Care Quality Commission

Beech Cliffe Limited

Beech Cliffe Grange

Inspection report

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Rotherham
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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

Overall summary

The inspection took place on 14 and 15 September 2015 and was unannounced on the first day. We last inspected the service in February 2014 when it was found to be meeting with the regulations we assessed.

Beech Cliffe Grange is a two storey purpose built premises located in a village on the outskirts of Rotherham. There are local facilities close by and good public transport links. The home supports up to 11 people over the age of 18 years of age who have a learning disability and specialises in supporting people with autism.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

Throughout our inspection we saw staff encouraged people to be as independent as possible while taking into

Summary of findings

consideration their wishes and any risks associated with their care. People's comments, and our observations, indicated people using the service received appropriate support from staff who knew them well.

People received their medications in a safe and timely way from staff who had been trained to carry out this role.

There was enough skilled and experienced staff on duty to meet people's needs. We saw there was a recruitment system in place that helped the employer make safe recruitment decisions when employing new staff. New staff had received a structured induction and essential training at the beginning of their employment. This had been followed by timely refresher and specialist training to update and develop their knowledge and skills.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. This legislation is used to protect people who might not be able to make informed decisions on their own. The management team demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest.

People received a well-balanced diet and were involved in choosing what they ate. People's comments, and our observations, indicated they were happy with the meals provided. We saw specialist dietary needs had been assessed and catered for.

People's needs had been assessed before they moved into the home and they had been involved in formulating their support plans where possible. Care records reflected people's needs and preferences so staff had guidance about how to support them. Support plans had been regularly reviewed to ensure they were meeting each person's needs, while supporting them to reach their aims and objectives.

A varied programme was in place to enable people to join in regular activities and stimulation, both in-house and in the community. People's comments, as well as our observations, demonstrated they enjoyed the activities they took part in.

The provider had a complaints policy to guide people on how to raise concerns. There was a structured system in place for recording the detail and outcome of any concerns raised.

There was a system in place to enable people to share their opinion of the service provided and the general facilities available. We also saw a structured audit system had been used to check if company policies had been followed and the premises were safe and well maintained. Where improvements were needed action plans had been put in place to address shortfalls.

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?

Good

The service was safe.

Systems were in place to reduce the risk of abuse, and to assess and monitor potential risks to individual people.

There were sufficient staff employed to meet people's individual needs. We found recruitment processes were thorough, which helped the employer make safe recruitment decisions when employing new staff.

Systems were in place to make sure people received their medications safely, which included key staff receiving medication training.

Is the service effective?

Good

The service was effective

Staff had completed training about the Mental Capacity Act and knew how to support people whilst considering their best interest. Records demonstrated the correct processes had been followed to protect people's rights, including when Deprivation of Liberty Safeguards had to be considered.

Staff had completed a structured induction and a varied training programme was available to help them meet the needs of the people they supported.

People were happy with the meals provided which offered variety and choice. Specialist dietary needs had been assessed and catered for.

Is the service caring?

Good

The service was caring.

We saw people were happy with how staff supported them and no-one raised any concerns with us about the care and support provided.

We saw staff interacted with people in a positive way while respecting their preferences and decisions. They demonstrated a good awareness of how they should respect people's choices, ensuring their privacy, dignity and independence was maintained.

Is the service responsive?

Good

The service was responsive

People were involving in developing and reviewing their support plans which reflected their individual needs and preferences. Plans had been evaluated on a regular basis to see if they were being effective in meeting people's needs and goals in life.

People had access to a programme of activities and stimulation that was tailored to meet their individual needs and preferences. This included in-house activities' and outings into the community.

People were made aware of how to raise concerns and systems were in place to manage any concerns received. We also saw advocates were used where people needed someone to speak on their behalf.

Summary of findings

Is the service well-led?

Good

The service was well led

There was a system in place to assess if the home was operating correctly and action had been taken or planned to address any areas that needed improving.

Questionnaires had been used to ask relatives their opinion on the service their family member received. We also saw people who used the services had been encouraged to be involved in care reviews so they could share their views on the service provided.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Beech Cliffe Grange

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 14 and 15 September 2015 and was unannounced on the first day. The inspection was undertaken by an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications from the home. We also asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We obtained the views of professionals who may have visited the home, such as service commissioners and Healthwatch Rotherham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were eight people using the service. We spoke with two people who used the service. To help us understand the experiences of people who used the service we also spent time in communal areas observing how care was provided and how staff interacted with people.

We spoke with the registered manager, the provider and five staff, including care workers, a head of care and the cook. We looked at documentation relating to people who used the service and staff, as well as the management of the home. This included reviewing three people's care records, staff rotas, training records, staff recruitment and support files, medication records, audits, policies and procedures.

Good

Is the service safe?

Our findings

People we spoke with felt the home was a safe place to live and work and our observations confirmed this.

The care files we looked at showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. Staff demonstrated a good knowledge and understanding of the care and support people needed and how to keep them safe. They gave examples of how they encouraged people to be as independent as they were able to be, while monitoring their safety. For example one care worker explained that staff had to read and sign that they had read and understood each person's risk assessments. They added, "We also mentally risk assess, for example if we are out and something happens unexpected." They went on to describe how this would then be formalised in support plans.

We looked at the number of staff that were on duty on the days of our visits and checked the staff rotas to confirm the number was correct. We saw people were mainly supported on a one to one basis, which meant staff were able to meet their needs in a timely way and support them to go out into the community. This included attending appointments and taking part in social activities. People who used the service were unable to confirm there was enough staff available to meet their needs. However, staff told us there was sufficient staff available to support people on an individual basis, and this was confirmed by our observations.

Records showed the majority of staff had received training in supporting people whose behaviour could be challenging. The staff we spoke with confirmed they had received appropriate training and described how they would use the least restrictive methods to manage situations. This included low arousal techniques such as distracting or redirecting the person. One care worker told us, "We then look at why things happened, such as their mood and the environment etcetera. If we can find the reason behind their behaviour we can try to stop it happening in the future."

Staff confirmed there was a restraint policy available to guide staff. They said there was no restraint used at the home at the time of our visit. One staff member told us, "I have never had to use any techniques [to restrain someone] but the training we get includes breakaway and least restrictive techniques."

Staff had access to policies and procedures about keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adult procedures which helped to make sure incidents were reported appropriately. Evidence showed that since our last inspection safeguarding concerns had been reported to the local authority safeguarding team and the Care Quality Commission (CQC) in a timely manner. We saw the registered manager kept a log of these incidents and the outcomes.

The staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind. Records and staff comments confirmed they had received training in this subject as part of their induction and at periodic intervals after that. There was also a whistleblowing policy which told staff how they could raise concerns. Staff we spoke with were aware of the policy and their role in reporting concerns.

We saw a structured recruitment and selection process was in place. We checked three staff files to see how this had been implemented. We found files contained all the essential pre-employment checks required. This included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The registered manager told us interviews were in two stages with the second stage including people who used the service and staff already working at the home. This enabled them to give their views on the candidates. A recently recruited member of staff described their recruitment, which reflected the company policy. They told us they had not been allowed to start work until all their checks had been completed. Their comments, and the records we saw, showed once they started working at the home they had worked under strict supervision until they were assessed as competent and confident in their role.

Good

Is the service safe?

Staff disciplinary policies and procedures were in place. We saw when the management team had needed to use these procedures detailed records had been maintained which included meeting notes, letters, the outcomes of meetings and any actions taken in response to the findings.

The service had a medication policy outlining the safe storage and handling of medicines and the staff we spoke with were aware of its content. We saw there was a robust system in place to record all medicines going in and out of the home. This included a safe way of disposing medication refused or no longer needed. We sampled three medication administration records [MAR] which we found to be appropriately completed.

The registered manager told us two staff always checked medication being administered, and we saw this taking place. Clear guidance was available to tell staff about any specific actions they needed to take. For example, to give the medicine 30 minutes before eating. We saw staff followed good practice guidance and recorded medicines after they had been given.

Records showed regular checks and audits had been carried out to make sure medicines had been given and recorded correctly. These included daily and weekly checks. The registered manager told us this meant that if any discrepancies were found, such as gaps in signing for medicines, these could be identified quickly and addressed straight away. External audits had also been undertaken by the dispensing pharmacy. Their last report was positive with no recommendations.

Good

Is the service effective?

Our findings

People we spoke with indicated they were happy with the care and support they received. We observed that people were cared for by staff who were supportive, friendly and understanding. We saw staff listened to what people wanted and took time to make sure their preferences were met.

We found people were given information about the service in a format they could understand. For example, photos had been used in the 'service user guide', which gave people an easy read version of what services were provided.

Each person had a health file which contained a health action plan and information about how the person had been supported to maintain good health and access healthcare services. This included accessing health care professionals such as dieticians, dentists, chiropodists, GPs, social workers and the speech and language team. People's weight and wellbeing had also been monitored regularly and action taken to address any concerns.

Staff described how important information was communicated effectively between shifts by verbal and written handovers, as well as in care records. We also saw each person had a communication book in the front of the care file which detailed information that needed to be shared with other staff.

Training records, and staff comments, demonstrated staff had the right skills, knowledge and experience to meet people's needs. Staff we spoke with confirmed they had undertaken a structured induction that had included completing the company's mandatory training and an induction workbook. They said initial training had included health and safety, food hygiene, safeguarding people from abuse, first aid, fire safety and infection control.

A recently recruited care worker described their induction and initial training as "Excellent." They said they had completed online training, watched training videos and had one to one training discussions with one of the owners. Another new recruit told us they had shadowed, or been shadowed by, an experienced staff member until they were competent and confident in their role. They said it had been at least three to four weeks before they were allowed to support someone on their own.

The provider was aware of the new care certificate introduced by Skills for Care in April 2015. They told us they had attended meetings to increase their knowledge so they could check if any changes were needed to their induction programme. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff told us after their induction they had to update their training regularly. We also found they had received additional training in respect of their job role. This included how to manage challenging behaviour in the least restrictive way, positive behavioural support and understanding autism. We also saw staff were encouraged to undertake nationally recognised awards in care and autism.

We found staff had received regular support sessions and an annual appraisal of their work performance. All the staff we spoke with said they felt they had received satisfactory training and support for their job roles. They commented positively about the support they had received. One staff member told us the support they had received had been valuable. They added," I know where I am now and what I can do to better myself through training and personal development."

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed.

We found policies and procedures on these subjects were in place and guidance had been followed. All the staff we spoke with were clear that when people had the mental capacity to make their own decisions this would be respected. Care files provided details about the best time for individual people to make decisions, and the times that were not so good, such as first thing in the morning. This enabled staff to discuss things with people at the best times for them.

Good

Is the service effective?

At the time of our inspection some people living at the home were subject to a DoLS authorisation with further applications pending. Records demonstrated the correct process had been followed and appropriate documentation was in place. We saw all documentation was up to date and review dates were specified. The management team who were responsible for monitoring DoLS authorisations demonstrated a satisfactory understanding of the legal requirements. Care staff we spoke with had a general awareness of the Mental Capacity Act 2005. They confirmed they had received training in this subject to help them understand how to protect people's rights.

On the first day of our inspection we saw mealtimes were relaxed and arranged around what activities individual people were doing that day. Staff ate with the people living at the home giving the mealtime an informal atmosphere. The day's meal choices were displayed on a magnetic board in picture format along with the alternative meals that were available every day. Menus sampled showed that people had access to a choice of suitable and nutritious food and drink. We saw portion sizes were satisfactory and people enjoyed the meals provided.

The cook, and the care staff we spoke with, demonstrated a good knowledge of people's different meal choices and specific requirements. The cook told us the main meal was served at teatime as most people were out in the community during the day. They described how menus were changed to suit people's preferences and special dietary needs were catered for. For example, we saw some people required fortified meals to help them gain weight.

Care records contained information about people's dietary needs and any specific guidance staff needed to make sure people ate and drank enough. Where people were at risk regarding their nutritional intake records were in place to monitor progress or deterioration and we saw timely action had been taken to address any concerns.

Good

Is the service caring?

Our findings

People living at the home were appropriately dressed and chatted openly to us during the inspection. Our observations indicated that staff respected people's decisions and we found they had been involved in planning the support they received, if they wanted to be. We saw staff supported people in an inclusive way, asking them what they wanted to do and working with them to enable them to go about their daily lives and take part in social activities and outings.

Throughout the inspection we observed staff treating each person as an individual. We saw people were always asked what they wanted to do, giving them control over what and how things were done. Where people using the service could not verbally communicate their wishes staff used sign language to help them communicate. A care worker told us, "As well as sign language we also look at people's facial expressions and body language to understand what they want, and the care plans give us lots of information."

People's needs and preferences were detailed in their support files. The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs, their likes and dislikes. Our observations confirmed staff knew the people they were supporting well and met their individual needs and preferences. We saw staff interacting positively with people giving each person appropriate support and respect, while taking into account their wishes and encouraging them to be as independent as possible.

Staff we spoke with gave clear examples of how they would preserve people's privacy and dignity. They told us about how they knocked on people's doors before entering and closed doors while providing personal care, or to offer the person privacy. One care worker told us, "I am the dignity champion so it's my job to promote dignity in the home." We saw each person's bedroom had the door closed when personal care was being provided and staff respected people's private space.

We saw information was available about how to contact an independent advocacy agency should anyone need additional support and staff described how one person was being supported by an advocate. Advocates can represent the views of people who are unable to express their wishes. We were told that one person using the service had an advocate to represent them.

Good

Is the service responsive?

Our findings

People's comments, as well as our observations, indicated they were happy with the care provided and the way their care and support was delivered by staff. We saw people received care that was tailored to their individual needs and preferences.

The care files we checked showed needs assessments had been carried out before the person had moved into the home. We also saw records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them.

Each person had a care file which detailed the care and support they required, daily records of how they had spent their day and the support staff had provided. We also saw each file contained a pen picture of the person detailing their likes and dislikes, as well as photos to help illustrate certain things. Other information contained in care files included what the person's 'perfect day' looked like and what was important to them now, and in the future. Records showed staff had enabled each person to live the way they wanted to and work towards their goals. Support plans provided detailed information about how staff should support the person as well as what they wanted to do unaided. For example, one file described that the person needed support to go out to the pub, but wanted to order their own food and drink, and pay for it themselves. We saw staff had followed their plan.

Detailed daily records had been completed for each person outlining how they had spent their day, care provided and any changes in their condition. We found support plans and risk assessments had been evaluated to assess if they were effective in meeting people's needs. We also saw care reviews had taken place periodically which involved the person using the service, family members and key staff and professionals involved in their care.

We found people using the service had taken part in a variety of social activities, as well as day to day tasks. During our visit we saw one person baking and other people going out into the community supported by staff. Each file we checked had an activity plan that detailed what the person liked to do each week. These included arts and crafts, baking, bike rides, visits to the pub, meals out, music sessions, swimming and visits to family. At the time of our inspection we were told one person was on holiday with staff at the company's caravan. Other people told us they had been on holiday there too, which they had enjoyed.

The home had a teaching kitchen where people could make drinks and meals, supported by staff. We saw photos and labels had been fixed to cupboard doors to help some people find their way around the kitchen. Staff told us this was the first step to helping people become more independent. The home also had a sensory room and a bicycle track within the grounds.

The provider had a complaints procedure which was accessible to people using and visiting the service. There was a pictorial version of the complaints procedure also available. We saw a system was in place to record any complaints received and the outcomes. The registered manager told us no complaints had been received since our last inspection of the service.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

People were happy with the care and support provided. Questionnaires had been used to ask relatives their opinion on the service their family member had received. The summary of the survey completed in November 2014 showed 75% of relatives were 'completely satisfied' with the care provided and 25% were 'quite satisfied'. Comments included: "We are completely satisfied with the care received at Beech Cliffe Grange. Never had need to complain", "Beech Cliffe is well run, the residents are well looked after" and "Our son has a good quality of life and the care is really good." Two people highlighted that communication between staff could be improved so information was passed on better to relatives. We saw a written handover form had been introduced to address this.

People living at the home had been encouraged to be involved in care reviews and one to one discussions so they could share their views on the service provided. However, the owners told us that following a recent council assessment they were also looking at different ways to gain the views of people using the service.

The provider gained staff feedback through staff meetings and supervision sessions. We also saw a suggestion box was available in the staff room. Staff told us they could voice their opinion freely and felt they were listened to. They said the management team was very approachable and involved in the day to day running of the home. When asked about the leadership of the home one care worker commented, "It's very good and they understand that some days you need a breather during the day." Another staff member said, "They have worked so hard to help me and improve the service. They listen to my opinion."

We found staff knew about people's routines and preferences without being told, which gave them control over how they supported people. When we asked staff what was the best thing about working at the home one care worker told us, "The residents come first, it's always about them." Another member of staff commented, "It's like a big family, lovely staff and management who are nice and helpful."

Throughout our visit we saw the management team was involved in the day to day operation of the home and took time to speak to people using the service and staff. They knew people by name and were aware of what was happening within the home.

Internal audits had been used to make sure policies and procedures were being followed. This included health and safety, kitchen, infection control and medication checks. This enabled the registered manager to monitor how the service was operating and staffs' performance. When shortfalls had been found we saw evidence that action had been taken or planned. For example, the registered manager had identified that improvements were needed to upgrade the premises. They had prioritised these and had made some improvements since our last inspection such as resealing floors and replacing tiles in the laundry. Other areas were still to be addressed and we saw the handymen working on these during our visit.

Policies and procedures were in place to inform people using the service and provide guidance to staff. We saw these had been reviewed regularly and updated as needed.

Rotherham council had assessed the service provided earlier in 2015 and told the provider the home was operating satisfactorily. We saw an action plan issued by the council highlighted areas where improvements could be made. These included improving how they gained the views of people using the service and displaying the complaints procedure. We saw the management team had either addressed these issues or were working towards meeting them.

We also saw the service had been awarded a three star rating by the Environmental Health Officer for the systems and equipment in place in the kitchen. The highest rating achievable is five stars. The registered manager told us that all the shortfalls identified had been addressed and they were hoping for a follow up visit so the rating could be reviewed.