Elmcare Limited

Beechwood House

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?	Requires Improvement

Summary of findings

Overall summary

We inspected the service on 10 May 2018. We contacted the provider 24 hours prior to our inspection to ensure someone would be at the service when we visited. Beechwood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Beechwood House accommodates up to 10 people and is designed to meet the needs of people with a learning disability. On the day of our inspection 10 people were using the service.

The care service has been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. The aim is that people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in place 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 2008 and associated Regulations about how the service is run.

This was the first inspection at this location under the provider's current registration.

At this inspection we found that the service had not notified CQC of some incidents which had taken place at the service as required by law. We found that incidents were responded to in relation to keeping people safe but that some further improvement was needed to monitor incidents and take appropriate action. We have made a recommendation about this.

People were protected from the risk of abuse as staff were trained in this area of care and knew how to keep people safe.

Care and support plans contained relevant and up-to-date information, people's risk assessments had been regularly reviewed and updated and recorded the current risks associated with the delivery of people's care and support.

There were enough staff at the service to safely meet people's needs. Staff were safely recruited and supported in their roles and appropriate and relevant training was delivered to staff and regularly reviewed and updated.

People felt safe at the service with the staff who supported them and were protected against the risk of infection as we found the service to be clean and hygienic. People received their medicines safely and there were plans in place for any potential emergency situations.

The provider was following the principles of the Mental Capacity Act 2005 and decisions had been made in consultation with people's representatives and documented as best interest decisions.

We found that people received care and support to meet their individual needs and that there was a culture of inclusion at the service. People's views were listened to and respected and people were involved in the day to day running of the service. People could spend their time as they chose and were part of the wider community. We found that people took part in activities both within the home and outside it and that this was actively encouraged by the service to ensure people lived meaningful lives and maintained their independence.

People's nutritional risks were assessed and planned for and people had a choice in what they had to eat and drink. People had access to various healthcare professionals to maintain their health and well-being.

People felt they could approach the management of the service should they need to raise any issues. Staff felt supported and were generally happy in their roles.

There were systems in place to monitor the service on an on-going basis and assess the quality of care and support being delivered.

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.

Incidents were being responded to ensure people's safety.

Risks associated with the delivery of people's care and support had been adequately assessed and planned for. People felt safe at the service.

Staff were safely recruited at the service and there was sufficient numbers of trained and skilled staff working at the service.

Medicines were safely managed and people were protected from the risk of infection.

Is the service effective?

Good

The service was effective.

People's consent was sought before staff provided care and support and the principles of the Mental Capacity Act 2005 were being followed by the provider.

People were cared for by staff that received the training and support they required to carry out their roles.

People were supported to eat and drink enough to maintain a balanced diet.

People's health and well-being was continuously monitored.

People's needs were met by the design and decoration of the premises.

Is the service caring?

Good

The service was caring.

People were involved in planning and delivery of their care and support.

People's privacy was respected.

People were supported by kind and compassionate staff who maintained people's dignity.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs and had plans of care that were updated as their needs changed.

People and their relatives had information on how to make complaints.

People would be supported to plan and make choices about their care at their end of life.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had failed to make the required notifications to CQC for a number of safeguarding incidents at the service and incidents were not being effectively monitored to protect people.

There was a positive culture at the service which centred around the people who used the service.

Staff felt supported and staff performance was monitored on an on-going basis.

Audits were carried out in relation to medicines, care plans and the premises.

Beechwood House

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.

We inspected the service on 10 May 2018. We notified the provider of our inspection 24 hours prior to our visit. We did this to ensure that someone would be at the service when we visited. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the visit we spoke with five people who used the service. We spoke with the deputy manager, the cook, a team leader and three staff who provide care and support to people at the service.

We looked at the care records of three people who used the service, medicines records, staff recruitment and training records, as well as a range of records relating to the management and running of the service including audits carried out by the provider.

Good

Is the service safe?

Our findings

Action had been taken to protect people from the risk of abuse following any instances of abuse which took place at the service. The registered manager worked with external agencies to ensure action was taken as needed. There was a system in place to monitor incidents and following our inspection we were told that this had been further strengthened to ensure more oversight by the management of the service. Staff were trained in how to recognise and report abuse and information was readily available to people and staff on how to raise any safeguarding concerns should they need to.

Risks associated with the delivery of people's care and support had been assessed and planned for and these were regularly reviewed and updated. Care and support plans provided sufficient information for staff to deliver people's care and support safely. Staff were aware of risks associated with the delivery of people's care and support and worked with people to minimise these risks.

People were cared for and supported by sufficient numbers of trained, competent, skilled staff. Staff we spoke with told us there was sufficient staff and we observed that staff were able to meet people's care and support needs during our inspection. All staff we spoke with felt that they worked well as a team and that they had time to spend with people. One staff member said, "I think it's good, more than good actually. I think the staff go above and beyond to make people happy." People who used the service felt there were enough staff supporting them. One person told us, "They're trained well." Another person said, "There's always a staff member around." People were able to spend their time as they wished due to sufficient numbers of staff working at the service.

The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. The provider had taken appropriate action to ensure staff at the service were suitable to provide care to people.

People told us they felt safe at the service and that they felt safe with the staff who supported them. One person told us, "I like talking to members of staff. I like the company here as well." We observed people were comfortable with staff and saw instances when people using the service approached staff for emotional support if they were worried about something. There were systems and plans in place to ensure people were safe in potential emergency scenarios.

There were robust arrangements in place for the safe management of medicines. Staff had received training and demonstrated they were knowledgeable about how to safely administer medicines to people. One person told us, "Morning and evening, twice a day. Everyday." Records showed that people received their medicines at the prescribed times. There was guidance in place for those as and when needed medicines which clearly outlined for staff when people may need this type of medication. Medicine administration records clearly indicated that people were given their medicines on time and these records were regularly checked by the management to monitor for any discrepancies.

People were protected from the risk of infection as the provider had infection control procedures that staff

followed. We found the home to be clean and hygienic at the time of our inspection and staff described following safe infection control procedures when delivering care and support to people. People told us the home was clean. One person said, "It's clean yeah. [Staff name] is the cleaner. She's very good." Relevant staff training in infection control and food hygiene took place at the service.

Good

Is the service effective?

Our findings

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's mental capacity was being assessed as needed at the service. These assessments were provided to us by the registered manager following our inspection. Best interest meetings were being held as required and those decisions were documented as being agreed by the person's representative as being in their best interests.

The provider had made suitable DoLS applications to the relevant authorities and these had been authorised where necessary. People told us they were asked about consent to care and treatment where they were able to give this and we observed people being given choice and staff asking for consent during our inspection.

Staff were skilled and knowledgeable and received the required training to deliver safe and effective care to people. Training records we looked at showed that staff were trained in key areas of care and support delivery. Staff understood the requirements of their roles and had been trained in areas that were appropriate for the people they supported. For example, we saw from care records that some people using the service could, at times, display behaviour that may have been challenging for staff to manage. The provider had trained staff in managing these behaviours. Staff had regular meetings to discuss their roles and to provide them with the necessary support.

People were assessed for their nutritional risks to help maintain their health and well-being. People received food and drink that met their individual needs. People were able to choose what they ate and drank and there were systems in place to support people to do this. The cook had been at the service for some time and knew people and their preferences well. People who used the service spoke highly of this staff member who we saw put time and care into ensuring people had a nutritious and varied diet. One person who was at risk of choking was safely supported to eat and we observed people being able to access food and drink as they wished to. People told us they enjoyed the food provided, one person who used the service said, "They ask us what we want. [Staff member] is absolutely brilliant. If I don't like it she'll cook me something else."

The provider and the staff working at the service had a good understanding of people's conditions and any health related implications of these. Staff ensured that people maintained their health and well-being by following plans of care. People told us their health was continuously monitored. Any medical conditions people were living with were detailed in their care records and care and supported was delivered with this in mind. For example, people with type II diabetes were given an appropriate diet and had regular health

screenings in relation to this.

The premises were designed to meet the needs of people currently using the service. Rooms were designed to provide a pleasant and welcoming environment for people and we observed people using communal areas of the home as they chose to. There were pleasant outside spaces which people could access and enjoy. The premises were in the process of having a refurbishment to further enhance people's living environment.

Good

Is the service caring?

Our findings

Care records were written respectfully and they considered how the service could work to maintain people's dignity. For example, one person's care plan stated, "I like to look pretty. I like jewellery and to wear my earrings which staff put in for me." People's bedrooms reflected their personalities and staff worked hard to ensure people remained independent and that they felt involved in the service.

People were involved in the day to day running of the service. We found that people had been involved in most aspects of the service. People participated in meetings to discuss issues which were important to them and provided feedback that contributed to how their care and support was delivered to them. People were able to choose their meal options and how they spent their time. People's views were regularly sought and the provider ensured that people were given information in a format which would assist their understanding.

People's agreement was sought in relation to the planning and delivery of their care and support to ensure that this met their individual needs. Care records showed that people and their representatives had been involved in their care and support plans and that these had been devised to ensure people's personal preferences were considered. People had clear objectives and desired outcomes to their care and support plans where these were applicable to people. The service ensured that people lived fulfilling lives and worked to enrich people's experiences by providing activities which may have been of interest to them.

People's privacy was respected at the service. People had personalised bedrooms and were able to access these whenever they wanted to. Some people chose to lock their rooms when they weren't in them and this was respected at the service. People had space within the service to spend time with relatives and friends should they choose to.

Staff we spoke with were kind and compassionate towards people and knew people well. One staff member said, "It's like an extended family." They described working well as a staff team and felt that people's needs were met at the service. We observed staff speaking with people and saw that they were kind and that they communicated in different ways for different people. Staff had fun and joked with people in ways they enjoyed which created a very positive atmosphere within the service.

Good

Is the service responsive?

Our findings

People's needs were assessed before they used the service to ensure that the service could meet them. Staff created people's initial care plans which were updated as their needs changed. People provided information about their lives which helped staff to relate to them; staff talked to people about their interests and their families.

People expressed their likes, dislikes and preferences in their care and support plans. Staff told us this enabled them to provide care that met people's preferences. For example, the plans we looked at described what time people liked to get up in the morning, whether they liked a regular routine and the kind of ways they liked to spend their time. For example, one person's support plan stated, "I enjoy anything connected to my Irish roots." Each person's care plan reflected their individual needs and preferences which staff followed. This supported staff to provide personalised care. Processes were in place to identify people's diverse needs, and ensure that no discrimination took place.

People had opportunities to take part in activities they found fun and enjoyable. These took place both at the service and externally. We saw that people took part in regular days out, craft and cooking events and other social occasions. Trips and holidays were also facilitated by the service. One staff member told us, "They do activities all the time. We've packed up and gone to the seaside before." People chose which activities they engaged with and people's successes were celebrated and recognised to acknowledge their personal achievements. One person who used the service said, "I like looking at magazines. I love music and have a dance. We take it in turns to go to the Sunshine Club."

The provider worked well with external agencies, particularly in relation to ensuring the people spent their time in ways that were meaningful for them. The service had good links with healthcare providers locally and people were part of the wider community. People's health and well-being was continuously monitored by the service with input from various healthcare professionals.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People felt confident that they could make a complaint or raise any issues should they need to. People had the opportunity to raise any concerns informally with the registered and deputy manager who were regularly at the service. The provider had procedures in place to record and respond to people's concerns. People using the service were made aware of the complaints procedure to enable them to raise formal complaints should they wish to. People using the service were in regular dialogue with the registered and deputy manager and had regular meetings to discuss anything that they wanted changing or implementing at the service. There were no formal complaints for us to review at the time of our inspection and the deputy manager felt that this was due to effective communication that took place on a daily basis within the

service.

People had the opportunity to discuss with staff what it meant to be at the end of life. People could express their own preferences in how they wanted their care to be provided when they were at end of life, although nobody using the service had done so at the time of our inspection as this hadn't been deemed to be necessary or appropriate.

Requires Improvement

Is the service well-led?

Our findings

Incidents were not always being effectively monitored at the service to protect people from the risk of harm. We looked at a number of incident records which had been logged and found that there was no regular monitoring of all incidents which took place at the service in order to establish any patterns or trends. We found that some people using the service were prone to react to other people who used the service. The lack of monitoring meant that incidents which may have posed a risk to people had not always been recognised as such.

The provider had not made the required statutory notifications to CQC in relation to a number of safeguarding incidents which had taken place at the service. During our inspection we identified these incidents through looking at incident logs and care records. We raised this with the registered manager who told us that they had not been aware of this requirement and that they would ensure the notifications were made to CQC in the future.

We would recommend that the provider implements a robust system to monitor all incidents which take place at the service and to ensure that the relevant authorities are notified as required by law.

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

There was strong and visible leadership at the service. The registered manager was regularly at the service and both they and the deputy manager were very involved with the day to day running of the service. The deputy manager who we spoke with during the inspection described people in a kind and compassionate way and it was clear in our discussions with them that people were at the heart of the service. The management of the service knew people well and understood each person's individual needs and personal preferences.

Staff told us they felt supported in their roles and felt that they could approach the management of the service should they need to. We saw that staff performance was regularly assessed to ensure that staff were happy in their roles and that they felt supported at the service. Regular staff meetings were held and it was clear from staff meeting minutes that staff would be able to raise any issues they may have. Staff training was monitored and updated as and when necessary and was designed to meet the needs of people using the service.

People who used the service were involved in how the service was run in all sorts of ways, for example, the devising of food menus and in the activities that took place at the service. The provider recognised that the communal areas of the home belonged to people who used the service and was mindful of people's private spaces. There was an embedded culture at the service which centred around people who used the service.

The provider monitored the service regularly to assess the quality of the care and support provided, for example they carried out audits of medicines, care records and staff performance. Regular checks were carried out on the premises and we saw evidence of fire tests as well as tests on the gas and electrics.