Leonard Cheshire Disability

Beechwood - Care Home with Nursing Physical Disabilities

Inspection report

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Date of inspection visit:
16 July 2019
19 July 2019

Date of publication:
13 August 2019

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
Beechwood is a care home providing personal and nursing care for up to 26 adults with physical disabilities, acquired brain injuries, sensory impairments and learning disabilities in one adapted building. At the time of our inspection there were 17 people living at the service.

People's experience of using this service and what we found
The providers systems and processes had not been robust, which put people at risk of financial abuse. Once this had been identified these systems had been improved to protect people from harm. A separate review of a specific incident is currently underway and was not reviewed as part of this inspection.

At this inspection we checked and found improvements had been made to audit systems and processes. The provider and registered manager must now demonstrate they can consistently meet the regulation and demonstrate continuity in a well led service.

There was a large number of staff vacancies at the home and the provider relied heavily on agency staff to ensure staff numbers were maintained. Staff recruitment was safe and there were enough staff to provide people with the person-centred support they needed. Staff received the training and support they needed to carry out their roles effectively.

Care plans were person-centred and were reviewed regularly although people and were appropriate their relatives were not always involved. They gave detailed information to staff to guide them on the care and support people needed.

People felt safe living at the home. The home was clean. Risks were managed. Medicines were managed safely. Staff helped people to stay healthy and people had access to a range of health care professionals.

Staff interacted with people in a kind and sensitive manner. People seemed relaxed and comfortable in the company of staff. People spoke positively about the staff who supported them. Everyone was positive about the registered manager and the way the service was organised and run.

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.

There was a range of activities on offer, both in the home and in the community to help prevent people becoming socially isolated and to keep people active. People were supported to have access to work opportunities.

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 requires improvement (report published 20 July 2018) and there was one breach 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.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Beechwood - Care Home with Nursing Physical Disabilities

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
Two inspectors and a specialist advisor conducted the inspection on day one. Day two of the inspection was carried out by one inspector. A specialist advisor is a person who has specialist knowledge of people who use this type of service. Their expertise was in nursing and governance.

Service and service type
Beechwood 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.

The provider was in the final process of selling Beechwood to a new provider and members of staff including the registered manager were transferring to the new provider under the Transfer of Undertakings (Protection of Employment) Regulations 2006 TUPE.

Notice of inspection
The first day of the inspection was unannounced. The second day was announced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service, one relative and a volunteer about their experience of the care provided. We spoke with ten members of staff including the registered manager, regional manager, deputy manager, nurse, team leaders, care worker, domestics and the cook.

We carried out observations in the communal areas of the care home. We reviewed a range of records. This included three people's care plans and multiple medication records. We looked at four staff files in relation to recruitment, staff supervision and appraisal. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found in relation to supervision and appraisal processes.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same and is rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Financial systems and processes had not been robust to protect people from the risk of financial abuse and a serious incident had occurred. However, the provider had made improvements since this incident to ensure people were protected from harm.
- We received a mix response when we asked people if they felt safe living at the home. One person said, "Yes, I think I do." Another person said, "No, I don't." A relative told us, "Yes. I feel [Name] is safe here."
- Staff had received training in safeguarding people from abuse and were confident if they raised any concerns they would be dealt with appropriately. A staff member told us, "There is a protocol in the office. Step by step of what to do."

Staffing and recruitment

- The registered manager used a dependency tool to help determine the numbers of staff required and rotas showed the number of staff identified as being required were deployed.
- The home had 12 staff vacancies and relied heavily on agency staff to cover the staff shortfall. The registered manager told us they expected to be able to recruit to the vacant positions shortly due to the imminent sale of the home to the new provider. They also confirmed the vacant job roles continued to be advertised and representatives from the home were due to attend a local jobs fair, supported by the new provider.
- We asked people who lived at the home and a relative whether there were enough staff. They said, "They were short last night, an agency worker did not turn up" and "There is not enough staff. They have to use agency all the time." A relative told us, "I'm worried about the high level of agency staff working at the home and they might not know [Name] needs."
- Staff we spoke with did not have any concerns around the number of staff working however were concerned with the level of agency staff used whilst people were recruited to the vacant positions.
- We fed back these comments to the registered manager who was aware of the concerns. They told us residents were asked for daily feedback regarding agency workers and any negative feedback regarding agency staff was followed up with the agency staff provider. They also said protocols had been put in place for night care staff to follow and we saw evidence of these.
- Staff were recruited safely, and all the appropriate checks were carried out to protect people from the employment of unsuitable staff. Residents were empowered to have an opinion in the service by giving them opportunities to be involved with the staff recruitment and induction process.

Assessing risk, safety monitoring and management

● Health and safety checks in the home had been carried out. Concerns or repairs were dealt with effectively and efficiently. However, we identified two areas of potential risk during inspection. We fed back these concerns to the registered manager who organised for remedial action to be taken and we saw both areas of concern were rectified immediately.
● Emergency evacuation plans were in place to ensure people were supported in the event of a fire. However, we found one person's emergency evacuation plan on a bedroom door had not been moved to their new bedroom door following a recent change of room. We fed back our concern to the registered manager who took immediate remedial action.
● Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.
● Assessments were carried out to identify any risks to the person or the staff supporting them. These included environmental risks and any risks to people's health and well-being.
● Records showed that risk assessments had been regularly reviewed and updated when people's needs changed. We saw support guidelines for staff were included, where appropriate, within the risk assessment.

Preventing and controlling infection
● On the first day of inspection, we found one person and their bedroom smelt strongly of urine. We noted a member of staff attended to the person straight away. We fed back our concern to the registered manager who assured us they would immediately investigate and take remedial action.
● Staff had received training in infection control and followed good infection control practices to help prevent the spread of healthcare related infections.
● People told us and staff confirmed they wore personal protective equipment (PPE), for example, gloves and aprons when providing personal care. All staff we asked told us they had access to adequate supplies. We saw PPE supplies were available in various areas throughout the home.
● The home was clean and tidy. A relative said, "The cleaners are fabulous. They knock on the door and ask if it's OK to come in. They have a chat with us. They are so good and their cleaning is great. It is a pleasant place to be. They are so polite."

Using medicines safely
● Medicines were safely managed and were administered by nurses and staff who had received appropriate training. People were given the time they needed to take their medicines.
● Controlled drugs, which are prescription medicines controlled under Misuse of Drugs legislation, were stored securely, logged in a register and managed appropriately. We checked a random sample and found the amount of medicine remaining was correct and tallied with the register.
● Where people were prescribed medicines to take 'as and when required' detailed information was available to guide staff on when to administer them.
● Checks on the management of medicines was carried out monthly by the provider and were discussed at clinical review meetings. We saw identified errors were thoroughly investigated and remedial action taken where appropriate.

Learning lessons when things go wrong
● The provider was keen to develop their services and learn lessons when things went wrong. The home was piloting a provider led new governance process to focus on the quality service audits which had been in place for three months. We saw evidence detailing monthly audits, reviews and follow up action taken. The provider's quality improvement team had oversight and analysed any themes in accidents, incidents and safeguarding issues to share lessons learnt across all the provider's services.
● The registered manager shared lessons learnt with staff at monthly staff meetings or where appropriate, at handover.

Good

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.

Staff support: induction, training, skills and experience
At our last inspection the provider was unable to evidence staff had been supported to develop into their role. Supervision had not been carried out at the required frequency and was a continuing issue from the previous inspection. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

● Regular staff supervision was held throughout the year with the management team to support staff to develop in their roles in line with organisational policy. Staff received annual appraisals.
● New staff completed an induction, followed by a period of shadowing more experienced staff.
● Staff had the skills, knowledge and experience they needed to carry out their roles effectively. A person told us, "Staff are definitely skilled." A relative said, "Staff know how to care for [Name]."
● Records showed staff completed a range of training the provider considered mandatory. Staff were positive about the training provided.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Care plans included extremely detailed information about peoples wishes, choices and the support they needed. For example, 'What is important to me', 'What I am normally like' and 'How best to support me' documents. This information was used to develop care plans, risk assessments and provided clear guidance for staff on how to appropriately support the person.
● People's care and support needs were reviewed monthly by the management team or when people's needs changed. Staff told us and documents we looked at evidenced changes to people's needs were recorded in people's care plans and discussed at the daily handover meetings.

Supporting people to eat and drink enough to maintain a balanced diet
● We found people's nutritional needs were met. Food was stored and prepared safely. The home had received a five-star food hygiene rating.
● We observed a lunch time meal and people seemed to enjoy their meals and were given time to eat at their own pace. The lunch time food was home cooked and looked appetising.
● People told us the meals were good and there was always plenty to eat and drink. They said, "Food is brilliant", "Food is good here. The chefs are brilliant" and "The food is one of the best things about living

here."
● We saw regular hot and cold drinks were served throughout the day. There was a coffee machine and filtered water machine in the dining room for people to help themselves and there were fresh jugs of water available in their bedrooms.
● One person had been supported with their lifestyle diet change and we saw food ingredients were clearly identified on the menus. They told us, "They (referring to the cook) supported me with my diet choices."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The care plans we looked at confirmed referrals had been made when necessary and the provider maintained regular contact with relevant services, such as GPs and district nurses. One person told us, "I was unwell recently and they (referring to staff members) got a nurse practitioner to see me."
● Information was shared with other agencies if people needed to access other services such as hospitals. For example, we saw care plans contained a hospital passport document which detailed important healthcare information for hospital staff should the person be admitted to hospital.

Adapting service, design, decoration to meet people's needs
● Beechwood was clean, bright and warm on both days of the inspection, although the property was tired with chipped paintwork and some areas would benefit from redecoration.
● The property and gardens had been adapted to ensure people who used a wheelchair had access. There was a range of assistive equipment to ensure people's comfort and independence was maximised.
● We saw that some bedrooms were personalised and contained pictures and photographs of things that were important to people.

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.

● Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure it was lawful.
● Staff had received appropriate training and could explain what capacity meant. Although one member of staff we spoke to had limited understanding of the wider implications of the MCA
● The care plans we looked at contained appropriate and person specific mental capacity assessments which would ensure the rights of people who lack the mental capacity to make decisions were respected.
● Care plans were developed with people and where appropriate, their authorised representative. This was aided by staff having a key worker role which enabled them to provide one-to-one support for people and oversee their plan of care. One person said, "I have a care plan. I am working on it. I have a key worker." We saw consent had been sought for people to receive care and treatment.

● We heard and saw staff offering people choices and involved them in decision making; asking for consent before delivering any care or support.

Good

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 good. At this inspection this key question has remained the same and is rated as 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

- The atmosphere in the home was friendly and relaxed and we saw many caring interactions between staff and people who used the service during our inspection. We saw staff were caring and took a genuine interest in the people they supported.
- Everyone we spoke with was positive about the staff and managers. People who used the service said, "Staff are smashing", "All the staff are excellent" and "Staff are lovely." A relative told us, "The permanent staff are wonderful. Absolute angels."
- People's diverse needs were respected and care plans identified if people had any cultural or spiritual needs. For example, one person was supported to attend their chosen place of worship on a very regular basis.
- People were protected from the risk of harm from discrimination. The provider had an equality and diversity policy which outlined staff and management duties in ensuring people were treated equally, with respect as individuals and protected from discrimination based on the protected characteristics.

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

- We saw staff checked with people before providing support and encouraged them to express their wishes. People looked well cared for, clean and tidy.
- People and their families, when appropriate, were involved in making care and support decisions.
- The registered manager understood when advocacy services would be appropriate and they knew how to access them. An advocate is a person who can speak on another person's behalf when they may not be able to do so, or may need assistance in doing so, for themselves.

Respecting and promoting people's privacy, dignity and independence

- People's care plans were stored in a lockable cupboard.
- Staff we spoke with understood the importance of maintaining people's privacy and dignity and gave examples of how they would implement this. For example, a member of staff described how they would knock on a person's bedroom door prior to opening it and gain permission to enter before doing so. All people we spoke with and a relative confirmed staff knocked on the bedroom doors and asked for permission to enter.
- We saw 'do not disturb. I will press the nurse call' cards displayed on some people's bedroom doors and saw staff respected people's wishes and did not enter.
- Care plans included guidance to staff on what people could do for themselves and how staff could maintain and promote people's independence. A staff member told us, "I support people to enable them to do as much for themselves as they can by showing what to do first, then letting them take over."

Good

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 improve. At this inspection this key question has improved and is rated as 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

● Care plans were reviewed on a monthly basis by the registered manager, however we saw no evidence the person or where appropriate, their relatives were invited to a formal care plan review. We spoke with the registered manager who told us they intended to start six monthly care plan reviews involving people and their relatives, however due to staff restrictions and the forthcoming sale of the home, these had not yet been scheduled to start.

● People's care plans contained detailed individualised information about people's needs. For example, information relating to personal preferences, life and social histories. We saw one care plan detailed the person liked to wear nice clothes, but only liked to wear socks indoors. This meant staff had clear information on the person's individual preferences.

● The provider had recently completed a lifestyle room with the latest computer equipment, sound and lighting system, communication aides with eye gaze inclusive technology and finger pointing controls. This enables people with disabilities to interact and communicate with the world with minimal hand function and using eye-operated communication and control systems. One person told us they regularly used the room and enjoyed playing their music through the sound system.

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 service ensured people had access to the information they needed in a way they could understand it and were therefore complying with the AIS. For example, we saw one care plan contained a communication passport which contained detailed information to guide staff how to communicate with the person and interpret their facial expressions.

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

● People's social recreational needs, and meaningful relationships were assessed to inform the care and support provided.

● People were supported to have access to work opportunities. The deputy manager told us a pilot scheme was in the final processes of being agreed to support two people to undertake paid employment with a local

company. One person told us how pleased they were with the prospect of starting work and said, "I've been wanted to do something like this for ages. [Name referring to the deputy manager] has been brilliant in sorting it out." Another person told us they had a volunteer role within the home and said, "I feel this has been beneficial for my wellbeing."

● The home employed an activities co-ordinator. We saw a variety of activities individually tailored to people's needs. For example, one person had an interest in aviation and a trip to an airport to watch the aeroplanes take off and land was arranged. We spoke with the activity co-ordinator who clearly knew people well. They told us they asked people on a daily basis what they would like to do and organised activities accordingly. One person told us how much they had enjoyed a recent barbeque outdoor event. However, we found the records relating to activities contained limited information. We discussed this with the registered manager who had already identified the same concerns and had an action plan in place to rectify the issue.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy. We saw complaints or concerns had been recorded when they arose, investigated and responded to appropriately. The registered manager was clear about their responsibilities to respond to and investigate any concerns received.

● People and relatives knew how to make complaints should they need to. A person told us, "If I was unhappy, I'd tell [Name referring to the registered manager]. A relative said, "Yes, I know who to complain to but I always talk to [Name referring to the registered manager]. She's always been very helpful."

End of life care and support

● The home had achieved reaccreditation of the Gold Standards framework in 2018. This is a model framework that gives outstanding training to all those providing end of life care to ensure better lives for people and recognised standards of care.

● People were supported to make decisions about their practical preferences for end of life care. However, we found some care plans recorded limited person-centred information relating to end of life wishes. We discussed these findings with the registered manager who was receptive to working towards respectfully gathering information to enable person centred care to be provided at the end of a person's life.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same and is rated as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider did not always protect people from the risk of financial abuse through ensuring robust financial systems and processes in place.
- New quality assurance checks and audits had been introduced in the last three months by the provider. We saw evidence that where issues were found action was taken to ensure improvements were made. However, it is too early to evidence the effectiveness of these to drive improvements.
- The provider relied heavily on agency staff to cover the staff shortfall as highlighted earlier in the report. This is not good practice as agency staff are not familiar with the home and the people who they support.
- People were positive about the registered manager. People said; "I've got a good relationship with [Name]", "[Name] works really hard to keep this place open", "They are approachable" and "[Name] is great." One person told us they did not see the registered manager very much but knew who they were and their name.
- The registered manager kept on overview of all accidents, incidents, safeguarding and complaints. We saw these were reviewed to ensure correct action had been taken and to identify any lessons that could be learned.
- The registered manager had notified CQC of significant events such as safeguarding concerns.
- It is a requirement that the provider displays the rating from the last CQC inspection. We saw that the rating was displayed in the home and on the provider's website.

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

- The registered manager showed leadership. There was an 'open door' management approach which meant the registered manager was easily available to staff, residents and relatives.
- There was an open and transparent culture at the service.
- The registered manager had a clear vision of what the service should be and service improvements which they wanted to implement once the sale to new provider was completed and a full staff team was in place. They were committed to ensuring people were provided with good individualised care.
- Everyone was positive about living at the home and were looking forward to the new provider coming on board.

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

● The registered manager understood the requirements of Duty of Candour. Duty of candour is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The provider sought the views of people and their relatives and feedback was used to continuously improve the service. We saw a 'how we plan to change things' feedback displayed on a notice board in response to a recent survey.

● Residents and relatives' meetings regularly took place where people had the opportunity to express what they thought about the home and whether anything could be improved. We saw minutes which showed these were well attended by people and their relatives. People told us the new provider attended resident meetings to inform and update on the progression of the sale of the home and this had been was positively received.

● Staff had not formally been asked for their feedback on the service. However, they had regularly been consulted with by the provider regarding the proposed sale of the home. All staff we spoke with were looking forward to the new provider taking over and moving the service forward.

● Staff meetings were held, and staff were also consulted during handovers between shifts.

● Staff told us the registered manager was approachable and they felt listened to.

Working in partnership with others

● People were supported by an established group of volunteers. One the first day of inspection we saw a volunteer running a quiz with a group of people. There was a lot of laughter and friendliness. One person told us, "The volunteers are good."

● The home had forged good links for the benefit of the service within the local community. For example, a strong relationship had been developed with a local business who had supported the home in the development of the lifestyle room, maintenance of the external grounds and potential employment opportunities for people who lived at the service.

● The home worked well with local authorities who commissioned the service and health care professionals to achieve the best outcomes for people and that people were receiving the support they needed.