

Mr & Mrs Y Jeetoo

Beech Lodge - Thames Ditton

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

Beech Lodge – Thames Ditton (Beech Lodge) is a care home providing accommodation and personal care for up to nine people with learning disabilities and mental health needs. There were eight people living at Beech Lodge at the time of our visit.

The inspection took place on 17 November 2016 and was unannounced.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We previously carried out an unannounced comprehensive inspection of this service on 15 November 2015. At that inspection, seven breaches of legal requirements were found in respect of the effectiveness of staffing, safe care, cleanliness of the service, the provision of person centred support, treating people with dignity and governance. As a result the service was rated Requires Improvement and seven requirement actions for the service to improve were set. Following that inspection, the provider sent us an action plan which identified the steps they intended to take to make the required improvements. This inspection found that the provider had taken the action they told us they had in respect of each of these areas and as such each requirement action had been met.

The culture and leadership of the service had significantly improved since our last inspection. The management team and provider had responded positively to the changes that were needed and worked hard with staff to improve the way people were supported and the service was run. Monitoring systems had been embedded which had enabled the service to self-develop and operate in accordance with the principles of reflective learning.

People were now placed at the centre of the service and received a more personalised level of support that was responsive to their individual needs. People were actively involved in making decisions about their care and encouraged to lead fulfilling lives and reach their maximum potential.

People were supported to maintain good health. The service worked in partnership with other health care professionals to ensure people kept healthy and well. People had a good range of nutritionally balanced meals and were supported to follow dietary advice given to them. Medicines were managed safely and there were good processes in place to ensure people received their medicines as prescribed.

There were systems in place to ensure staff were safely recruited and suitable to work with people whose situation and needs made them vulnerable. Staff were better trained and supported to work with people and understood their specialist needs. A new local office facility had enabled staff to attend face-face training and discuss ways of working in a more open and proactive way.

The way staff were deployed better suited the needs and interests of people and provided greater opportunities for people to take part in more individualised activities that were meaningful to them. People were now more engaged with their daily lives and spent their time doing things that both interested and developed them.

Positive role modelling and coaching from the management team had improved the way staff interacted with people. Staff took active steps to promote people's privacy and dignity and provide support to people in a genuinely caring and empathic way. People felt listened to and their concerns were acted on.

Risks to people were managed in a proactive and enabling way. People were supported to understand risks so that they could develop their independence. Environmental risks were now appropriately assessed and actioned safely. Significant work had been undertaken to comply with the requirements of the fire service. Similarly, standards of maintenance and cleanliness across the service were greatly improved.

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.

Staffing levels were sufficient to meet people's needs.
Appropriate checks were undertaken to ensure that suitable staff were employed.

People were protected from the risk of abuse because staff understood how to safeguard them from harm.

Risks to people were managed in a proactive and enabling way.
Environmental risks were now appropriately assessed and actioned safely.

There were safe systems in place to ensure people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff had the skills to meet people's needs.

People's legal rights were protected because staff routinely gained their consent. Where people lacked capacity to make certain decisions, staff followed best interests principles to support them.

People had choice and control over their meals and were supported to maintain a healthy and varied diet.

People were supported to maintain good health. The service worked in partnership with other health care professionals to ensure people kept healthy and well.

Is the service caring?

Good ●

The service was caring.

People had positive relationships with the staff that supported them.

Staff respected people's privacy and promoted their dignity.

People were now actively involved in making decisions about their care. Staff respected their choices and supported people to live fulfilling lives.

Is the service responsive?

Good ●

The service was responsive.

People received personalised support that was responsive to their needs.

People had access to a range of activities that were both interesting and meaningful to them.

Where people raised concerns, they were listened to and their complaints investigated.

Is the service well-led?

Good ●

The service was well-led.

The leadership of the service had developed and people now benefitted from a culture that was both open and inclusive.

Systems for monitoring quality and auditing the service had been embedded and were being used to continually assess and improve the service.

Beech Lodge - Thames Ditton

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 was planned to check 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 17 November 2016 and was unannounced. The inspection team consisted of one inspector with experience of providing and inspecting services for people with learning disabilities.

Before the inspection, we reviewed records held by CQC which included notifications and feedback from the local fire service. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because this was a follow-up inspection in which we were monitoring the service against the actions the provider told us they had taken to improve.

As part of our inspection we met individually with five people who lived at the home. We also spent a lot of time observing people and listening to their interactions with staff. We privately interviewed two members of staff and also met with the provider. We also reviewed a variety of documents which included the care plans for two people, the recruitment file for a newly employed member of staff, medicines records and various other documentation relevant to the management of the home.

Is the service safe?

Our findings

Our last inspection of 15 November 2015 identified that staff were not always effectively deployed so as to provide people with appropriate support. At that time, we also highlighted that the environment was not safely maintained or sufficiently clean. Medicines were also not always safely managed. As a result of our findings, we made four requirement actions for the service to improve. Following that inspection, the provider wrote to us to tell us about the actions they had taken in respect of these concerns. At this inspection we found that the provider had taken the action they told us they had and these requirement actions had therefore been met.

People said that they felt safe at Beech Lodge. For example, one person told us, "Staff make me feel safe." They went on to describe, "Staff make sure my money is safe and that I am looked after." Another person commented, "Staff look after us well and that makes me feel safe." People told us that there were sufficient staff to support them.

Staffing levels were based on people's assessed needs. Staff told us that whilst no person was funded specifically for one to one support, several people benefitted from individual support, especially for activities outside the home. Staffing levels had increased since our last inspection and we saw that this was to facilitate more one-to-one activities for people.

Staffing levels were responsive to people's needs. During the week, people regularly attended external groups and day services. As such, there were typically only three or four people in the service during weekdays. Staff reported and the rota confirmed that minimum staffing levels during the week provided two care staff. Additional staff were then allocated to support specific activities. At weekends, when more people were based at the service during the day, staffing were rotated flexibly to facilitate individual and small group activities and outings. Staff told us that there were sufficient staff to support people appropriately and we observed that people received effective support in a timely way.

Appropriate checks were undertaken before staff were employed. Our previous inspection identified that staff files contained information that showed that criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). There were also copies of other relevant documentation, including employment history, written references and identification documents in staff files to show that staff were suitable to work with people who used care and support services. One new member of staff had been employed since our last inspection. We looked at the recruitment information relating to this person and found that the same level of checks had been carried out.

People were protected from the risk of abuse. People told us that staff treated them well and that they felt safe in their hands. Staff were confident about their role in keeping people safe from avoidable harm and knew what to do if they thought someone was at risk of abuse. Training records showed that staff received regular training in safeguarding. Policies and procedures had been updated and were available for staff to follow if they suspected abuse. All staff confirmed that the registered manager and provider operated an 'open door' policy and that they felt able to share any concerns they may have. Staff were also clear about

how to correctly report abuse to the outside agencies if necessary. The records maintained in relation to safeguarding showed that any concerns were handled quickly and appropriately, with referral made to the relevant agencies.

Risks to people were identified and managed in a person centred way. Staff adopted a proactive approach to risk assessment which enabled people to safely undertake activities which promoted their independence and reflected their interests. For example, one person talked to us about how they were able to use public transport independently. They told us, "When I go to work I have to catch two buses. I have a mobile phone and I ring staff to let them know I've arrived or are on my way home." We looked at the care records for this person and saw that a detailed risk assessment had been carried out which reflected the safety measures in place as described by the person and staff.

The service was safely maintained. Individual and environmental risk assessments had been reviewed to ensure the service was safe for people. The home was now visibly clean throughout and staff were clear about their responsibility in this area. Whilst people were encouraged to be actively involved in the cleaning of their own rooms, staff now supported them with this to ensure adequate hygiene levels were maintained. Some people had completed infection control training with staff.

Regular safety checks were carried out to ensure the environment was fit for purpose. Since our last inspection, the provider had commissioned a lot of work to bring the building in line with the requirements of the local fire service. The fire risk assessment and fire policy had both been updated by an external consultant. Where areas of risk were identified these had been actioned in a timely way. Regular fire drills were now taking place and staff had completed appropriate training. Fire exits were now free from obstruction.

People were better informed about their involvement in keeping safe. For example, our last inspection highlighted the risks associated with one person smoking in their room. This time the person told us confidently, "I always smoke outside now; I know it's not safe for me to do it in my room." Each person had an up to date Personal Emergency Evacuation Plan (PEEP) which outlined how they would safely evacuate the service in an emergency.

Medicines were now managed safely and there were good processes in place to ensure people received their medicines as prescribed. We saw that Medication Administration Records (MAR) were completed accurately following administration of medicines. Each person had a personalised medicine information sheet which included a photo of them, GP contact details and key information such as allergies or preferences for how their medicines should be given.

Staff understood how to support people safely with their medicines. Staff had completed training in the safe management of medicines and demonstrated their understanding of this. Policies and procedures provided staff with appropriate guidance about how to safely to support people with their medicines. Where people were prescribed occasional (or PRN) medicines, such as pain relief, or to reduce anxiety, there were appropriate protocols to inform staff how and when these medicines should be administered.

Medicines were audited and accounted for regularly. There was a system for recording the receipt and disposal of medicines to ensure that staff knew what medicine was in the home at any one time. This helped to ensure that any discrepancies were identified and rectified quickly. Each week occasional use medicines were now audited to ensure they were still needed and within date.

Is the service effective?

Our findings

Our last inspection of 15 November 2015 identified that staff did not have access to training and support to manage people's specialist needs. We also found that people did not always receive a choice of sufficiently varied and balanced meals. As such, we set a requirement action and made a recommendation for the service to improve. Following that inspection, the provider wrote to us to tell us about the actions they had taken to make the required improvements. At this inspection we found that the provider had taken the action they told us they had and therefore these actions had been met.

People told us that they liked the staff and had good relationships with them. One person informed us, "This is the best place I've ever lived. The staff are really good." Another person commented, "I love it here, the staff know how to look after me." People were able to identify their keyworkers and said how much they valued them. A key worker is a named member of staff that is allocated to support a person and oversee their care on a regular basis.

Training and support were better provided to ensure care staff undertook their roles and responsibilities in line with best practice. Staff had access to a range of training courses relevant to their role. Staff told us that a new training room located in an office opposite the service enabled more face-to-face training to take place. In addition to mandatory training in areas such as safeguarding, first aid and fire safety, staff now completed more specialised learning to help them understand how to support people with challenging behaviour and mental health needs. Staff demonstrated a good understanding about people's needs, preferences and anxieties and how to support them effectively.

New staff undertook a 12-week induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care.

Staff were well supported. Staff told us that felt supported by the registered manager and provider and were confident that they could raise any issues with them. Staff received regular supervision. A supervision is a 1-1 meeting between a staff member and their senior to discuss practice and training requirements. We saw the minutes for some of these meetings which identified that development and practice issues were continually discussed and appropriate action taken to improve performance.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People told us that staff

always asked for their consent and respected their ability to make their own decisions. Staff demonstrated that they understood people's legal rights and had knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Care records showed that people were consulted with about all aspects of their care and had signed their support plans in agreement. Where people lacked capacity to make certain decisions, such as those in relation to finances, the best interests process had been appropriately followed. DoLS applications had been made in respect of three of the people who lived at the home. Staff were aware of the necessary restrictions in place and provided support in the least restrictive way.

People had choice and control over their meals and were supported to maintain a healthy and balanced diet. People told us that they liked the food and had the opportunity to choose the food they liked and be involved in preparing meals.

Staff had a good knowledge of people's food and drink preferences, including their dietary and cultural needs. Throughout the day we saw that people had access to drinks and snacks as they wished. People's weights were monitored and they received appropriate support to maintain a healthy lifestyle. Where people had received dietary advice from another healthcare professional, we saw that staff supported people to understand that advice and make choices about drinks and snacks from a healthy range.

People had access to external healthcare professionals and received the support that they required. People told us that staff supported them to attend appointments. For example, one person said, "Staff come with me to the dentist and optician." Similarly, another commented, "If I feel unwell, then staff take me to see the doctor." Each person had a health action plan which outlined their medical needs and the support they required to stay healthy. Care records reflected that people attended regular health checks with their doctors, dentists, opticians and dietician. Where other professionals had provided advice, this was fully documented and reflected in the support they received.

Is the service caring?

Our findings

Our last inspection of 15 November 2016 identified that people were not always treated with dignity and respect and as such a requirement action was set. Following that inspection, the provider wrote to us to tell us about the actions they had taken in respect of these concerns. At this inspection we found that staff were much more respectful about the way they spoke and interacted with people and therefore this requirement action had been met.

People told us that staff were kind to them and treated them well. People described Beech Lodge as being much more, "Relaxed," and, "Calmer," than when we last visited. Similarly, people consistently told us that they "Felt listened to" by staff. Two people talked specifically about the kindness of staff and how this had really helped them get through some difficult times. One person commented, "Staff help me when I feel sad." Feedback gathered from the most recent satisfaction survey highlighted that everyone felt staff treated them as an equal and respected them.

The atmosphere in the home was relaxed and friendly and it was obvious that people were comfortable in the presence of staff. We observed people laughing and joking with staff and each other. Support was provided in a discreet and caring way. We read in resident meeting minutes that staff had been encouraging people to also be kinder towards each other and to respect each other's differences. People said that this awareness had created a more, "Friendly" home to live in.

Birthdays were celebrated and people talked about the things they had done or wanted to do to celebrate theirs. One person told us that they had recently been shopping with staff to choose a special gift for their upcoming birthday. Staff described the parties that had been arranged for people and friends and families had joined them for tea and cake.

People's privacy and dignity were now much better respected. The management team had done a lot of work with staff to develop their understanding of dignity and what this meant. Staff said the findings from the last inspection report had been shared with them and they had been asked to consider the way they spoke and wrote about people. Some staff changes and positive role modelling in this area had clearly improved staff awareness and the way they interacted with people. Throughout the inspection we saw staff speak and treat people with respect and dignity. Staff had done some excellent work with supporting one person with bereavement and the person told us how much this had meant to them.

Staff respected people's private space and as such they routinely knocked on people's bedroom doors and sought permission before entering. People had the option of having keys to their rooms and the home. People's private information was kept confidential and secure.

People were actively involved in making decisions about their care and staff understood the importance of respecting people's choices and supporting them to live their lives as they wished. People told us they had control over their daily routines and were free to choose when to get up and go to bed and how to spend their leisure time. People proudly showed us their rooms which they said had been decorated and furnished

in keeping with their own interests and preferences. People told us that staff supported them to take responsibility for keeping their rooms clean and tidy.

Equality and diversity continued to be managed well and people were supported to follow their own religious and cultural preferences. One person enjoyed reading their bible and time was built in every day to allow this to happen and they were assisted to attend their church twice weekly. It was important for another person to carry a bag containing specific belongings with them at all times and we saw that staff ensured this happened in practice.

Is the service responsive?

Our findings

Our last inspection of 15 November 2016 identified that people did not always receive personalised support or have access to activities that were meaningful to them. As a result, a requirement action was set for the service to improve. Following that inspection, the provider wrote to us to tell us about the actions they had taken in respect of these concerns. At this inspection we found that staff engaged much better with people and they accessed a wider range of activities that were meaningful to them. This requirement action had therefore been met.

People spent their time doing things that interested them. People talked to us about the types of activities they participated in and how much they enjoyed things they did. One person talked to us at length about the two jobs that staff had helped them to get. They were really proud of this work and had clearly been effectively supported to develop their independence in this way. Another person told us about the day service they regularly and outings they had enjoyed. It was clear that people now led more active lives and had regular opportunities to socialise with people, have fun and develop their social and living skills.

People were supported now better supported to develop their independent living skills and achieve their potential. Each person had individual goals that they worked towards. Staff were clear about what these were and described how they assisted people to develop. It was clear that the goals were meaningful to the person and reflected the skills they themselves wanted to develop. For example, one person talked to us about how they wanted to quit smoking and staff were supporting this aim. They proudly told us, "I used to smoke 20 cigarettes a day, but now I've got that down to 15." Another person showed us that they now did their own ironing and this clearly meant a lot to them.

Some people required additional support to motivate them. One person told us, "I can't always be bothered to do things and staff are helping me to try and do more." The care records for this person showed that staff were now being more persistent and creative in the way they engaged with this person. They recognised that formal activities did not appeal to this person, but had set up a weekly planner to encourage them to engage in activities they did enjoy such as knitting and going out for walks. There was a clear management plan in place and we observed staff following this during the inspection.

People had more opportunities to do things they enjoyed. Staff were rightly proud of the activities that they had supported people with since our last visit. They showed us a book displaying photos of the different things people had done. Seven people had experienced two holidays in the last twelve months and residents' meeting minutes showed that people had been actively involved in choosing where and with whom they went away with. One person excitedly talked about their holiday to Disneyland Paris and how it had always been a dream of theirs to. The photos showed it was a very happy holiday. Two people had recently been to London to watch a favourite film at the cinema. They also visited an amusement arcade while they were there and described it as "A brilliant time."

Each person had a detailed plan of care that outlined their individual needs and preferences. This included a summary of their needs, interests and care preferences. The summary along with the overview of the

person's typical day provided a good level of information for staff to support people effectively.

Care plans were kept under regular review and people had the opportunity to discuss and change the way their support was delivered. Staff maintained daily records about people's care, including details about people's health, well-being, social activity and appetites which were then regularly discussed with people in their monthly keyworker meetings. One person had been advised by the dietician to lose some weight and we saw this person had goals in place in respect of this that were regularly discussed with them.

The management of risks to people's health or well-being were well documented and regularly reviewed. For example, where people had identified mental health or behavioural support needs there was clear guidance for staff about how to support people to manage these needs effectively. As such, care plans contained information about how to recognise possible triggers, the preventative measures that staff should take to support the person and the necessary interventions if behaviours escalated.

People were confident about expressing their feelings and knew how to complain. For example, one person told us, "If I felt unhappy or cross then I would tell the staff." Other people said that they used residents' meetings as way of discussing things that were annoying them.

Where people raised complaints, they were listened to and their concerns investigated. A copy of the complaints procedure was on display in the home and we noted that some people had a more accessible version in their bedrooms. Records of complaints made showed that people did feel confident to voice their concerns and that these had been taken seriously and dealt with to peoples' satisfaction.

Is the service well-led?

Our findings

Our last inspection of 15 November 2016 identified that the service lacked effective governance systems and as such a requirement action was set. Following that inspection, the provider wrote to us to tell us about the actions they had taken in respect of these concerns. At this inspection we found that there was a much stronger leadership within the service and monitoring was effective in driving forward improvements. As such the requirement action was met.

People were positive about the management of the home and said that they felt able to talk to them about any issues they had. For example, one person told us, "If I feel worried, I can talk to them." The registered manager and provider were both visible in the service and people felt confident about the leadership of Beech Lodge.

The culture of the service was open and reflective. Staff said that the findings from our last report were shared with them after the inspection. Staff meeting minutes highlighted that staff had been encouraged to accept the findings and be positive about improving the care provided. One staff member told us, "When I read the last report I was shocked, but then I knew that we had to change." They went on to say that the registered manager and provider had worked closely with the staff team to move the service forward. Staff were rightly proud of the improvements they had all achieved.

People, relatives and staff were continuously encouraged to express their ideas and thoughts. One person told us, "Staff are always asking me if I am happy. Senior managers also come and check how we are and if we're happy." People living in the care home told us that they had monthly residents' meetings where they discussed topics such as activities, menus and holidays. The minutes from these meetings showed that people were routinely consulted about the things that mattered to them. One person commented, "We have residents' meetings where we talk about food, activities and get offered choices. We are kept informed and are consulted with."

The most recent satisfaction questionnaire sent to people highlighted a high degree of satisfaction across the service. Everyone expressed that they felt they were safe, treated well and had good food. Some of the comments people added to their questionnaires included that they would like to see fresh flowers in the home and some new furniture in the lounge. Such feedback had been responded to and found to have been actioned.

The registered manager and had a good understanding of their legal responsibilities as a registered person. For example sending in notifications to the CQC and making safeguarding referrals where necessary. Records relating to the management of the home were well maintained and confidential information was stored securely.

The service had systems in place to continually audit and monitor the service which facilitated development and ongoing improvement to the quality of care. The management team carried out a number of checks and audits, which quality assured areas such as accidents, medicines, care plans and health and safety.

Actions were set on areas that required improvements and there was evidence that these led to improvements. A key focus in the last 12 months had been working to the action plan submitted to the CQC and fire service. An external consultant undertook monitoring visits to the service and was also responsible for completing financial audits and providing supervision to the registered manager.