

New Outlook Housing Association Limited

Beech House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

Beech House is a residential care home providing accommodation and personal care for up to six people. The home supports people who live with a visual impairment and other complex support needs. At the time of inspection six people were living at Beech House

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the management team at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

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

Improvements had been made since the last inspection in February 2019 where Beech House was rated as inadequate. Systems had been put in place to keep people safe. However, we need assurances the improvements made so far, will be sustained and will remain embedded.

Fire safety arrangements were in place and staff knew how to keep people safe in the event of an emergency. There were enough staff to support people safely. Care plans and risk assessments had been reviewed and updated. People received their medicines as expected. Staff had a good knowledge of safeguarding processes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with kindness and compassion. People's privacy and dignity was maintained. People were involved in their care planning.

Information was available to people in audio formats. Peoples care plans contained information about how they liked to be supported. People were supported to maintain relationships and be involved in the community.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. The outcomes for people using the service reflected the principles and values of Registering the Right Support and focused on them having as many opportunities as possible. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 11 July 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 8 May 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Beech House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Beech 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We sought feedback from the local authority, who had no concerns about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We met six people who used the service. Due to people communication difficulties and activity schedules we were not able to gather verbal feedback about their experience of the care provided. We spoke with six

members of staff including the registered manager, assistant manager, senior care workers, care workers and the domestic. We reviewed a range of records. This included four people's care records, medication records and daily logs. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with three family members to gather feedback about the service provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to requires improvement. We need assurances the improvements made so far would be sustained and would remain embedding. Failure to do so could mean some aspects of the service would not always be safe and there could be an increased risk that people could be harmed.

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

At our last inspection the provider had failed to ensure fire safety arrangements were robust. People's health conditions were not properly assessed or described. People's care plans were not updated consistently when people's needs changed, and risk to people's health and welfare was not mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made but systems were new and still being embedded, we will check that the systems have been sustained at our next inspection.
- During fire evacuation tests, some people had declined to leave the building. We discussed this with the registered manager who told us evacuations had taken place a lot more frequently than would usually be expected and people were aware the evacuations were tests. After the inspection the registered manager updated people's evacuation plan and added person specific guidance for staff to follow, in case people refused to leave the building.
- We asked staff about the new fire safety checks in the home, and a staff member told us, "We feel what is in place in the home keeps people safe."
- All people who lived in the home had an emergency evacuation plan. Regular evacuations of the home were recorded and all the people who lived in the home had been involved in an evacuation.
- Appropriate fire safety equipment was available to support people to evacuate in an emergency. Maintenance of equipment was evident. Staff had received training in how to use new fire safety equipment and they told us they felt comfortable using this.
- Care plans and risk assessments had been updated and identified people's individual support needs and ways to help people stay safe. Documentation was detailed and contained up to date information. Reviews were due to take place with people, their loved ones and professionals to finalise details in people's care plans.
- Staff understood where people required support to reduce risks, such as choking. Care plans and risk assessments contained explanations of the control measures for staff to follow to keep people safe.
- The registered manager told us lessons had been learnt since the last inspection. More frequent audits were being carried out on the home to ensure that areas of improvement could be identified in a timely

manner and action plans developed.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough staff on duty at all times to keep people safe and meet their needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Night time staffing levels had been reviewed and increased. We asked staff about the amount of people on shift and they told us "it's safe". A relative said, "In my opinion safety in the house is paramount. At all-time where ever you are in the house there is a staff member, there is always someone close."
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers.

Systems and processes to safeguard people from the risk of abuse

- Relatives felt their loved ones were safe. Comments included, "I have no concerns [about safety]" and, "The overall picture of beech House, at this time, is its stable, I have absolutely no problems."
- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training.
- Staff could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "If I witnessed any abuse, I'd report it to a manager, outside authority or the police. We have policies procedures and training [about safeguarding]."

Using medicines safely

- Medicines were managed safely and in line with good practice guidance. Medicines were stored, administered and disposed of safely.
- Staff received medicine training and their competency was checked. This ensured staff gave people their medicines safely.

Preventing and controlling infection

- People's bedrooms and the communal areas of the service were clean and fresh.
- The provider has recently recruited a domestic to support staff with keeping the home clean and tidy. A relative told us, "The cleanliness and tidiness of house you can't fault it."
- Staff had completed infection control training and followed good infection control practices. They used protective clothing, gloves and aprons to help prevent the spread of infections.

Is the service effective?

Our findings

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

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

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to ensure the Mental Capacity Act 2005 was followed to obtain people's legal consent to specific decision made in relation to their care. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The registered manager had undertaken mental capacity assessments and in-turn best interest decisions. They had considered and recorded what was in people's best interest for any decision they were unable to make.
- Relatives told us their loved ones were able to make choices about their day to day care. A relative told us, "[Person] can choose, you learn what they like and don't like. Staff try lots of things with [person]. Certain foods and textures [person] is happy with and others not so keen. I do think [person] is offered choices and certainly offered choice in what they like to wear."
- DoLS applications had been made for people who required them. There was information in people's care plans around likes, dislikes and choices.

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

- People's needs were assessed prior to moving into the home. Care records showed people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- People's needs and preferences were met by staff who know them well. A relative told us, "The staff know them [people] and are very good. Staff talk to people personally."
- Staff understood their responsibilities and what was expected of them. They told us they received supervision which enabled them to receive feedback and the opportunity for development.
- New staff had completed an induction process and the care certificate where needed. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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

- People were supported to have choice in what they ate, a relative said, "Yes they do [have choice]. There is a menu, staff try to make it person centred."
- Where people had undergone assessments from health professionals in relation to their food and fluids, we saw staff were following the guidelines. A relative said, "[Person] has a specialist diet that's managed pretty well."

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

- People were supported to visit their GP and other health professionals where needed. We saw involvement from a variety of different professionals recorded in people's care plans which included; epilepsy nurses, dentist, physiotherapy and chiropodists.
- Staff monitored people's health care needs and would inform relatives, healthcare professionals and management if there were any changes. One relative told us, "I will always be informed if there are any medical changes, medication changes or there were concerns around [persons] mental wellbeing. I always have a letter, email or phone call."

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

- The home was warm and welcoming, and relatives told us it met the needs of their loved ones. A relative said, "I think Beech House is very suitable." A member of staff told us, "This home feels like it is someone's house."
- We saw a large art display in the entrance hall that everyone had been involved in making. The registered manager showed us photos that had been taken of people and staff being involved in the project. The display used different textures, so people could use their hands to feel their way around it.
- Staff told us how important it was to make sure people were familiar with the layout of the home, due to their visual impairment. Staff told us they did not move furniture around as people knew where things were, and this meant people could move around safely and independently.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's individual needs and preference were respected. A staff member told us, "We treat everyone equally but not the same. Everyone is different but given equal opportunities."
- People were treated with kindness and compassion by staff who knew them well. We observed positive interactions between staff and people. A relative told us, "Staff are always speaking to people, even if they don't get a reply."
- People records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to use this information to provide personalised care.

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

- People had been involved in their care planning. Care plans included comments such as, 'I sat with [manager] and [relative]. They asked me questions about my care plan and I answered'.
- People were supported to make day to day decisions and be involved in their care. A relative told us, "Staff help [person] and get them involved in doing things. If [person] says they don't want to do something, then staff respect that."
- Staff listened to people and encouraged them to be involved in discussions. A relative told us, "Staff are always on hand and talk to people. Staff get people involved in conversations."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain and develop relationships with those close to them. Relatives visit their loved ones on a regular basis and staff support and facilitate this for people.
- Staff supported and encouraged people to be independent. A relative told us, "[Person] does more now than they have ever done before. They interact with the staff on the weekends doing little job that they like to do. [Person] likes to help to put the washing in and press the buttons to turn the machine on."
- People's privacy and dignity was maintained. A relative said, "Yes I do think people's privacy and dignity is maintained, I think the dignity of all the residents is maintained."
- People's records were stored in a locked cabinet and staff ensured information relating to people was communicated in a private setting, this ensured confidentiality was maintained.

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans detailed information about how they liked to be supported. One person's care plan detailed things staff could do to make the person feel 'useful', 'valued' and 'important'. We observed staff following this. This helped to maintain this person's wellbeing and feeling of self-worth.
- Since the last inspection the registered manager had developed an onsite sensory room. Due to people's visual impairments the registered manager had included things such as different smells, textures and tactile equipment. The registered manager told us everyone had been involved in developing the sensory room and people had enjoyed using it.
- Relatives felt the care at Beech House was person centred and met people's needs, choices and preference. A relative said, "Beech House know exactly how to support [person]. They have a system in place tailored to [person] and for everyone."
- The registered manager had recently purchased a new device that people could talk to and it would respond. For example, people would ask for certain music to be played or ask the device to read them an audio book. This enabled people to choose things that were relevant to their interests.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives said they always felt welcome at the home and staff encouraged and supported people to have positive relationships with their loved ones. One relative told us, "It doesn't matter who you are, when the door is opened [by staff] there is always a real warm welcome."
- People were supported to follow their interests and take part in activities that were of interest to them. We observed staff encouraging people to access the community and participate in group activities on the home. A staff member said, "We do storytelling, people answer questions and interact, it is really nice". We observed staff reading a story to a group of people and them responding in a positive way.
- People were supported to be part of the local community and access social events outside of the home. On the day of inspection, four people went out to a day centre. One person told us they were "going on holiday to Breen, I've not packed my suit case yet."

Meeting people's communication needs

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

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information was made available to people in audio format.
- Information about how people communicated was included in their care plans to ensure staff could recognise different signs. For example, care plans covered how someone may respond if they were feeling thirsty, excited or in pain.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, this was available in an audio format. Staff could tell us the signs to look out for to identify if people were happy or not. There had been no formal complaints since the last inspection.

End of life care and support

- No one was receiving end of life care at the time of the inspection. People's end of life wishes and preferences were recorded in their care plans, this enabled staff to have up to date information to ensure people's end of life care was delivered in a way they wanted.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. At this inspection we found there had been improvements in the service. However, there remained some areas for further development.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure governance systems were effective in identifying and mitigating risks to people's health, safety and welfare. There were no adequate opportunities for people who lived at the home to express their views about the service they received. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At this inspection we found there had been improvements in the governance systems and processes were in place to mitigate risk to people. However, there remained some areas for further development whilst embedding and sustaining the improvements made so far.
- People who lived at the home, had opportunities to express their views about the service they received. People were involved in monthly meetings. These meetings were documented, and pictures of the meeting were kept on file. The minutes were read to people after the meetings to ensure they understood what had been discussed. A relative told us, "There is a monthly meeting which includes all the residents, even if their families are not there."
- Audit systems were in place to assess if information was up to date, accurate and properly analysed. Audits identified areas of improvement and actions had been taken to address these. Audits included areas such as care plans, training and medicines amongst others.
- The registered manager had notified The Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. The previous inspection ratings were displayed in the service and on the providers website.

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

- The registered manager and staff demonstrated a person-centred approach for the people they supported. We saw people had choice and control and were involved in decisions made about their care.
- Staff said they felt supported by the registered manager and could raise concerns if needed. Comments included, "If I need any help, they [management team] help me" and, "We work as a team and the managers support us, their door is always open. The support is 100%."

- Staff were positive about the service and felt proud to work at Beech House. Comments from staff included, "I like my job, I call this place my 'happy place'", "Overall it's a lovely place to be" and, "I felt comfortable and relaxed from day one."
- Relatives felt able to approach the staff team and managers. One relative said, "All the staff that I have come in contact with, including the management are extremely friendly and helpful."

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

- Where relatives had raised concern, this had been dealt with appropriately by the registered manager. Relatives told us, they felt able to talk to the management team.
- Relatives felt communication with the management team was good. Comments included, "Oh yes, if ever I feel I have an issue I'd go straight to [deputy manager] I feel I can talk to her" and, "The level of communication is very good."
- The registered manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives told us they, and their loved ones, were involved in decisions about the care they received. Relatives said reviews took place on a regular basis and people were encouraged to participate. One relative said, "[Person] is always present at the reviews or meetings."
- Staff communicated with the GP, speech and language, physiotherapists and other professionals when required. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.
- People's care plans contained information about how they liked to be supported and what they wanted to achieve. They contained details about people's religious and cultural needs so staff knew what people's support preferences were.
- Staff understood what was expected of them and had a good understanding of whistleblowing. They told us they received supervision and appraisal and we saw schedules that reflected this. This gave staff the opportunity for learning and development.

Continuous learning and improving care

- The registered manager was able to demonstrate they were continuously learning and developing. We saw lots of improvement since the last inspection, in relation to fire safety and people's ability to feedback about their care. In addition, the registered manager told us they were looking at moving to a paperless system. They felt this be beneficial for people's care planning as they would be able to update documentation quickly and more easily.