JC Kunning
The Beeches
Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

The inspection took place on 20 February 2015 and was an unannounced inspection.

The last inspection of this service was on 29 July 2014 when the service was meeting all of the relevant requirements.

The Beeches is a care home providing care and accommodation for up to 11 people under the age of 65 who have learning difficulties and mental health conditions.

There was no registered manager in post on the day of the inspection, although the current managers told us they are in the process of applying for this role. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack

Summary of findings

capacity to make decisions are protected. Some staff had completed training on the MCA and discussion with the manager indicated that there was a clear understanding of the principles of the MCA and DoLS.

A security camera was in use in the home but people had not been consulted about this and no information was on display to help people be aware of this. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, now replaced by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

People felt safe living in the home. Staff had completed appropriate training and systems were in place to support people should an allegation of harm be raised.

People were supported with risks and systems were in place to reduce risks and support people to live their lives.

People were supported by adequate numbers of staff who were recruited correctly. Recruitment checks were in place to help make sure potential staff were suitable to work with vulnerable adults.

People were supported by staff to make sure their needs in relation to their health were met; this included any medication needs. Some of the paperwork in relation to people's health needs required improvement.

People were supported by staff who received an induction and training in their role. However, some improvements were required with staff training.

People were happy living in the home and felt staff respected them. We observed positive interactions between the people who lived in the home and the staff team. People were supported to make choices. This included what to do each day and what to eat.

People were supported through care planning systems which identified their needs and the support they required. Information recorded the person's choices, likes and dislikes.

People felt able to approach the managers and professionals felt there was a "Good working relationship."

People who lived in the home and staff were consulted about the home. Quality audits were taking place but there were no systems to identify any improvements needed or how learning from audits would be shared with staff.

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 safe.

People felt safe living in the home and systems were in place to help keep people safe and minimise risks.

Staff were correctly recruited in adequate numbers.

People were supported with their medication.

Good

Is the service effective?
The service was not always effective.

People's consent had not been sought for the use of a security camera in the home.

Staff training required improvement as did some paperwork in the home.

People were supported to have their nutritional and health needs met.

Requires Improvement

Is the service caring?
The service was caring.

People liked the staff and felt their privacy was respected.

Staff knew people well and relationships were positive.

Good

Is the service responsive?
The service was responsive.

Staff worked well with other professionals to make sure people's needs were met.

People were supported through a system of care planning to make sure their needs were known and met.

Good

Is the service well-led?
The service was not always well led.

People felt the managers were approachable and listened.

People felt consulted and systems were in place to seek people's views.

The quality assurance systems required improvements to help the service develop and learn from incidents and complaints.

Requires Improvement

The Beeches

Detailed findings

Background to this inspection

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

This inspection took place on 20 February 2015; it was unannounced and was conducted by one inspector.

Prior to the inspection we reviewed information we held about the service which included notifications from the service. The service had been requested to complete a provider information return (PIR) shortly before our visit. The requested date of return was not until after the visit, consequently we had not received this. This document recorded information about the service. We also consulted with local commissioning and safeguarding teams. After the inspection we received feedback from four health or social care professionals.

At the visit we spent time in communal areas of the home and observed daily practice. We also consulted with people who lived in the home, talked to three staff and the two managers, reviewed three files for people who lived in the home, reviewed two staff files and looked at other records relating to the management of the home.

Good

Is the service safe?

Our findings

Three of the people living in the home who we spoke with confirmed they felt safe and that staff helped them to keep safe. People said staff were good at their jobs and there were enough staff to assist them each day.

Two professionals told us how they felt people were safe in the home. One professional told us the staff had worked with them to put systems in place to support one person and maintain their safety.

We saw there was a policy for the handling of any allegations or incidents of abuse that occurred in the home. This provided guidance to staff on the correct actions to take should they become aware of a safeguarding concern. This helped to make sure staff were aware of the correct procedures should an allegation of harm be raised.

The manager told us that all staff completed an induction when they first commenced working in the home and this included training on the safeguarding of vulnerable people. Staff confirmed they had undertaken this training and were knowledgeable on the actions they would take should they be aware of any allegation abuse in the home.

People's files included risk assessments to support people to take risks in their lives. These included, for example, risks with the person's mental health, the risk of slipping or falling, risks accessing the local community and risks when using transport. When necessary, we saw people had professional guidance to support them with any identified risks and how to reduce or prevent the risk occurring. This helped to make sure people could live their lives as they wished whilst any risks were minimised.

The manager told us that they followed latest best practice with staff recruitment. This was because they had adapted their recruitment processes to be based upon the values of the home. They also told us how he had liaised with local training venues to access potential staff who were undertaking training in social care and who may be interested in working in the home. This had led to a student in adult social care visiting the home for work experience.

When we reviewed staff files we saw evidence of recruitment checks in place. Staff also confirmed this process to us. This included two written references and a Disclosure and Barring Service check (DBS). These checks helped to make sure the person was suitable to work with vulnerable people and that they did not hold a criminal conviction which would prevent them from undertaking this role.

The manager told us about the staffing levels in the home. There was no specific staffing tool used to decide on the number of staff or staff deployment. They told us how the staffing numbers were the same each day and this included one to one support time. This was time for people to spend individually with a staff member, usually undertaking an activity.

Duty rotas were in place which recorded different staffing levels and shifts. These varied throughout the day to accommodate people's activities. For example, one shift was 07:30 until 14:00 with another being 13:45 until 21:00. Staff told us they felt there were enough staff in the home.

There was a medication policy held in the home which provided guidance to staff for the safe receipt, storage, administration and handling of medications. It included details of checking the medication to help make sure the right medication was received and to make sure the items remained in date.

We reviewed the systems in the home for the safe receipt, storage, administration and disposal of medicines in the home. The manager told us about the system for ordering medication via the GP and pharmacy and how medicines were checked upon entering the home.

Medication was stored in a locked cupboard and individual records were kept. We saw individual medication administration records (MAR) which held details of the person and their current medication. Records we saw were complete and up to date.

The manager told us there were no medications described as 'Controlled' held in the home. Medicines required to be kept at a low temperature were held in a food fridge in the kitchen. The manager confirmed people were unable to access the kitchen without a member of staff. However, there was no risk assessment in place for this.

Requires Improvement

Is the service effective?

Our findings

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected.

The manager told us they were aware of latest best practice guidance as they regularly consulted with professionals, for example, a psychologist. Records evidenced that eight of the 12 staff had completed training on the MCA. Two staff confirmed to us they had completed this training and reflected a good knowledge on the principles of MCA.

One person living in the home was supported by an Independent Mental Capacity Act (IMCA). These are court appointed advocates who will support someone when they are unable to make a decision on their own.

There was a camera used within an office area of the home to record people's activity and discussions. This included some personal care with medications and confidential discussions. People had not been made aware of this as there were no posters and no information on display to inform people. Additionally the manager told us there was no policy for the use of this camera. No – one had been consulted or advised of this camera so they could consider whether to give their consent to be filmed.

We found this did not protect the rights of the people living in the home. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

A professional told us they had delivered staff training and "Always received positive engagement."

We reviewed the staff training records held in the home. Staff files included evidence of an induction booklet which was completed when staff first commenced working in the home. The training matrix recorded how many staff had completed each course. For example, 11 of the 12 staff had completed medication training and nine staff had completed training to support people with epilepsy. However, only half of the staff team had completed food hygiene and infection control training and only five staff had completed training to support people with autism. We discussed this with the managers of the home who agreed that additional training was required. Staff confirmed the training they had completed and this included fire training.

Staff we spoke with confirmed they felt supported and received supervision from the managers of the home. They told us if they had a concern they "Don't need to wait" to raise this.

We observed people choose which room they preferred to eat their lunch in. We observed people were also able to choose which sandwich they preferred for lunch. The managers confirmed that no-one living in the home required support to eat their meals, for example, by using specialist cutlery.

People's individual files included a nutritional screening tool which recorded any specific support they required with their nutritional intake. Records were also kept of people's weight to help monitor peoples dietary intake.

There were menus held in the home which offered different choices at meal times. Lunches were lighter meals, for example, soup or sandwiches. The main meal of the day was served in an evening. We observed one person who lived in the home being supported to prepare the evening meal. They were engaged in this activity with one to one support from a staff member.

People's files included information about the support they received with their health. This included support from other professionals, for example, a psychologist and a specialist learning disability nurse. Records were also kept of any professional visits including the persons GP. When necessary, monitoring forms were completed, for example, to support someone with continence. This helped to make sure staff were aware of peoples latest health needs.

A professional told us they felt staff referred appropriately to them and would consult them if someone's needs changed. They told us staff shared information appropriately and followed their instructions. Another professional told us the home had followed requests and completed paperwork "Professionally and confidently."

People had individual 'Health Action Plan' files. These were designed to record any identified health needs the person

Requires Improvement

Is the service effective?

had and the support they required to meet these. These plans were not up to date and we saw in once instance included the incorrect information. The managers agreed these required reviewing and updating.

People also had patient passports. These record a summary of the person's main needs and are shared with health professionals if the person is admitted to hospital. We noted that in one instance the information required updating to make sure the correct contact people were recorded.

We did not review the environment as part of this inspection. However, we noted people had individual rooms which they could decorate as they wished. One person told us how they were planning to decorate their room. There were communal areas which included lounges and dining areas. We noted that some areas of the home had been decorated and this gave a more homely feel to these areas. Other communal areas remained in need of redecoration to promote a homely feel.

There was a large garden area and one person spent some time gardening during our visit. One professional told us they felt the service could utilise this garden area further with the potential for more activity for people.

Good

Is the service caring?

Our findings

People told us they were happy living in the home and confirmed they liked the staff who supported them. One person said “It’s a nice place.”

One person told us they had a key to their room and that they could lock their door. They confirmed staff were polite to them and that they opened their own post. Another person confirmed staff respected their privacy.

One person told us how they had read their care plan and talked about it with a staff member. Two people told us they were involved in meetings about their care.

One professional told us they felt staff were “Caring” and “Polite”. Another professional told us they were pleased with the support one person had received. This included the staff’s ability to consider people's emotional needs. Staff had undertaken additional training to be able to provide this support. The professional said that “The nature of support and caring nature of staff” had helped the person remain living in the home.

Another professional said “I have always found service users to be respected, well cared for and included in decision making.”

People’s files included care plans which described the person’s needs and the support they required with these. In addition, daily diary notes were kept to record how the person’s care needs had been met and any activity they had undertaken.

We observed people choose how to spend their time during the day. Some people chose to spend time in their rooms and other people were out of the home undertaking activities. At one point some people gathered to talk about and look at photographs.

In discussion with the manager it was clear they were knowledgeable about the needs of the people living in the home. When we spoke with the staff team they were also knowledgeable about people’s support needs. They told us about people's emotional needs and personal preferences, for example, their favourite food. They told us about people's individual personality and likes and dislikes, for example, one person did not like to spend time waiting for things.

We observed interactions between people who lived in the home and the staff team. These were polite and respectful. People readily approached staff who offered support and guidance.

A staff member confirmed how they maintained people’s privacy and dignity. They told us how they would make sure bathroom doors were locked so privacy was maintained and how they would knock and wait before entering someone’s room. Another member of staff told us how they would ensure they spoke correctly to people and always asked people's permission before assisting with personal care.

Good

Is the service responsive?

Our findings

People told us they could choose what to do each day. This included whether they wanted to watch TV, take part in other activities and what they wanted to eat each day. People also told us about the holidays they had taken or were due to take. They told us staff supported them to undertake activities and this included one to one support. Activities included horse-riding, going out in the local community and work opportunities. One person also talked about the support they received from staff and how they maintained their independence.

People told us they felt able to raise any concerns with staff, the managers or the providers of the home. They confirmed staff would listen to them. One person also told us they would "Fill out a complaints form."

A professional told us they felt one person had received a considerable amount of support to a "High standard" and this had helped the person with their life. Another professional told us the managers listened to people and had time for them and that they were proactive in wanting to make improvements to the service. They also felt the home offered "A good opportunity for people to grow and develop if they wished." They felt the service was proactive in seeking new opportunities for people and said that in some instances it "Felt more like a supported living service."

The manager told us about the home and that it was person centred care and people had an opportunity to be involved in their care. They discussed how two people's lives had improved due to staff responding to their needs and their support packages changing.

People had individual care files which recorded the support they required to live their lives. This included support with medication, mobility, communication and their diet. It also recorded details about the individual, for example, their life history. This provided information on the person's life prior to living in the home and helped staff to develop relationships with people. People told us they were aware of the content of their file, although we noted peoples care plans were not available in easy read versions and did not include person centred plans.

Information was also recorded on the person's likes and dislikes and what was important to them, for example, to listen to music, to have a soak in the bath or to have clean nightwear on a daily basis. Information recorded the person's daily routine, for example, what time they liked to get up each day and what would be a good or bad day for the person. This meant staff had information on the support the person preferred and how they liked their day to be.

People's religious needs were also recorded in their files. One person had expressed a wish to attend their local church. The manager confirmed this had been organised and was to commence shortly. Additionally, peoples files held information on relationships which were important to them.

We saw files were regularly reviewed and monthly updates or summaries were completed. This helped to make sure staff were aware of the latest preferences, wishes and support needs for people.

There was a complaint policy held in the home. This included timescales and information on how the complaint would be handled. This information would help support someone if they wished to make a complaint to the home. Records were kept of any complaints received and the actions taken to resolve these.

Requires Improvement

Is the service well-led?

Our findings

There was no registered manager in the home. The two current managers told us they planned to apply to CQC to be the registered managers on a job share basis. One of the managers told us how they attended local events to help keep up to date with current practice. This included attended forums, workshops and training events.

The manager told us how they had worked to develop the service and that this work was continuing. They had commenced a review of all of the policies and procedures in the home and we saw evidence of this in the policy and procedures folder. People living in the home told us they could approach the managers. One person said "(the person) is nice" referring to one of the managers.

A professional told us "I have found both (managers) to be very pro-active in their approach. I am confident that any issues will be resolved by them. I have a good working relationship with them both and feel that they are happy to discuss any issue with me relating to my client." Another professional added in respect of the managers "They appear to have strengths that complement each other." They felt people living in the home had a good relationship with the managers.

Staff told us they felt both managers were approachable. One person confirmed they felt the culture in the home was good. They also confirmed there was a whistle blowing policy held in the home should they need to raise a concern. One staff member told us about staff meetings and that they could input into these. They confirmed they felt consulted.

We saw minutes of meetings held with people who lived in the home and meetings held with the staff team. Both of these meetings offered an opportunity for people to be updated on any changes to the home and to allow people an opportunity to speak up about issues they considered important.

There was a quality assurance system in the home. This included surveys for people who lived in the home, their relatives and professionals involved in their life. The results of these surveys were summarised into one report. The system also included a health and safety audit checklist, a monthly review of medication and a quality care survey. However, there was no record of how the information gathered during audits was used to change or improve practices within the home.

Systems were in place to record any accidents in the home. However, the managers did not undertake a review of these to identify any possible patterns or for learning to take place. This was discussed with the managers at the time of the visit.

There was a system in the home for handling complaints which recorded the number of complaints each month, details of any investigations carried out and the actions taken. The systems of handling complaints did not include a method to have an oversight of any complaints so that learning could take place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 11 HSCA (RA) Regulations 2014 Need for consent We found that the registered person did not have suitable arrangements in place for obtaining the consent of service users.