

Advitam Limited

Lee Beck Mount

Inspection report

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Wakefield

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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

About the service

Lee Beck Mount is situated in the Lofthouse area, near Wakefield and provides care and support for up to 13 people with learning disabilities. Local shops and community facilities are a short distance away. Accommodation is provided over two floors and with single occupancy rooms.

The service has not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 13 people. Eleven people were using the service at the time of our inspection. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure people who used the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Medication management was safe and people received their medication as prescribed. Although, some minor issues with some people's medication records were noted and addressed by the registered manager on day one of our inspection. People were supported safely and protected from harm. There were systems in place to reduce the risk of abuse. Risks to people's health, safety and welfare were assessed and mitigated. There were sufficient numbers of staff deployed to meet people's care and support needs. Staff recruitment policies and procedures in place and were followed.

People were supported in a safe, tidy and clean environment. The home was well maintained, and people's bedrooms and communal areas were homely. There was access to a large safe outside space.

Staff received appropriate training and induction to enable them to deliver effective care and support. Staff

had received an annual appraisal. Although, a formal supervision had not been completed, staff were able to speak with the registered manager at any time.

People and relatives said staff were kind and caring and treated people with dignity and respect. Staff were very knowledgeable about people's needs, care and support was person-centred and inclusive. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Policies and systems in the home supported this practice. People received appropriate social stimulation and accessed the community.

Care plans were person-centred and contained sufficient information for people's care and support needs to be met. Healthcare professionals supported people's health needs, when required. People received support with eating and drinking, when needed and were involved with weekly menu planning and shopping. The service was not supporting anyone who was at the end of their life.

People were listened to and complaints were appropriately dealt with and resolved. Accidents and incidents were monitored, however, an analysis of these had not been documented. The registered manager addressed this during our inspection.

The service was well managed. Staff said the registered manager was approachable and available to provide support and guidance. Quality monitoring was carried out using various audits. The service promoted an open, inclusive and positive culture. The registered manager worked in partnership with other services to support people's care and quality of life.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (report published 11 October 2018) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Thematic review

The Secretary of State has asked CQC to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism.

Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and

segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Lee Beck Mount

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Lee Beck Mount is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection because it is a small service and we needed to be sure someone would be available to support the inspection and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We requested feedback from stakeholders. These included the local authority safeguarding and commissioning team and Healthwatch England. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who lived at the home and two visiting relatives, to understand their experience of the care provided. We spoke with the registered manager, senior support staff member and two support staff members.

We reviewed a range of records. This included five care plans and associated documentation. Multiple records relating to the management of the service and a variety of policies and procedures were reviewed during the inspection.

After the inspection

We asked the registered manager to send us further information after the inspection. We considered this as part of the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were safely received, stored, administered and disposed of.
- People were happy with their medication arrangements. A relative said, "They [staff] manage medication well." A staff member said, "Medicines are given in a safe way."
- People received their medicines via a prepared dosage system and this was on time.
- Medicine Administration Records (MAR) were well completed indicating people had received their medicines as prescribed.
- Staff had received medication training and their competency had been assessed to ensure they were safe to administer medicines.
- During our inspection the registered manager addressed some minor issues noted. For example, the senior support worker contacted the GP regarding one person's ointment.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were protected from abuse and improper treatment.
- People appeared comfortable and relaxed in the company of the staff who supported them. A relative said, "[Name of person] is safe and they have security measures in place."
- Staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- Staff had received appropriate safeguarding training.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager completed assessments to evaluate and minimise risks to people's safety and well-being. Risk assessments clearly documented the control measures for staff to follow to keep people safe and these were reviewed on a regular basis, and/or in response to a particular event. People were supported to take positive risks to aid their independence.
- Accidents and incidents were monitored, and regular checks undertaken to capture re-occurring themes. Although, the registered manager was in the process of strengthening the recording of this process.
- Service records, the environment and equipment were well maintained and safe.
- Personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.
- The home's environment was safe, secure and gave people a good mixture of personal freedom and the security to keep them safe.
- People's finances were managed effectively with checks in place to make sure monies and records were always accurate. A relative said, "Money is managed well, I get receipts for things."
- The registered manager responded appropriately when accidents or incidents occurred, or complaints

were received. These were used as a learning opportunity. Although, these were not always recorded as a lessons learnt. The registered manager said this would address this immediately.

Staffing and recruitment

- There were sufficient staff on duty to meet people's needs, enable people to participate in social activities and to attend appointments.
- Staff said there were enough staff to meet people's needs.
- Staffing levels were monitored by the registered manager and ensured contracted hours required for people's support were in place and recorded.
- The provider operated a safe recruitment process and had a recruitment policy in place. The registered manager told us they had not recruited any new staff since our last inspection.

Preventing and controlling infection

- Effective cleaning and infection prevention and control practices were in place.
- The home was clean, tidy and all areas of the home were free from malodour. A relative said, "It is a nice environment, it is always clean."
- Staff had completed infection control training.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Staff received an annual appraisal during 2019. The registered manager told us they had not completed supervisions but said staff were able to speak with them at any time. One staff member said, "[Name of registered manager] is happy for you to speak with him. I don't need a formal supervision, I have on the job support and have been signed up for further training."
- Staff had completed a training programme to prepare them for their role. Staff were satisfied with the training they received. A staff member said, "Training is a good refresher."
- The registered manager told us new staff would receive a full induction which included shadowing experienced staff, policies and procedures and people's support and care needs.
- Staff told us they felt well supported by the registered manager and morale was good.

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

- The registered manager said they had not accepted anyone new into the home for many years. But said, before a person would move into the home, their needs would be assessed, and care plan would be created to provide person-centred care and support.
- Staff we spoke with were knowledgeable about people's needs and choices. They [staff] were very experienced in working with people with learning disabilities and behaviours that may challenge. This helped ensure effective care and support was provided.
- Staff worked closely with health and social care professionals, people and their families to ensure people's abilities, goals and preferences were recognised.
- People's diverse needs were met in all areas of their support. Therefore, protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability, were taken into consideration.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to receive a healthy and balanced diet. People had a choice of and access to sufficient food and drink throughout the day. A staff member said, "There is a good choice of food and healthy options are available."
- Menus were planned in consultation with people based on their choices and preferences.
- The mealtime experience was unhurried, relaxed and people received the right amount of support and encouraged to remain independent.
- Staff demonstrated a good working knowledge of people's individual dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well together, and the atmosphere in the home was calm and inclusive.
- Staff handovers were effective in ensuring staff had the information they needed to provide consistent and timely support.
- People were supported to attend health appointments. Any guidance provided by healthcare professionals was followed by staff members.
- Information was shared with other agencies if people needed to access other services. Although, people's 'my care passport' had not been updated for some time. The registered manager said they would address this immediately.
- People were supported to maintain good oral health. The registered manager told us all staff have been signed up to complete e-learning regarding maintaining good oral health care.

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

- The premises enabled people to have as much independence and personal freedom as possible.
- Communal areas within the home were relaxed with a calm atmosphere. The home benefited from large well-maintained gardens that were accessible for wheelchair users and people with limited mobility.
- People's bedrooms were decorated with photographs and pictures and people had items they were interested in and reflected their personal preferences.

Ensuring consent to care and treatment 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 when this is in their best interests and legally authorised under the MCA. 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.

- People were involved in making every day decisions and choices about how they wanted to live their lives. A staff member said, "I give people choice."
- Mental capacity assessments had been carried out and the registered manager had submitted DoLS applications appropriately to the local authority, where required. However, the registered manager had not reapplied when the DoLS authorisation had expired. This was addressed by the registered manager during and after our inspection.
- Staff received training in the MCA and DoLS. During the inspection we observed staff asking people for consent before support was provided. Staff we spoke with had a good understanding of the MCA and described to us the importance of assuming people had capacity to make their own decisions.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and were happy in the presence of staff. One person said, "It is nice here, I like it." Relatives said, "[Name of person] seems to love it here. They go home at the weekend but want to come straight back" and "I am very happy with the support and care [name of person] receives, and the progress they have made."
- People were supported by a small team of staff, with some staff having worked at the home for many years. Staff knew people's preferences and used this knowledge to support them in the way they liked. This included understanding people's life history and family dynamics.
- We observed staff being kind and caring towards people and supported them with their chosen activity for the day.
- People's equality, diversity and human rights were respected. People were supported to follow their faith, if they wanted to and live their lives the way they wanted to. People's religious, spiritual, and cultural choices were met and recorded in care plans.
- Some staff had completed training in diversity and equality and.

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

- Staff supported people to express their views and be involved in making decisions.
- People and relatives were able to contribute to care planning. A relative said, "I am happy with [name of person]'s care, I don't need to see their care plan."
- If needed, people were directed to sources of advice and support or advocacy. Advocacy services work on behalf of people dealing with issues where a person might need advice and support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff understood the importance of respecting people's privacy and dignity. One staff member said, "I speak with people discreetly."
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.
- There was a strong focus within the home of promoting people's independence. People were encouraged to do as much as they could for themselves. This included assisting with cooking, cleaning, shopping and personal care.

- People were enabled to maintain and develop relationships with those close to them and to develop social networks within the local community.
- Relatives could visit at any time and were made to feel welcome.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

At our last inspection the provider had failed to ensure care plans were accurate and a contemporaneous record of people's needs had been documented. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 17.

- Staff recognised the need to support people as individuals and they [staff] took a person-centred approach. Person-centred means the person was at the centre of any care or support plan and their individual wishes, needs and choices were considered. A relative said, "Staff know [name of person] really well, it is like a little family."
- Care plans were personalised and reflected each person's individual care and support needs. The information was kept under regular review and updated in line with any changes needed. A staff member said, "The care plans are up to date and person-centred, they explain how to support people."
- People received appropriate social stimulation and accessed the local community independently. Various events were held throughout the year.
- People undertook any activities they wished to participate in on a daily basis. For example, going shopping, attending their place of work and following their social interests. A relative said, "[Name of person] does loads of activities, they really like swimming." We saw people going out during our inspection. For example, one person went to work.
- The registered manager had developed good links with the local community with people actively participating in events in their surrounding area.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. These were recorded in their care plan.
- Staff understood the importance of supporting people in communicating their needs and wishes.
- Our observation evidenced staff understood people and communicated effectively.
- Where people required information in an accessible format, this was identified by the registered manager

and acted upon.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. The provider had policies and procedures in place to guide staff in how to manage complaints.
- Although the registered manager was in the process of strengthening the complaints procedure by starting to map complaint topics.
- People knew how to complain. The complaint procedure was in a pictorial format and people were able to raise any concerns to staff or the registered manager.

End of life care and support

- Staff and the registered manager spoke with people during the review process to explore their views and wishes. Although, we saw some people had not wished to speak about this topic.
- Staff were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.
- Staff had completed dying, death and bereavement training.
- At the time of inspection there was no one receiving end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure systems or processes were operated effectively to ensure compliance. Governance systems failed to highlight concerns with staffing, supervision, medicines and care plans. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 17.

Following the last inspection, the provider had not ensured their rating from the previous inspection was visible in the home. A fixed penalty notice was issued, and this was paid by the provider. At this inspection the rating was displayed in the entrance to the home.

- Following our previous inspection, the registered manager had strengthened some areas of governance. For example, audits were now more robust, and actions were identified as a result.
- Trends or patterns were not always analysed when, accidents and incidents occurred, although, the registered manager was in the process of implementing a new monitoring tool to prevent further reoccurrence.
- Policies and procedures were in place which provided staff and the management team with clear guidance.
- There was excellent team work within the home. The registered manager worked to develop the staff team so staff at all levels understood their roles and responsibilities.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated an open and positive approach to learning and development. There were systems in place to ensure staff continued to learn, were trained and supported in their role.
- Staff performance was managed appropriately in line with providers processes. This ensured standards were maintained in the home.
- The registered manager continued to notify the CQC of all significant events, changes or incidents which had occurred at the home in line with their legal responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- People and relatives told us the home was well managed. A relative said, "[Name of registered manager] is a nice person and communicates well."
- The registered manager and staff demonstrated a commitment to provide person centred, high-quality care. They placed people at the centre of everything they did.
- Staff spoke positively about the registered manager and the quality of care provided. A staff member said, "[Name of registered manager] does a good job, he is flexible and approachable."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Residents meetings provided an opportunity for people to be involved with the service and any planned changes. Although, these had not happened for some time. The registered manager said they spoke with people on a daily basis which gave them the opportunity raise any issues or concerns.
- The registered manager told us they had not carried out a resident and relative survey to obtain view about the service for some time. They agreed to re-implement these.
- Staff meetings were held, although, staff were able to speak with the registered manager or the senior support worker on a daily basis. Staff told us they felt supported.

Working in partnership with others

- The registered manager had links with the local community and key organisations to benefit people living in the home and to help with the development of the service. For example, the local pub, shops and churches.
- The registered manager and staff were highly committed to working collaboratively with professionals outside the service to achieve people's goals and outcomes, including healthcare professionals.