Optalis Limited

Beeches Manor

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 8 and 9 December 2015 and was announced. We gave the service 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. This was the first inspection of the service since registration.

Beeches Manor provides personal care to people living in their own homes. At the time of our inspection there were 10 people using the service. People had their own flats in an extra care setting at the same address as the location office. Not everyone living at the complex of flats receives personal care. This inspection and report only relates to the10 people receiving the regulated activity of personal care. Those not receiving personal care are outside the regulatory remit of the Care Quality Commission (CQC).

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. At the time of our inspection the registered manager was not available. Instead, the head of services was present throughout the inspection representing the provider.

People were protected from risks to their health and wellbeing and were protected from the risk of abuse. Staff received training to enable them to do their jobs safely and to a good standard. They felt the support received helped them to do their jobs well.

People were treated with respect and their privacy and dignity was promoted. Staff were caring and responsive to the needs of the people they supported. Staff sought people's consent before working with them and encouraged and supported their independence.

People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way. Medicines were managed well and staff administering medicines were only allowed to do so after passing their training and being assessed as competent. Where included in their care package, people were supported to eat and drink enough.

People benefitted from receiving a service from staff who worked well together and felt seniors and managers worked with them as a team. Staff were confident they could take any concerns to the management and would be taken seriously. Relatives were aware of how to raise a concern and told us they would speak to the manager and were confident appropriate action would be taken.

Relatives felt the service was well managed. Health and social care professionals felt the service delivered good quality care and worked well in partnership with them.

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 protected from abuse and supported to make their own choices. Risks were identified and managed effectively to protect people from avoidable harm.

People were protected because recruitment processes ensured staff employed were suitable to work with people who use the service. There were sufficient numbers of staff and medicines were handled correctly.

Is the service effective?

Good

The service was effective. People were supported by staff who received induction and training suitable for their roles. People benefitted from staff who were supervised and supported in carrying out their work.

Staff promoted and encouraged people's rights to make their own decisions. The head of service had a good understanding of their responsibility under the Mental Capacity Act 2005. The head of service was aware of the requirements under the Deprivation of Liberty Safeguards, although not applicable to the people currently using the service.

Is the service caring?

Good

The service was caring. People benefitted from a staff team that was caring and respectful. People were treated with kindness and respect.

People's rights to privacy and dignity were respected and people were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive. People received care and support that was personalised to meet their individual needs.

The service was responsive in recognising and adapting to people's changing needs.

Relatives knew how to raise concerns and confirmed they, or

their family member, were listened to and taken seriously if they did.

Is the service well-led?

Good

The service was well led. Staff were happy working at the service and we saw there was a good team spirit.

People benefitted from personal records that were up to date and reflected their needs and wishes.

People benefitted from a staff team that worked well together and felt supported by their managers and colleagues.

Beeches Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 and 9 December 2015. One inspector carried out the inspection, which was announced. We gave the service 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

Before the inspection the service completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with two people using the service and four care workers. People were not always able to give us details of what it was like to receive a service from Beeches Manor. However, they were able to tell us their views on what was happening at the times we spoke with them. We also spoke with the head of services and a peripatetic manager who were present at the inspection and had knowledge of the service. We observed people and staff working together during the two days of our inspection.

We looked at four people's care plans, daily records and medication administration records. We also looked at the recruitment files of four care staff and staff training records. We saw a number of documents relating to the management of the service. For example, ongoing risk assessments, the continuing improvement plan for the service and complaints and compliments records.

Following the inspection we received feedback from five relatives and four health and social care professionals.

Good

Is the service safe?

Our findings

People were protected from the risks of abuse. Staff had received safeguarding training and knew how to recognise the signs of abuse and what actions to take if they felt people were at risk. Staff were aware of the company's whistle blowing procedure and were confident to use it if the need arose. Staff were confident they would be taken seriously if they raised concerns with the management. We saw from the service's safeguarding notifications that any allegations were taken seriously, reported to the local authority safeguarding team and also notified to the Care Quality Commission (CQC) as required. People felt safe with the care workers and relatives were confident that their family members were safe with the staff. One relative commented: "Oh yes, I feel [Name] is very safe there." Health and social care professionals thought the service, and risks to individuals, were managed so that people were protected.

Risk assessments were carried out to identify any risks to people, or the staff, when providing the package of care. Identified risks were incorporated into the care plans and included guidance to staff on what to do to minimise any risk. For example, in one file a skin breakdown risk assessment had been carried out and showed the person was at risk. The care plan set out instructions to staff on what actions to take to reduce those risks.

The service assessed the environment and premises for safety as part of the initial assessment. For example, slip and trip hazards and equipment to be used when providing the package of care. Care plans documented what actions needed to be taken by staff to reduce or remove risks to people using the service and themselves. For example, moving and handling risk assessments set out measures staff should take to reduce risks when carrying out any moving and handling tasks.

People were protected as staff knew what to do if they saw any signs of potential health problems. For example, if they arrived at a call and the person was not well. Staff told us they would notify the office but would also call an ambulance if needed. Staff had received training in basic first aid as part of their induction.

Staffing was provided in line with the hours of people's individual care packages. Staff said they had enough time to provide the care people needed within the time allocated to them. Relatives felt staff did everything they were supposed to do during a call. Social care professionals felt there were enough staff to keep people safe and meet their needs. One professional described a situation where the service had assessed that a person needed more care hours than had been commissioned. The staff put the case for the person and the care package hours were increased by the commissioners.

People were protected by appropriate recruitment processes. Staff files included the recruitment information required of the regulations. For example, proof of identity, evidence of conduct in previous employment and criminal record checks. There were some gaps in employment that had not been explained in three of the files we saw. However, the head of service obtained the missing information from the staff following the inspection. The recruitment process ensured, as far as possible, that people were protected from staff being employed who were not suitable.

In instances where the service supported people with medicines we saw this was set out in their care plans. Only staff trained in administering medicines and assessed as competent were allowed to do so. Medicines administration records were up to date and had been completed by the staff administering the medicines. Where medicines had not been given this was clearly recorded together with the reason. Staff had received medicines training to ensure the right people received the right drug and dosage at the right time.

Good

Is the service effective?

Our findings

People received effective care and support from staff who knew the people well and were well trained. Staff felt they received the training they needed to deliver good quality care and support. Relatives felt staff had the skills they needed when looking after their family members. Health and social care professionals felt effective care was provided by staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

People were protected because staff had received training in topics related to their roles. Staff had received induction training when first starting employment with the company. Up until recently, induction training had followed the Skills for Care common induction standards. We saw staff had received induction or update training in topics such as infection control, health and safety, food safety and moving and handling. Other training routinely provided included safeguarding adults at risk and the Mental Capacity Act 2005. Additional training had been provided and included medication theory and practice and dementia awareness. Staff told us they had not been asked to do anything they were not confident to do. Some staff training updates were overdue but we saw the training was scheduled in line with the provider's training policy.

The provider was aware of the new Care Certificate, which replaced the common induction standards in April 2015. The training department had developed and implemented an induction training programme for new staff which was based on the Care Certificate. The provider had an expectation that all staff would complete their new induction training within three months of starting. Of the 19 care staff, seven held additional qualifications. Five held a National Vocational Qualification (NVQ) level 2 in care. One held an NVQ level 3 in care and one held a Qualifications and Credit Framework level 2 in care.

Staff had one to one meetings (supervision) with their manager to discuss their work and training requirements. The provider's supervision policy required staff to be provided with supervision at least four times a year or three monthly. Over the few months prior to our inspection, supervision meetings for some staff had not been taking place as frequently as required of the provider's policy. However, we saw from the records that dates were identified in December 2015 for those staff overdue. Staff employed 12 months or more had received annual appraisals of their work.

People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA). The 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. Staff had a good understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted.

The head of service was aware of the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty.

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 head of service was aware that an application to the Court of Protection was required to ensure any deprivation of liberty was lawful. No people were subject to a Court of Protection deprivation of liberty order at the time of our inspection.

Where the service provided included responsibility supporting people with meals and drinks this was clearly recorded in their care plans. Daily records included how much people had eaten where providing meals was part of the package of care and notes were made if there were any concerns. Relatives we spoke with confirmed that, as far as they knew, meals were prepared in the way their family members preferred. One person told us they enjoyed the meals prepared for them and confirmed they were always left with a drink within reach.

We asked staff what they would do if they arrived at a call and the person was not well. Staff told us they would call the manager or one of the seniors and phone for an ambulance if one was needed. People's records contained notes and details of instances when staff had sought external professional advice or assistance, and records had been made of the outcome of those contacts. Health and social care professionals thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Good

Is the service caring?

Our findings

People were treated with care and kindness. One person told us: "The staff are lovely." Relatives felt the staff were caring when they supported their family members. One relative commented: "They know [Name] well." and another said: "They are very kind." Health and social care professionals confirmed they felt the service was successful in developing positive, caring relationships with their clients. One member of staff commented: "The people are the best thing about working here. It's a job you never mind coming to."

People were consulted when staff drew up their care plans. Where able, people had signed their care plans to confirm their involvement and agreement with the contents. Relatives confirmed they had been consulted where appropriate. Staff knew the people who use the service and how they liked things done. Staff explained they always asked people for permission before providing any care or support. They were aware of the content of the care plans and their answers demonstrated they had read them. Staff felt they were allocated enough time to provide the care required in the way the person wanted. Relatives and people confirmed staff stayed the correct amount of time and did not rush them.

People and relatives told us staff respected their privacy and dignity. One relative said: "Yes, definitely." And another told us: "They respect that it is her flat." Staff told us, and we saw, that personal care was always carried out behind closed doors. During our inspection we saw staff working with and interacting with people who use the service. In all instances staff were respectful and polite and showed skill supporting and reassuring people.

People were supported to be as independent as possible. The care plans were very detailed when setting out the support people needed with their personal care and where people could do things for themselves. Care plans highlighted peoples preferences, even down to the specific towel someone preferred to use after their wash. Staff told us they encouraged people to do the things they could and the care plans set out instructions to staff in how to provide care in a way that maintained the person's level of independence.

People's right to confidentiality was protected. Staff received training in people's rights to confidentiality in their induction training. Staff were able to describe their responsibilities in protecting people's personal information. They were aware of the provider's policy on data protection and confidentiality. All personal records were kept securely in people's homes, in a place determined by the person using the service.

Good

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. Care plans were geared towards what people could do and how staff could help them to maintain their independence wherever possible. The care plans gave details of things people could do for themselves and where they needed support. People's abilities were kept under review and any changes were noted in the daily records, care plans were updated if indicated. Where people were assessed as requiring health or social care specialist input, this was provided via referral to their GP or by asking relatives or commissioners where appropriate.

People's care plans were based on a full assessment, usually carried out prior to the service starting an individualised package of care. People's individual likes and preferences in the way they wanted things done were included in the care plans we saw. Each care plan contained a one page profile giving details of things that mattered most to people in an easy 'at a glance' format. The profiles included details on what was important to the person, what they disliked, what they liked to do and what skills they had. Staff were able to give examples of individual people's preferences which matched with the care plans. The personal assessments and care plans captured details of people's abilities and their individuality. Staff felt the care they provided was person-centred. Staff were able to describe their understanding of person-centred-care. Comments they made included: "The care is centred around the person. Everything is about the person."

Risk assessments were incorporated into people's individual care plans. Actions staff needed to take to reduce the risk had been developed based on the person and the way that worked best for them. People's needs and care plans were regularly assessed for any changes. The care plans we saw had all been reviewed and transferred into a new format in September this year. We saw the care plans were up to date and matched the care being provided to people.

People's changing needs were monitored and the package of care adjusted to meet those needs. Staff explained how they would report any changes to their manager, write the change in the daily notes and also in the communication book. Staff all confirmed they read the communication book at the start of each shift and felt they were always made aware of any changes to people's care. Staff told us they would do things differently if people asked and would ask for the care plan to be updated if needed.

Relatives were aware of how to raise a concern and told us they would speak to the manager. People were given information about how to make a complaint when they started a package of care. Complaints were logged and dealt with quickly with details of actions taken to prevent a recurrence. At the entrance to the flats there were compliments/comments/complaints cards available for people to provide feedback on the service received. The cards allowed people to remain anonymous if they wished to.

Health and social care professionals told us they thought, as far as they knew, the service provided personalised care that was responsive to people's needs.

Good

Is the service well-led?

Our findings

People benefitted from receiving a service from staff who worked well together and felt seniors and managers worked with them as a team. They were confident they could take any concerns to the management and would be taken seriously. Staff felt they were kept informed of any changes in the support people received and felt managers took action when notified of any concerns relating to people's needs.

The service had a continuous improvement plan. This included items identified for improvement on a day to day basis. The items could be identified during the weekly visits from the head or service, quality monitoring visits from commissioners, Care Quality Commission inspections and issues raised by individual staff. Items on the current log included staff training, issues arising from incidents and new improvements needed due to the changing needs of people using the service. Any items added to the log remained on the record until satisfactorily resolved. For example, we saw some errors on completing the medication administration records (MAR) had been identified. The service introduced a new system of auditing the MAR sheets and it was found the system had reduced the number of errors made. Another example related to it being identified that staff needed clear guidelines and information where people using the service were taking blood thinning medication. The continuous improvement plan showed guidelines had been developed and placed in people's care plans for staff to refer to. Staff thought improvements had been made recently, particularly to the care planning system.

The two senior care workers took on additional delegated tasks and the service had developed a new "delegation task list". This clearly set out the managerial tasks and who was responsible. Items on the list included audits of medication records sheets, staff supervision and infection control checks.

The service was looking at ways to keep people and their relatives informed on what was happening with the service in a number of different ways. Meetings had been introduced for people and their relatives but were not always well-attended. Social occasions during the summer, such as a barbeque, had been well attended and had provided an opportunity for relatives to meet the managers in a less formal setting.

The head of service told us the frequency of team staff meetings was being increased to monthly. Staff confirmed the team meetings took place and they were asked for their input and suggestions for improvement to the service provided. The service had introduced weekly senior meetings, we saw the schedule for the following six weeks with an agenda to include: "Customers, staff, incidents, safeguarding and organisational information."

The head of service visited the service on a weekly basis and was in touch with the registered manager a number of times a week by telephone. However, records of those meetings and other quality audits were not formally documented. The provider had identified the need to improve the audit and monitoring systems of their registered services and had introduced a new governance/quality department. Appointments had already been announced regarding the appointment of the head of quality and compliance, the quality lead, the health and safety lead and the lead in charge of practice development and specialist training. The plan was for the new team to develop and implement new quality audit systems to

include auditing the service's compliance with the new government fundamental standards and developing new customer and staff satisfaction surveys. The new team was expected to be in place and starting work on improvements in January 2016.

We saw the provider's business plan priorities for 2016. They included the following: developing and implementing a new care governance framework; developing a person centred support programme to include development and implementation of a range of tools; implementing standardised systems of service performance management and developing leadership and management skills learning for staff.

All of the service's registration requirements were met and the manager was aware of incidents that needed to be notified to us. Records were up to date and kept confidential where required.

Relatives felt the service was well managed. One relative commented: "Now [Name] is in there it is the best thing that ever happened to her." Health and social care professionals felt the service delivered good quality care and worked well in partnership with them.