

G Plane and Miss D Newman

The Beeches

Inspection report

7 Crescent Rise
Luton
Bedfordshire
LU2 0AT
Tel: 01582 425792

Date of inspection visit: 15 September 2015
Date of publication: 26/11/2015

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

We carried out an unannounced inspection on 15 September 2015.

The service provides care and support for up to 12 people living with mental health needs, some of whom receive care and treatment under the Care Programme Approach (CPA) and Community Treatment Orders (CTO), of the Mental Health Act 2007. There were 11 people being supported by the service at the time of this inspection because one person was in hospital.

There is a registered manager in post. 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.

People were safe and the provider had effective systems in place to safeguard them.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised.

Summary of findings

People's medicines were managed safely and administered in a timely manner.

The provider had effective recruitment processes in place and there was sufficient staff to support people safely.

The manager and staff understood their roles and responsibilities in relation to the care and treatment of people under the Care Programme Approach (CPA) and Community treatment Orders (CTO).

Staff had received supervision, support and effective training that enabled them to support people appropriately.

People were supported to have sufficient food and drinks. They were also supported to access other health and social care services when required.

Staff were caring and treated people with respect.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices.

People were supported to pursue their hobbies and interests, and some enjoyed the various planned activities.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people or their representatives, and acted on the comments received to continuously improve the quality of the service.

The registered manager provided leadership and managerial oversight. They effectively used the provider's quality monitoring processes to drive improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were effective systems in place to safeguard people.

People's medicines were administered safely.

There was enough skilled staff to support people.

Good



Is the service effective?

The service was effective.

Staff received adequate training in order to develop and maintain their skills and knowledge.

Staff understood people's individual needs and provided the support they needed.

People had enough and nutritious food and drink to maintain their health and wellbeing.

Good



Is the service caring?

The service was caring.

Staff were kind, friendly and caring towards people they supported.

People were supported in a way that maintained and protected their privacy and dignity.

Information was available in a format people could understand.

Good



Is the service responsive?

The service was responsive.

People's care plans took into account their individual needs, preferences and choices.

The provider worked in partnership with people and their representatives so that their needs were appropriately met.

The provider had an effective complaints system.

Good



Is the service well-led?

The service was well-led.

The registered manager provided stable leadership and effective support to the staff.

People who used the service, their relatives and professionals involved in people's care were enabled to routinely share their experiences of the service.

The provider's quality monitoring processes were used effectively to drive improvements.

Good



The Beeches

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 15 September 2015 and it was unannounced. The inspection was carried out by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with four people who used the service, three care staff, the registered manager and the interim provider, who was nominated by the registered provider to manage the service in their absence.

We reviewed the care records and risk assessments for six people. We checked how medicines and complaints were being managed. We looked at the recruitment and supervision records for four care staff, and training for all staff employed by the service. We also reviewed information on how the quality of the service was monitored and managed and we observed care in communal areas of the home.

Is the service safe?

Our findings

Although most people we spoke with told us that they felt safe living at the home, one person told us that they did not always feel safe because they thought that some people might punch them. They said that this had not happened recently, but they were afraid that it might happen. However, they added that staff always supported them if they felt scared. We were aware from notifications received from the service that some arguments between people who used the service had occasionally resulted in aggressive incidents. We saw that the provider had dealt appropriately with these incidents and had put effective risk management processes in place.

Where necessary, incidents were also followed up with appropriate referrals to the local safeguarding authority. People also told us that they would feel comfortable reporting concerns to the manager. Staff had been trained to safeguard people and we saw that this training was regularly refreshed. They were able to explain how people who used the service were safeguarded and how they would recognise and report concerns. One member of staff told us that following an incident, the service had taken measures to install cameras in certain areas of the home to minimise further risk. Another member of staff told us, "We all know how to report safeguarding incidents."

The care records indicated that staff had identified potential risks to people's health and well-being and included robust and detailed risk assessments to mitigate risks associated with diet and nutrition, the home environment and road safety. For one person with long-term physical health conditions, there were risk assessments in place to ensure that they were appropriately monitored and supported in order to avoid unnecessary admissions to hospital. We saw that the risk assessments had been reviewed regularly or when people's needs changed.

All the equipment used within the home was regularly tested and we saw gas safety certificates, fire risk assessments and maintenance records, as well as emergency planning policies. Fire safety checks carried out by staff included the weekly testing of the fire alarm, emergency lighting, and fire doors to ensure that these

would work appropriately to protect people in a fire emergency. People told us that they had monthly fire drills. One person also told us that they had done fire training two years ago and they were due to complete this training again soon.

The provider had an on-going recruitment programme so that they filled any vacancies as they occurred. Staff records showed that there were robust recruitment procedures in place, including requesting appropriate references for each new employee and completing Disclosure and Barring Service (DBS) checks. DBS helps employers to make safer recruitment decisions and prevents unsuitable people from being employed.

Although one person said that they did not feel that there was always enough staff to support everyone, they were able to name the three care staff who were working on the day of the inspection. The rotas also showed that there was always sufficient numbers of staff to meet people's needs safely and the manager was available to support staff when needed. The manager told us that while they had some difficulties in recruitment, they had ensured that staff were only employed if they had the right skills and experience necessary to support people well. This meant that they occasionally used agency and bank staff to ensure that they had enough staff to support people safely.

We reviewed how medicines were being managed within the service and saw that there were systems in place for ordering, recording, auditing and disposal of medicines. We also saw that medicines were stored appropriately in a locked cabinet in the staff office. One person told us, "I get my medicine on time and it is always right. They only ever got it wrong once, about four years ago." The service's induction process included medicines training and a period of observation, which staff were required to complete before administering medicines to people who used the service. This ensured that only trained and competent staff had administered medicines. Also, Medicine administration records (MAR) were completed correctly with no explained gaps and this showed that people had been given their medicines as prescribed. MAR and medicine stock levels were checked daily as part of the handover process, and the manager also completed regular audits with no issues identified.

Is the service effective?

Our findings

People told us that staff knew how to support them appropriately and understood their support needs. One person said, “Staff are able to support me with my needs.” They also told us that their health conditions were mainly well managed, with staff support. Another person said, “I get the support I need.” A member of staff told us that people got the support they needed to reduce the impact of their mental health condition, and lived happy and fulfilled lives. They gave us an example of a person who was very independent and had ‘found a purpose in life’ through regular voluntary work.

People told us that they consented to their care and treatment and we saw evidence of this in the records we looked at. Staff understood their roles and responsibilities in ensuring that people gave consent before any support was provided. Some of the people who used the service were being supported and treated under the Care Programme Approach (CPA) and Community Treatment Orders (CTO), of the Mental Health Act 2007 and they understood that they were required to be compliant with their medicines treatment and regular reviews by the community mental health team. Records showed that people were compliant and engaged regularly with mental health professionals. We also saw that people had consented to their photographs being taken and for their information to be shared with other relevant professionals.

The provider had a training programme that included an induction for all new staff and regular training for all staff. A new member of staff told us that they worked alongside experienced staff for two weeks. Staff said that they had received sufficient training to enable them to support people appropriately. A member of staff said, “Training is good and I am up to date with everything. It is really useful in helping us understand people’s needs so that we can support them well.” All three staff we spoke with were looking forward to the mental health training planned for later this year. One of them said, “I had not supported people with mental health needs before this employment and I am looking forward to the training planned in October.” Staff had also been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ) and Qualifications and Credit Framework (QCF). We spoke to a member of staff who had nearly finished a Level 3 course in

health and social care and was meeting with their assessor on the day of the inspection. We noted that the training manager monitored staff training so that they updated their skills and knowledge in a timely manner.

There was evidence of regular supervision and appraisals in the staff records, and these meetings were used as an opportunity to evaluate the member of staff’s performance and to identify any areas in which they needed additional support. One member of staff said, “There is regular supervision and it is beneficial because we can discuss issues with the manager.” They further told us that they could request supervision at any time if they had specific issues that could not wait until their next planned supervision meeting. Everyone we spoke with said that they worked well as a team and supported each other well.

Most people told us that they enjoyed the food and were involved in the planning of the menus. We saw evidence of these meetings, where different food options were discussed and agreed. One person said, “The food is really lovely and fresh.” Another person said, “Staff cook good food and I enjoy it.” However, one person told us that they did not always enjoy the food, but were unable to explain to us what it was they did not particularly like about it. A member of staff said, “The food is good here, but preparing it is normally a demanding time for staff as we try to give people what they want without having to cook too many different types of food.” We saw that a number of people also regularly went out for meals. None of the people who used the service were deemed to be at risk of not eating or drinking enough, and their weight was checked regularly to ensure that they maintained a healthy weight. Because of their health conditions and the medicines they took, some people tended to put on a lot of weight and we saw that they were being supported to eat healthy foods and to exercise regularly.

People were supported to access other health and social care services, such as GPs, dentists, dieticians, opticians and chiropodists so that they received the care necessary for them to maintain their health and wellbeing. Records indicated that the provider responded quickly to people’s changing needs and where necessary, they sought advice from other health and social care professionals. People also received mental health support from various mental health professionals when required or regularly as part of the CPA process. Some had an allocated care coordinator,

Is the service effective?

who was usually a community mental health nurse. There was evidence that the provider worked in collaboration with these professionals in order to provide effective care and treatment for everyone in their care.

Is the service caring?

Our findings

People told us that staff were very caring and friendly. One person said, “Staff are very nice and they do a lot for me.” They also said that they got on well with staff and other people who used the service and were happy living at the home. Another person said, “Staff are good and pleasant.” Staff said that they were caring and compassionate towards people they supported. One member of staff said, “People get on really well here and staff are friendly. We are one big family.” Another member of staff told us how they liked Christmas time as the provider always bought presents for people, and staff created a festive atmosphere within the home. They recalled how happy they felt when a new person to the home was pleasantly surprised when they received a present. The person told the member of staff that they had never been given presents before in a care setting. This was a good example of how the provider and staff made people feel loved and valued.

We observed respectful interactions between staff and people who used the service. There was a happy, relaxed and friendly atmosphere within the home. One member of staff said, “It’s a happy place here and I always look forward to coming to work.” People were treated well and they were

actively involved in making decisions about how they wanted to be supported. Their choices had been taken into account in the planning of their care and had been respected by staff.

Staff supported people in a way that maintained their privacy and protected their dignity. Although needing prompting at times, people who used the service were mainly independent in meeting their personal care needs and a member of staff told us that they were always discreet when prompting people while in communal areas of the home. Staff also told us how they maintained confidentiality by not discussing people’s care outside of work or with agencies that were not directly involved in their care

Information was given to people in a format they could understand. Some of the people’s care coordinators acted as their advocates in relation to their care and treatment, and information was also available about an independent advocacy service that people could access if required. One person told us that they needed the support of a social worker to discuss placement options with them if they might be required to move from the home when their health deteriorated. Our discussions with the manager indicated that this was not an issue at present, but they would support the person if this was required in the future.

Is the service responsive?

Our findings

We noted that people's individual support needs had been assessed, and appropriate care plans were in place so that they received the care and support they required. The care plans showed that people's preferences, wishes and choices had been taken into account in the planning of their care and that they had been involved in this process. One person said, "I was involved in writing up my support plan. I am mainly independent and do not need much support really." Staff told us that they always worked closely with a small group of people to ensure that their care needs were appropriately met. They also said that they regularly reviewed the care plans with each person and we saw evidence of this in the records we looked at.

People were supported to pursue their hobbies and interests, including trips to different places of interest, coffee mornings, and a supper club. People we spoke with shared with us some of their hobbies and interests. Two people supported the local football team, although one of them said that they no longer went to matches. Another person told us that they mainly preferred spending time in their bedroom, accessing the internet and playing electronic games. They also said that they enjoyed going to the cinema and they were supported with monthly visits to their girlfriend in another town. They talked fondly about their girlfriend and were pleased that they were able to go

out for a meal together during the visits. Some of the people said that they also enjoyed going out regularly for shopping. A day trip to London Zoo was planned towards the end of this month. Also, events had also been planned for the rest of the year, but these were subject to change if people preferred to do something different. Despite a range of activities being planned, we noted that some people chose not to take part. A member of staff said, "People get a choice in how they spend their time and the outings they want to go to." Another member of staff told us that people were not always motivated to make the most of the planned activities, adding, "I wish some people could do more activities. They are offered a lot, but they do not always take this."

The provider had a complaints system in place, including a 'Complaints and Compliments' policy which had been updated in January 2015. Information was displayed on a notice board to tell people what to do if they wished to raise a complaint or if they had concerns about any aspect of their care. People said that they were confident that any concerns they might have would be investigated appropriately. They also said that they were happy with how their care was provided and felt no need to complain at present. There had been three recorded complaints in the 12 months prior to the inspection and these had been investigated in accordance with the provider's policy and to the complainants' satisfaction.

Is the service well-led?

Our findings

There was a registered manager in post, who was supported by a senior care staff. People knew who the manager was and they told us that they were friendly and easy to talk to. Staff told us that the registered manager provided stable leadership, guidance and the support they needed to provide consistently good care to people who used the service. The registered manager split their time between the two services they are registered to manage. However, they told us that they had spent most of their time at this service because people's complex needs meant that there was a greater need for them to support staff and update records. We saw that the records were robust and provided detailed information necessary for staff to provide appropriate care. We also saw that all confidential and personal information was stored securely within the home.

Staff told us that the manager was approachable, supportive and would speak to them, people who used the service and their relatives whenever they wanted. One member of staff said, "The manager is really good and supportive, and the team is brilliant too. I have a really good job and I enjoy it. That's why I'm still here after so many years." Another member of staff said, "The manager is very helpful too when staff have personal issues. The support is always appreciated and makes work much easier to manage." We saw that regular staff meetings were held for the staff to discuss issues relevant to their roles. Staff said that these discussions ensured that they had up to date information so that they provided care that met

people's needs safely and effectively. Staff also said that they felt empowered to contribute towards the development of the service and any suggestions they made were valued.

The provider encouraged people, their relatives, and health and social care professionals to provide feedback about the service. They sent out annual surveys so that they had the information they needed to make continuous improvements. The results of the survey completed in 2014 indicated that people were satisfied with the quality of the service they received. This was supported by some of people's comments on the day of our inspection which including, 'This is a very good home and I can't ask for more' and, 'I am happy here, I have never had to complain about anything'. Meetings were also held regularly with people who used the service to discuss meal options, activities and other relevant issues.

Staff and the manager regularly completed quality audits to assess the quality of the service they provided. These included checking a sample of people's care records each month, as well as, weekly audits on health and safety, medicines management processes, cleanliness and infection control measures, and food hygiene. The provider also completed monthly quality audits and they had changed their audit system so that it was in line with the Care Quality Commission (CQC)'s key lines of enquiry that we use when inspecting care providers. The interim provider told us that this made it easier to identify any areas they would need to improve on. Where issues had been identified from these audits, we saw that prompt action had been taken to rectify them.