served with the lunch time meal which helped to provide people with a nutritious diet.

Risk assessments were in place about eating and drinking and we observed these were followed. For example, one person required their food to be cut in to small pieces and staff to provide support at mealtimes. We saw this was done. People’s weight was regularly checked to help determine if they were at risk of malnutrition or obesity.

The service supported people to meet their health care needs. Records showed people were supported to access health care professionals including GP’s, opticians, occupational therapists and consultant psychiatrists. Records of medical appointments included details of any follow up action required to help ensure health care needs were met. We found one person needed to have a medical procedure which required them to spend a night in hospital. The person was anxious about this and we found the service worked to support this person overcome their anxiety. For example, they supported them to go to hospital on a trial run where they were able to put on a hospital gown and meet the staff that were to carry out the procedure. The procedure was explained to them to help them understand what would happen on the actual day of the appointment. This demonstrated personalised care based around an individual’s needs.

Is the service caring?

Our findings

People told us that staff treated them with respect and they were caring. One person said, “They [staff] are nice.” Another person told us, “Staff don’t get cross.” People told us they were able to manage their own care as much as possible and make decisions for themselves. One person showed us their nails and told us they had painted them themselves. They said they chose what clothes they wore and bought their own clothes, but added, “Staff help me with that.”

Three people showed us their bedrooms. Two people told us they had keys to their bedrooms. We saw these had been decorated to their individual taste with family photographs and their own possessions. One person told us they were not happy with the position of their bed and said they wanted it moving away from the radiator. We discussed this with staff who said the person had not previously raised this issue with them but that it was up to the person to decide where their bed was positioned.

Staff told us how they provided care that respected people and promoted their dignity. One staff member told us they closed doors and curtains when providing personal care and left people alone to manage as much care for themselves as it was safe for them to do. Another member of staff told us they always asked people about their care. For example, if they preferred a shower or staff to wash them by hand. They told us sometimes people did not want any personal care and had the capacity to make that decision and staff respected this, saying they would try again later in the day to offer support with personal care.

Staff told us they supported people to make choices. However, two people had limited verbal communication and staff said they were able to communicate though gestures and the use of objects such as showing people two types of clothing for them to choose from. The acting manager told us one person spoke very fast and was difficult at times to understand. The person was encouraged to write down what they wanted to say to help them communicate.

We observed staff interacting with people in a sensitive and caring manner during our inspection. For example, we saw staff knocked on bedroom doors and waited for a reply before entering. We saw people were relaxed and at ease in the company of staff and regularly sought staff out to chat with them. We saw staff made the time to talk with people and explained things to them. For example, one person had a forthcoming appointment that they wanted to discuss with staff and we saw staff respond positively to this.

We saw that care plans were personalised around the needs of individuals. They included people’s likes and dislikes and information about their backgrounds. This helped staff to better understand the people they worked with. Staff told us how they supported people with needs around equality and diversity issues. For example, two people were supported to attend a place of worship. People were supported to cook and eat food that reflected their cultural background and to attend hairdressers that specialised in providing appropriate hair care for their ethnic background.

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One person replied “yes” and made a thumbs up gesture when we asked if they got good support from the service. Another person told us the service met their needs. By way of example they told us if things were broken they told staff about it and they got repaired quickly.

People were aware of how to make a complaint telling us they would talk to staff or managers. The manager told us there had not been any complaints received since the last inspection of the service. Although there was a complaints procedure this was not readily accessible to people or produced in a format that people understood. We discussed this with the provider who admitted that more could be done to make the complaints procedure more accessible to people and said they would address this matter. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Care plans were in place for everybody at the service. We found care plans were signed by people which indicated their involvement with developing the plan. Families were involved in developing people’s care plans which helped them to provide a fuller picture of the person and their needs.

We found care plans mostly provided detailed information about how to meet individuals assessed needs in a personalised manner. Care plans covered needs including communication, social and leisure activities and personal hygiene. We found one element of one person’s care plan that required more detail. The personal hygiene care plan for one person simply said, “Needs assistance with all

aspects of personal hygiene.” Although staff were aware of how to support this person lack of detail on care plan could potentially impact on the person if new staff worked with them who were not familiar with their needs. We discussed this with the acting manager who told us they would review this person’s care plan.

Care plans were subject to review so that they were able to reflect people’s needs as they changed over time. We saw that the provider responded to people’s changing needs. For example, one person recently moved from an upstairs bedroom to one downstairs in response to their changing mobility needs. Records showed people had one to one meetings with their keyworker each month to discuss progress being made with their care plans and other issues of importance them.

Staff signed care plans to indicate they had read them. Staff told us they were expected to read care plans and had a good understanding of their contents. They were able to tell us the support needs of people and how they met those needs.

People told us they were supported to attend a range of employment, educational and leisure activities. On the day of our visit three people visited a day service and another person also regularly attended a day service. One person told us they were going to the pub on the evening of our inspection and that they worked in a café. The manager told us people were able to choose their own activities, which included bowling, the gym and the theatre. Records confirmed people were involved in a variety of activities. One person told us they had recently being on holiday, telling us they went to the seaside and that they enjoyed it. Records showed this holiday had been planned with the involvement of people.

Is the service well-led?

Our findings

People told us they liked the manager and staff said the manager was approachable and accessible. One staff member told us, “The manager is definitely approachable. If they are not here you can call them on the phone.” Another member of staff said, “If I had any problems I would say it to them (senior staff).” The manager told us that either they or the provider was always on call to provide support as required.

The service did not have a registered manager in place. The provider told us the previous registered manager left the service in December 2012. The provider told us it was a priority for them to recruit a permanent manager who would apply for registration with the Care Quality Commission. This is a breach of Regulation 5 of the Care Quality Commission (Registration) Regulations 2009.

The provider had systems in place for seeking the views of relevant persons about the running of the service and for monitoring quality and safety. However, these were not sufficiently robust or effective. The service carried out an annual survey of people to seek their views about the service, the most recent of which was completed in April 2014. We saw completed surveys which contained mostly positive feedback. However, there was no analysis of the results or action plan produced as to how to respond to the survey which meant any areas of concern highlighted within surveys were not response to. Furthermore, the

service did not issue surveys to other relevant stakeholders such as relatives, staff and health and social care professionals and there were no other mechanisms for them to provide feedback on the service.

The service carried out a monthly health and safety check, This included checking floors for trip hazards, fire safety equipment and radiator covers. However, the service did not carry out any audits. For example, during our inspection we identified poor practice in relation to medicines record keeping. The service did not carry out its own audits of medicines records so had not identified the shortfalls themselves.

Neither the manager nor the provider was able to identify any change or improvement that had been made to the service as a result of its quality assurance and monitoring processes. The provider told us this was an area that they needed to improve upon. We found the quality assurance processes at the service discussed in the preceding three paragraphs to be ineffective. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Regular ‘residents’ meetings were held where people were able to discuss matters of importance to them, including food and activities. The service also held regular staff meetings. One member of staff told us, “We have staff meetings every six weeks. We talk about food, service users, if any improvements are needed.” Records confirmed that ‘residents’ and staff meetings took place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers Effective systems were not in place to monitor the quality and safety of service provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse The service did not have effective systems in place to protect people from the risk of financial abuse.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints The complaints procedure was not in a format that was accessible to people that used the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines Services users were not protected against the risk associated with poor record keeping in respect of medicines.

The enforcement action we took:

We served a Warning Notice to the provider with a 30 day timescale to become compliant with the regulation.