SIL.2 Limited

Beada House

Inspection report

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Date of inspection visit:
27 April 2017

Date of publication:
24 May 2017

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

Summary of findings

Overall summary

This inspection took place on Thursday 27 April 2017 and was announced.

Beada House is a supported living service that provides domiciliary care and therapeutic support to people experiencing mental health difficulties in their own homes. At the time of our inspection, eight people were being supported by the service.

The service had a registered manager. 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 told us they felt safe with the staff who supported them, and we saw people were comfortable with staff. Staff received training in how to safeguard people from abuse and were supported by the provider who ensured staff followed safeguarding policies and procedures. Staff understood what action they should take in order to protect people from abuse. Risks to people's safety were identified, minimised and flexed towards individual needs so people could be supported in the least restrictive way possible and build their independence.

People were supported with their medicines by staff who were trained and assessed as competent to give medicines safely. Staff recorded medicines administration according to the provider's policy and procedure, and checks were in place to ensure medicines were managed safely.

There were enough staff to meet people's needs effectively. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people who lived independently. Staff told us they had not been able to work until these checks had been completed.

People told us staff asked for consent before providing them with support. People were able to make their own decisions and staff respected their right to do so. Staff and the registered manager had a good understanding of the Mental Capacity Act 2005.

People and relatives told us staff were respectful and treated people with dignity. We observed this in interactions between people, and records confirmed how people's privacy and dignity was maintained. People were supported to make choices about their day to day lives. For example, they were supported to maintain any activities, interests and relationships that were important to them.

People had access to health professionals when needed and care records showed support provided was in line with what had been recommended. People's care records were written in a way which helped staff to deliver personalised care and gave staff information about people's communication, their likes, dislikes and preferences. People were involved in how their care and support was delivered.

People and relatives told us they felt able to raise any concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way. People and staff told us the management team were approachable and responsive to their ideas and suggestions. There were systems in place to monitor the quality of the support provided, and the provider ensured people were at the centre of helping the service to develop.

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.

People were supported by staff who had the knowledge, skills and tools to meet their individual needs. People's needs had been assessed and risks appropriately identified. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. Staff were also aware of how and when to escalate concerns if they felt these were not being dealt with. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People were supported by staff who were competent and trained to meet their needs effectively. Where people lacked capacity to make particular decisions, this was properly assessed. Staff understood the need to get consent from people on how their needs should be met. People received timely support from appropriate health care professionals, and communication between staff and professionals ensured health care needs were met.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were supported with kindness, dignity and respect. Staff were kind, patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's preferences and how they wanted to develop. Staff showed respect for people's privacy, and supported people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which had been

planned with their involvement and which was regularly reviewed. Care was goal orientated and sought to build on people's strengths and help them to achieve what was important to them. People were supported to maintain work, education, hobbies and interests. People knew how to raise complaints and were supported to do so.

Is the service well-led?

Good

The service was well led.

People and staff felt able to approach the management team and felt they were listened to when they did so. Staff felt well supported in their roles and there was a culture of openness. There were systems in place for the provider to assure themselves of the quality of service being provided, and the provider ensured people were at the centre of helping the service to improve.

Beada 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.

This inspection visit took place on 27 April 2017 and was announced. We told the provider 48 hours in advance that we were coming, so they could ensure staff were available to speak with us. The inspection visit was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from local authority commissioners and statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection.

During our visit we spoke with two people who used the service. We spoke with another person over the telephone following our inspection visit. We also spoke with the registered manager, the nominated individual [the nominated individual is a person designated by the provider as legally responsible] and three care staff.

We reviewed three people's care records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe being supported at the service. One person said, "Yes, I feel safe here. The doors are locked."

Risk assessments and care plans identified where people were at risk, the likelihood of the risk occurring, the severity of the risk if it did occur, and what actions should be taken to minimise the risk. Records showed people were involved in assessing and managing their own risks, with involvement from mental health professionals and the provider's own clinical team where required. Staff understood the risks associated with the type of care and support provided. Records showed that people were encouraged to talk about how they were feeling in a structured and supportive way, so that risk could be understood and managed.

Staff told us how they ensured people supported by the service were safe and protected. Policies and procedures were in place for staff to follow should they be concerned that abuse had happened, and staff knew about these. Staff told us they had received training to help them understand their responsibilities, and were aware of the signs to look out for which could indicate people were experiencing any harm or abuse. One staff member told us, "It [abuse] could be financial, physical, anything that can change people's behaviour or attitudes. People here are complex so we can see the signs." Staff were also clear on what they would do if they had any concerns. One staff member said, "If there is a safeguarding matter, we make sure people are safe. If something alarmed me I would inform the manager, who would investigate, and an incident form will be completed. I would whistle blow if necessary. I would get in touch with CQC."

The provider's recruitment process ensured risks to people's safety were minimised. The registered manager obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. Staff told us they had to wait for these checks and references to come through before they started starting working at the service, and records confirmed this.

People and staff told us they felt there were enough staff to support people safely and to respond to their needs. One staff member commented, "My rota is very consistent, it is the best I have ever had." The registered manager told us that staffing levels were based on the needs of the people being supported by the service, and could be increased if necessary. For example, if someone's needs changed unexpectedly, and they needed additional support.

People's care records included information about the medicines they were taking, what they were for and possible side effects. They also included information about how people preferred to take their medicines. The level of support people needed with their medicines was assessed before they began to use the service, and was reviewed as time went on. The registered manager explained the goal was for people to be able to take their medicines independently as preparation for living in the community without support. The service used a clear system to determine what level of support people needed with medication, ranging from level one (highest level of support), to level four (lowest support level). Staff had information on what was expected of them at each level, and there was a policy in place which set out very clearly how people should

be supported. Staff we spoke with had a detailed understanding of the policy.

Medication Administration Record (MAR) sheets included relevant information about the medicines people were prescribed, the dosage and when they should be taken. Staff completed MAR sheets in accordance with the provider's policies and procedures. Medicines were checked by staff on a weekly basis to ensure stock levels were as expected. Medicines were also checked by the registered manager on a monthly basis, to ensure they were being administered safely and as prescribed. Staff told us they had training to ensure they understood how to administer medicines safely. One staff member explained, "We had medication training in-house and through [name of pharmacy]. I have been able to put all that training into practice."

Good

Is the service effective?

Our findings

People told us that staff were knowledgeable and knew how best to support them. One person said, "Yes, I would definitely say the staff here are well-trained."

Staff told us they completed an induction when they first started working for the service, and felt well supported. One staff member said, "It was really good, as we started by doing some short courses. Things like diabetes awareness, mental health awareness, and a level 2 diploma. I am quarter of the way through my level 3." A diploma is a nationally recognised qualification staff working in social care can undertake. The provider ensured all staff completed this qualification, which ensured induction covered the 'Care Certificate.' The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

All staff had undertaken nationally recognised qualifications in social care, and were enrolled on others. The registered manager told us this would enhance their knowledge and skills and meant people would receive a more effective service. Staff confirmed the training they received made them feel more confident. One staff member commented, "I have been on 'recovery star' training recently. It was a three day course We use the recovery tool with people. I did one for the first time with [name] recently. We set goals with people so they can say where they would like to be in three to six months' time. The training really helped with doing it." Another staff member commented, "In the beginning I was worried about making a mistake, especially in relation to medicines. I bought this up at the start so [registered manager] sat with me and we worked through it to make sure I got it right. I feel confident now."

Staff were supported by individual [supervision] meetings which took place on a regular basis. Staff explained they found these meetings useful as they were able to discuss any issues relating to people or their own practice to become more effective. One staff member said, "In supervision we talk about any progress people have made, or that we have made. I have slowly built myself up and this is reflected in supervision."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People's care records demonstrated how the provider put people's consent at the forefront. For example, people had signed to say they agreed to their care plan. There was also information in care records on how, and in what circumstances, people's personal information might be shared. There was information about

the Data Protection Act, and people had again signed to say they understood and agreed to this.

Staff received training in the Mental Capacity Act 2005 (MCA) and understood the importance of seeking people's consent before they provided any care. People confirmed that staff sought their consent before supporting them. One person said, "They [staff] do ask my permission. I say when I need help and that is when staff support me." We saw that, in line with the requirements of the Mental Capacity Act 2005 (MCA), staff presumed capacity unless they had reason to believe otherwise, and that they tried to encourage people to be as independent as possible. One staff member told us, "I think everyone we support has capacity to make their own decisions. You should assume everyone has capacity unless it has been assessed that they do not. Then, we would make decisions in people's best interests. We would talk to the person, their family, maybe professionals and also the registered manager."

The registered manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS) and had sought advice from the local authority to ensure people's freedoms were effectively supported and protected. The registered manager understood when and how to apply for a DoLS authorisation and explained why this did not currently apply to any of the people living in the home.

Care records showed the service worked closely with people and medical professionals overseeing their care. Records included information from health professionals, and this had been used to develop and monitor people's care plans. Records also showed the provider contacted external health professionals where required, for example when someone was experiencing increased mental health difficulties. The provider also employed their own clinical team who could offer support and guidance to people and staff.

People currently being supported by the service managed their own diets and were not at risk as a result of their food or fluid intake.

Good

Is the service caring?

Our findings

People told us staff were caring and treated them with dignity and respect. One person said, "I'd say they [staff] are very caring. The staff are good with me. You get good support here."

Staff spoke about the things they did for people which helped them form bonds. For example, one staff member said, "I noticed one person was cutting himself to pieces shaving. We talked about it and found he did not know how to shave. I taught him how to do it. It is a small thing but it was a bonding moment." Staff were supported to build relationships with the people they supported, through care plans which were very personalised and included information people wanted to share about their backgrounds, history, likes, dislikes and preferences.

Staff told us there was a shared philosophy of what it is to be caring, which focussed on being respectful, supportive and helping people to build their independence. One staff member told us, "The way I have been supported in my life, I wanted that for others. People should be treated how I would want to be treated. Giving people a better life and helping people in whatever ways possible. That's how I see it." They added, "It is very rewarding and I enjoy it. I hope I am making a difference to people."

Some people being supported by the service invited us to talk with them in the office or in their own flats. We were able to observe how they interacted with staff, who introduced us to people and ensured people were able to decide where they wanted to speak with us, and whether or not they wanted a staff member to be present. We observed people were comfortable with staff, and were supported in a kind and caring way, which encouraged friendship. Staff communicated well with people, and people responded positively to staff.

People told us staff respected their privacy. One person said, "They [staff] don't just walk into our flats." Another person commented, "I have my own flat, that is the best thing. You get lots of time to yourself in your flat if that is what you want." Staff showed a good understanding of the need to respect people's privacy and their personal space. One staff member explained how they ensured they did not intrude into people's lives. They said, "The weekly planner means people set the times they want to see staff. They will choose what they want, when they want."

People's care records included information explaining how, and in what circumstances information about them would be shared. This helped ensure people understood how the provider would protect their privacy and keep personal information confidential.

People told us staff encouraged and supported them to be as independent as possible. One person said, "They [staff] are helping me get more independent by helping me do my own shopping." The registered manager told us the service was designed to promote and support people to become independent members of their community. They explained, "We provide a recovery pathway so people can live independently in the community." The nominated individual [this is someone from the provider who is listed as being legally responsible for the service] told us the ethos of the provider. They explained they

encouraged staff to focus on people's abilities, wishes, outcomes and personal issues surrounding their mental health difficulties, rather than on what people could not do for themselves. Staff also told us how they helped people to be independent. One staff member said, "I have bought into the ethos that this is a pathway to recovery. The goal is to help people get their lives back. To be part of that is fantastic."

Good

Is the service responsive?

Our findings

People told us the care and support they received was centred on their needs and staff responded in a timely way when they needed support. People told us they had every opportunity to be involved in making decisions about planning their care and support and how it should be provided. They also told us staff supported them to achieve their goals. One person said, "They [staff] do the recovery star with us. There is a lot of staff to help us recover. It is a good thing. I am doing a law degree through the Open University with their support."

People's needs were comprehensively assessed and documented before they started using the service. Records showed staff collected a range of information about people so they could meet their needs from the start. Plans were in place to help people transition into the service, with short team goals initially being identified. Short term goals were built on and developed into longer term goals, as people became more familiar with the service, and staff became more familiar with people's needs and what they wanted to achieve.

For example, people came to the service with a 72 hour care plan, which helped them ease into the support provided. This was then developed into a 'transition programme', which, in turn, led to a 'recovery plan' being developed. This recovery plan identified a range of goals people wanted to achieve, which was reviewed through a 'recovery star' system. This identified various points on which people assessed their own progress with support from staff, in areas such as self-care, social networks, work, relationships and self-esteem.

People told us they had the opportunity to review and update their care plans on a regular basis. One person told us, "Staff regularly go through my support plan with me." People had regular one to one meetings with their keyworker. A keyworker is a member of staff who has primary responsibility for ensuring a person's needs are understood and met. Records showed these meetings entailed detailed discussions about the level of support people felt they needed, their feelings, as well as any progress they felt they had made. The meetings agreed goals for the next review. For example, one person's care plan stated, "Over the next three months I would like to improve my cooking skills." Records showed keyworkers also checked care plans on a monthly basis to ensure they were up to date and accurately reflected people's needs. They were also checked by the registered manager to ensure keyworkers had checked them thoroughly.

Some people who were supported by the service could become anxious or agitated as a result of their health difficulties. Their care records contained detailed information for staff on what the triggers of this might be for each person, along with how they could help people manage their behaviours. This information was personalised and linked to information the service had gathered from any health professionals or others who were involved in the person's care or treatment.

The provider employed a team of professionals to establish a clinical team. The registered manager explained staff called on the expertise of the team as and when required in order to help people being supported by the service to achieve their goals and to help manage risk. Staff confirmed clinical support

from the provider helped to ensure they could be responsive to people's needs. One staff member explained, "[Clinical support] comes in regularly. Any time we have a new client, we put together a support plan. If we are unsure of anything, we send it off to [clinical support]. I was worried because I wanted it to be right. They helped by making suggestions and now I feel comfortable and more confident about it."

Staff communicated with each other regularly to ensure they shared information about people effectively. One staff member said, "We listen to people, they come to us. If we see risks for example, we talk about them in handover every morning. We also have a handover book where we can record that sort of information."

People told us they were supported by staff to be involved in their local communities and to sustain any work, education, hobbies or interests they wanted to. One person said, "It is perfect here. I like the freedom. They [staff] always promote us to get out and stuff." Care plans documented peoples' likes, dislikes, hobbies and interests, and we saw that people were working towards being more involved in their local communities, whether that be for work or leisure. Staff told us one person liked to go to a gym, but had not always felt confident enough to do so. The person's care records included information on how staff could support the person with this, and the person told us this was something staff were helping them work towards.

People told us they had no cause to complain but knew how to do so. One person said, "I would speak to [registered manager] if I wanted to complain." The complaints policy and procedure was available for people in their care records, and included information on how to complain to the provider, as well as how to raise a complaint or concern externally if they wanted to. The registered manager told us how they would deal with a complaint, and this was consistent with what was set out in the provider's policy and procedure.

Good

Is the service well-led?

Our findings

People told us the registered manager was effective in their role, and that the service was well managed. One person explained, "The manager is really really good. It is well managed here." Another person commented, "The staff are brilliant. It is managed well, they keep on top of things."
People also spoke positively about living at the service and about the support they received. One person commented, "I love the place. I have never been so settled. It is a lovely atmosphere, staff are really good and supportive."

Staff were overwhelmingly positive about the provider and told us they enjoyed working at the service. One staff member said, "I like how we are a small and very open team which means we raise things straight away. I feel supported by the manager and [nominated individual]. I would have no problem calling them. I can go straight to the top. I love the people and I love what I do."

Staff told us the service was well managed and that they felt supported in their role. One staff member commented, "I can't fault it. This is the happiest I have been. I have had lots of training and support." They added, "Through that support, I have really grown into the role." Staff were also supported by an 'on-call' system that operated out of office hours. One staff member told us, "I have used the on-call many times and I got the support I needed." Another staff member said, "[Registered manager] is brilliant. She supports us all the way. The team all started together and learnt together. Any support we need she is there."

The registered manager monitored and audited the quality and safety of the service provided.
For example, they directed the deputy manager to choose two care files per month on a random basis to check they were accurate and reflected people's needs. This ensured people continued to be supported in ways they preferred as staff had the most up to date and accurate information possible.

The registered manager checked all incidents and accidents reports every month. They told us they would look to identify any concerns, patterns or trends which might mean staff needed re-training in a particular area. They also explained this monthly check would help them identify any issues relating to individuals and their care and support. Records showed a small number of incidents had been recorded, and that these linked to people's assessed risks and circumstances. Care records showed incidents had been used to review and refine people's care plans.

The 'nominated individual' shared their plans for developing and improving the service with us. They told us they wanted to work to further improve the confidence of their workforce and that training was being designed for all staff and managers to look at risk and people's recovery from mental health difficulties in an innovative way. They hoped this would encourage a stable and committed workforce which, in turn, would mean people received consistent and more effective support.

The registered manager told us they felt well supported by the provider. They told us, "The company is a brilliant company to work for. There is always someone on the end of the phone you can talk to."

The service operated in an inclusive way which put people at the centre. People were given the opportunity to share their views on the service being provided. One person said, "Meetings are informative. We get to say if we think things need to be done. And, we find out at the next meeting what has happened." Records confirmed regular meetings with people supported by the service had taken place. These demonstrated people had raised issues which were important to them. People told us about these opportunities, and that they felt they were listened to. Records also showed how the registered manager tried to involve people in making decisions about how the service was run. For example, people had been asked for their views on what they thought the aim of the service should be, and had also been asked how they felt about leading the meetings going forwards. The provider produced a monthly newsletter, which included items of interest about the service, as well as what was going on in the local community.

The provider also sought people's feedback on the service provided by sending out annual questionnaires to people. Records showed people's comments were overwhelmingly positive. The registered manager explained that, had the results identified any areas for improvement, they would work with the provider to develop an action plan to set out how improvements would be made.

Staff told us they attended staff meetings on a regular basis. One staff member commented, "We all have different ideas about how we get to point 'C'. It is an open discussion, no-one has to clam up because we are listened to." Records showed the meetings happened regularly, and that the registered manager took the opportunity to listen to staff's views about the service, as well as share important information with them. For example, staff were encouraged at one meeting to take the time to read people's care plans thoroughly so they knew how to meet people's needs. At another meeting, staff were encouraged to spend time reflecting on how they were supporting a particular person, and what more could be done to help the person achieve their goals.

The registered manager understood their legal responsibility for submitting statutory notifications to us, such as incidents that affected the service or people who used the service. During our inspection we did not find any incidents that had not already been notified to us by the provider.