

JME Care Ltd

# Beechcroft House

## Inspection report

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### Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

# Summary of findings

## Overall summary

The inspection took place on the 20 June 2018 at Beechcroft House and was unannounced. A second day of inspection on 21 June 2018 was announced so we could visit people who received a supported living service and the main office.

The provider is registered to provide accommodation for people who require nursing or personal care at Beechcroft House. Beechcroft House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Beechcroft House accommodates three people with learning disabilities in one adapted building. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The provider is also registered to provide personal care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a registered manager, who was also the provider. Throughout the report they are referred to as 'registered manager/provider'. 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.

Just before the inspection, we received information of concern from the local authority safeguarding and commissioning teams. This was about how finances were managed for people who lived in Beechcroft House and about the implementation of specific care plans for people who received a supported living service. We had meetings with the local authority and they decided not to fund any new placements at Beechcroft House supported living service until further notice.

During the inspection, we found multiple breaches of regulations. These related to how the Mental Capacity Act 2005 was implemented, risk management, the safe management of medicines, staff training, one to one care provision, care planning and review, a poor quality monitoring system and poor managerial/provider oversight. Just before the inspection, the provider sought the advice and support of a consultant (referred throughout the report as 'the consultant') to guide them in making the required improvements.

As a result, the overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to

propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice. Deprivation of Liberty Safeguards (DoLS) authorisations had lapsed and there was a poor understanding from staff at all levels regarding mental capacity legislation. Capacity assessments had not been completed appropriately. People who lacked capacity signed tenancy agreements they were unable to understand. There was poor recording of best interest decision-making.

The registered manager/provider lacked knowledge and specific skills required for their role. There was no structured quality monitoring in place in order to identify shortfalls and for learning to take place. Records were not always accurate and up to date and CQC had not always received notifications of incidents that affected people's welfare.

The registered manager/provider had not completed a request for information called a 'Provider Information Return' when requested. This would have assisted us in planning the inspection.

Risk management required improvement. Some people had risk assessments but these required more information to help staff minimise risk. There were no environmental risk assessments completed for people who used the supported living service.

Medicines had not been managed safely and some staff, who gave medicines to people, had not received training.

Care plans did not provide enough information to guide staff in how to support people in the way they preferred, especially when they experienced anxious or distressed behaviour.

There were sufficient staff employed but the way the staff team was organised meant it was unclear if those people with periods of one to one care funded by the local authority, received the hours identified for them. Records also did not fully support the one to one care provision.

Staff had access to training courses but there were gaps in the records. There was also an over-reliance on on-line training, which limited staff's opportunity to seek clarification or discuss issues to test their

comprehension.

Despite the breaches in regulations, the people who received a service told us they were happy with the care staff and the care they received. It was clear the registered manager/provider and staff had built up good relationships with the people who used the service. Staff knew people and their needs very well.

Staff supported people to access a range of community facilities which helped to improve the quality of their lives.

Staff were recruited safely and employment checks carried out before they started work.

Staff had received training in how to safeguard people from the risk of abuse. In discussions, they could describe the different types of abuse and who they would report issues of concern to.

People's health and nutritional needs were met. Staff supported people to access a range of community health care professionals. Staff supported people to maintain a healthy diet.

The provider had a complaints policy and procedure, although an easy-read version would enhance the ability of people to understand the process. This was mentioned to the provider to address. People who used the service told us they would complain if they were unhappy about anything.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate 

The service was not safe.

The management of medicines was not safe and had led to one person receiving a medicine that was out of date.

The assessment of risk was not sufficiently robust to ensure people's safety and wellbeing.

Staff were recruited safely but how staff were deployed meant it was not always clear that funded one to one support was in place.

Staff had received safeguarding training and knew how to report incidents of abuse or poor care.

Beechcroft House was clean and tidy. Staff in Beechcroft House and the supported living service had appropriate equipment to help prevent the spread of infection.

### Is the service effective?

Inadequate 

The service was not effective.

There was poor understanding of mental capacity legislation. This meant assessments of capacity had not always taken place and decisions had been made on people's behalf without consulting appropriate others and agencies.

The staff training, supervision and appraisal system was not fully operational, which meant some staff were carrying out tasks they were not trained in.

People's health and nutritional needs were met. Staff supported people to access a range of health care professionals and supported them to maintain a healthy diet.

### Is the service caring?

Good 

The service was caring.

All the people we spoke with gave very positive comments about

the registered manager/provider and the staff team. They all said staff had a caring approach.

Staff respected people's privacy and dignity and assisted them to maintain their independence. They were also aware of people's diverse needs and had completed training in equality and diversity.

Staff knew how to keep personal information confidential.

### Is the service responsive?

The service was not consistently responsive.

People's needs were assessed and care plans developed. However, the care plans missed important information to guide staff in supporting people in a safe way.

Staff knew people's needs well and were good at supporting them to access a range of community facilities of their choice. This helped people to feel included in their local community.

The provider had a complaints policy and procedure. An easy read version would help it be more accessible to people.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

The knowledge and skills of the registered manager/provider required improvement to ensure they were fully conversant with regulations and their registration responsibilities. The registered manager/provider had been open and honest about this, recognised the shortfalls and employed a consultant to advise them and guide the service to improve.

There was no structured quality assurance system to identify shortfalls and to enable learning to take place.

Staff described the registered manager/provider as very approachable, available for advice and described the organisation as being friendly and family orientated.

**Inadequate** ●

# Beechcroft 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 took place on 20 and 21 June 2018 and was unannounced on the first day. On the second day of inspection, we visited people who received a supported living service assisted by the registered manager and staff at the service. We also visited the main office of the supported living service to see the registered manager and office staff; and to review care records and policies and procedures.

The first day of inspection consisted of two inspectors. The second day of inspection consisted of an inspection manager, three inspectors and an assistant inspector.

The registered manager/provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

Before the inspection, we spoke with the local safeguarding and commissioning teams.

During the inspection, we spoke with two people who lived in Beechcroft House, one of their relatives and three support workers. We spoke with 11 people who used the supported living service, three of their relatives and 11 support workers. We also spoke with the registered manager/provider, the person who is to become the new registered manager and the consultant employed to provide them with guidance. Following the inspection, we received information from two health care professionals.

We looked at the care records and medication administration records for nine people who used the service. We also looked at a selection of documentation used for the management of the service. These included training and supervision records, staff rotas, accidents and incidents, maintenance of equipment, complaints management, staff selection, policies and procedures and the quality monitoring system. We

completed a tour of the environment at Beechcroft House and the new office headquarters for the supported living service.



# Is the service safe?

## Our findings

People who used the service told us they felt safe and staff were available to support them when required. Comments from people who used the service included, "I feel safe and I never have any accidents" and "There are staff around if I need them."

Staff had completed risk assessments; however, these did not contain sufficient control measures to help minimise risk. This meant staff would not have full guidance in how to minimise risk. For example, the risk assessment for one person stipulated that specific items were to be removed from their immediate vicinity as part of risk management. When we checked there remained items that could pose a risk to the person and other people. There were other risk assessments for people in both Beechcroft House and the supported living service that identified risks but gave little guidance to staff in how to support the person to minimise them. For example, one risk assessment stated, 'Guide [Name] away from dangerous situations' but gave no instruction as to how this was to be completed. One person had a risk of declining meals but there were no monitoring systems in place to look for patterns regarding what meals and when they were declined. There were no environmental risk assessments carried out on people's homes to ensure areas of risk had been identified.

A visiting professional said, "Service users have been taken on holiday without appropriate risk assessments in place. However, for the individuals I am involved with, I believe the service and the care being delivered "on the ground" is fundamentally safe."

Care plans to guide staff in managing behaviour which was challenging to both the person they were about and others did not include sufficient information to safeguard people from harm. People had positive behaviour support plans in place before the inspection, which had been devised in conjunction with other agencies. However, these had been removed by the local authority and deemed an unsuitable support mechanism. The registered manager/provider had not devised their own positive behaviour support plans to replace them with. This meant staff had little guidance in supporting people with behaviour that could be challenging and there was the possibility they would revert to the only plan they had knowledge of, which had been deemed unsuitable.

People had personal emergency evacuation plans for staff to use when assisting people to exit Beechcroft House or their homes in an emergency. These required updating to ensure they had accurate information.

Medicines were stored appropriately but we had concerns that some people may not have received their medicines as prescribed. One person had received a medicine that was five months past its expiry date. This meant there was the potential for the medicine to be ineffective or cause unwanted side effects. When the person received this medicine, which was on an 'as and when required' basis to relieve anxiety, staff had not recorded the time it was given. This would make it difficult in calculating when another dose was required. The daily notes did not reflect the reason why the medicine was given to the person.

One person had several gaps on their medication administration record (MAR) with no codes to indicate why

the medicines had been omitted.

One person's MAR was blank for the first day of inspection. The person had important medicines to take and staff told us they took specific doses of the day's supply of medicines with them when they went out of the service. The policy and procedure to guide staff with medicines management in Beechcroft House was an outdated one produced by the North Lincolnshire local authority, which stated the review date was 20 January 2015. This stated each provider was to have an internal procedure on how medications were signed in and out of the service. There was no evidence of an internal procedure for this task. The service had a standard protocol for the administration of paracetamol when prescribed 'as and when required'. Included in the protocol was a statement that no 'over the counter' remedies must be purchased or administered'. However, staff confirmed some over the counter products were purchased and used by people who used the service.

There was no clear guidance for staff when administering medicines, including inhalers, prescribed 'as and when required' or when instructions had a variable dose and staff judgement was needed. When we asked staff what length of time they would need between doses of the medicine, they were unsure. One person's medicines had not been returned to the pharmacy in a timely way.

The above issues were a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people who used the service had one to one support for specific timeframes funded by the local authority or continuing health care services. At Beechcroft House there were days when two members of staff were on duty. As one person was funded one to one support for 24 hours a day, another was funded for 10 hours a day and the third person for six hours a day, it was difficult to see how the one to one support could be achieved with only two members of staff. We checked the staff handover sheets and weekly activity planners for people who used the service but they did not identify which staff was responsible for the one to one support. The staff rotas were also difficult to follow as the one for Beechcroft House included some shifts for staff who worked with people who used the supported living service. The rota also did not always indicate who was working a night shift at Beechcroft House. Staff confirmed there were times when they completed a sleep-in duty at Beechcroft House instead of a waking night shift. This would mean the person who was funded to have 24 hours one to one support would not have received it through the night. The provider told us they would audit the staff rotas and use of one to one support to ensure this was accurate and as funded by commissioners.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training in how to safeguard people from the risk of abuse. In discussions, staff could describe the different types of abuse and the signs and symptoms that would lead them to suspect abuse may have occurred. They knew who to contact if they had any concerns.

The provider had safe staff recruitment systems in place, which included an application form, references, an interview and a disclosure and barring service (DBS) check. The DBS checks include information from the police database regarding convictions and cautions and helps the provider to make safer recruitment decisions. New staff had a probationary period and meetings to discuss progress.

Beechcroft House was clean and tidy. All staff confirmed they had completed on-line training regarding infection prevention and control. They also confirmed they had personal, protective equipment such as

gloves, aprons and hand sanitiser to help prevent the spread of infection.

## Is the service effective?

### Our findings

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. The registered manager/provider had limited knowledge of MCA, had not acted within the legislation and had not followed best practice guidance.

The provider wanted to change the status of Beechcroft House from one that provides residential care to people, to a supported living service, where people would be tenants in their own home. This would have enabled people to have more daily expenditure as the funding arrangements were different. The provider had supported people to complete and sign applications for specific benefits to accommodate this change and arranged for them to sign tenancy agreements. However, the people who lived in Beechcroft House did not have the capacity to make these decisions and MCA had not been used to support the decision-making. There had been decisions made on people's behalf regarding payment of holidays abroad for the person themselves and for staff who accompanied them. There had also been decisions made regarding other expenditure. The decisions made had not followed the principles of MCA and other people such as social workers, health professionals and commissioners had not been involved in the decision-making. Mental capacity assessments had not been completed and best interest documentation had not been completed for these decisions. We saw some MCA assessments and best interest decisions had been recorded for some people who used the supported living service.

In discussions with staff, they said they would seek people's consent before carrying out care tasks. However, there were instances when staff on sleep-in duties slept in people's lounges. There was no record that people were offered a choice about this and it limited people's choices about where they could sit in their own home.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. Two of the people who lived in Beechcroft House had DoLS authorisations but these had lapsed in December 2017 and the registered manager/provider had not submitted new applications until prompted by the consultant supporting the provider. There were other people who lived in the supported living service who may meet the criteria for DoLS; the consultant told us they would assess people and make applications for DoLS as required.

The registered manager/provider and staff had completed training in MCA/DoLS but considering practice issues, the training requires updating.

These issues were a breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Training records showed staff completed training, mainly using on-line or video training courses for those topics considered essential by the provider. These included safeguarding, infection control, food hygiene, fire awareness, health and safety, moving and handling, medication and first aid. Some staff required an update. There were other training courses completed such as care planning, risk assessment, equality and diversity and managing behaviour which could be distressed, anxious or challenging. There were gaps in the training record which meant some staff may not have up to date skills in specific areas. For example, according to the training record, out of 39 staff, 12 had not completed an introduction to learning disability, 19 had not completed Autism training and 20 had not completed physical intervention training. During discussions with staff in the supported living service, we were told some staff had not completed medication management training, or had their competence to do this checked, but they were administering medicines to people. We were told staff at Beechcroft House had received training in how to carry out blood sugar monitoring on one person whose levels were unstable. However, the training record did not evidence that several staff who carried out the testing had completed the training.

In discussions with staff, they confirmed they had completed on-line training; they also said they had requested more face to face training courses. Comments from staff included, "The only training I have done is e-learning. I have asked in my supervisions as I need some actual training. They said they would sort something. I have asked in previous supervisions" and "It wouldn't be a bad thing to keep training updated more, you know with regular refreshers."

The staff induction consisted of a one-day orientation to the service they were to work in and shadowing more senior staff. The documentation for the induction was not aligned with the Care Certificate. This is a set of national standards for care and when completed enables staff competence, skills and knowledge to be assessed in a range of areas.

Staff told us they felt supported by the registered manager/provider and had supervision meetings and appraisal. There were some concerns that when staff identified the need for training, this was not completed in a timely way. The registered manager/provider told us they would audit training and take appropriate action to plan additional courses for staff.

These issues were a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records indicated people had their needs assessed and documented in their care file; we saw they had annual health checks. Staff had written health action plans for people, which helped to provide information to medical and nursing staff when they were admitted to hospital or attended appointments. Staff knew people's health needs well and supported them to access a range of community health care professionals in a timely way when required. These included GPs, consultants, community nurses, psychologists, dentists, opticians and podiatrists. We were concerned about the monitoring of one person's blood sugar levels as high readings were recorded in the evenings but there was no care plan guidance to support staff in the actions they were to take. There was no evidence staff sought medical advice when readings were high and no evidence the blood sugar levels were re-tested until the next morning. The person's GP had been involved in a medicines review three months before the inspection. Staff told us they would contact the GP again to inform them of the persistent high readings and seek their advice.

Health care professionals told us staff contacted them in a timely way. They said, "The staff are skilled in delivery of care and manage some extremely difficult people; on the whole I feel that the service users are

well supported by hands-on staff", "Staff for my service users will ring me if there are any concerns with deterioration in health and notify me of any GP or hospital appointments" and "I am made aware if there are any health needs of individuals on my caseload or if their mental state deteriorates. I believe their physical health has been managed well, as all service users I have been involved with have lost weight [planned] and this has been achieved in a positive way.

Relatives told us staff contacted health professionals when required. Relatives said, "They are good at looking after [Name's] health and got all their medicines sorted out; they make sure they have plenty of fluids" and "The staff support [Name] to see their GP if I can't make it."

People's nutritional needs were met. In Beechcroft House, and in the supported living service, staff ensured people had input into their weekly menu, enabled them to shop for food and guided them when preparing meals. Staff completed care plans, which had some information about likes and dislikes. People's weight was recorded and referrals made to their GP or dietician as required. People told us they were happy with the meals provided to them. One person told us staff made them their favourite food which was cheese sandwiches. They said, "We all choose the menus and food; we decide what we want", "Staff help me with food and shopping; they ask what help I need and how I like things done", "On Sunday we do the weekly planner, menus and activities" and "I have lost a lot of weight whilst here [planned and supported by staff] and now I have a healthy diet."

The environment of Beechcroft House was suitable for people's needs and in line with registering the right support guidance. Three people shared the bungalow and each had their own bedroom in a homely environment; one person had an en-suite shower and the other two people shared a communal bathroom. People who used the supported living service had their own tenancies in a single occupied home or shared with their friends.

## Is the service caring?

### Our findings

Every person we spoke with had very positive comments about the registered manager/provider and staff team, and their approach when supporting them. Comments included, "They [staff] are good at explaining things and helping me stay on track", "They just talk to me and check I'm alright", "[Names of staff] are lovely" and "The support is amazing. It has been the longest lasting provider I have been with. So many good things have happened since I came."

Relatives said, "Everything is good. When [Name] is happy, I'm happy and he is", "They [staff] really put [Name] first and I am pleased with the service. They have thrived having the staff support and their quality of life has improved", "Staff are absolutely brilliant; I can't fault them" and "They [staff] are very caring and have done a lot for [Name]; they have a new lease of life."

Health professionals said, "The staff that support one of my service users have had a very positive impact upon their health and wellbeing. They are accessing the community regularly and safely." The health professional went on to say, "Dignity and respect has always been shown to the service users."

We observed very positive staff interventions with people who used the service. They facilitated a calm environment, listened to people and engaged well with them. Staff offered explanations and reassurance to people when they queried why inspectors were visiting them.

Staff were clear about how they supported people's privacy and dignity. In discussions, they described how they supported people by ensuring they had privacy when washing and dressing, keeping people covered up if they needed assistance, and respecting their wish to be alone at times. Comments from staff included, "They will shut the door if they want time on their own and we respect that. When they have a shower, I make sure the door is shut."

Staff supported people to be as independent as possible. Comments included, "If they are getting showered, I leave them to it. I just encourage [Name]; they are quite independent and only need a little bit of support." A person who used the supported living service said, "The best thing is I have my independence and capacity to do things I want to do and live my life."

Staff supported people to maintain links with the families and friends. The activity planners identified when people went to visit their relatives or when they came to visit them. Often trips to community facilities were completed with their peers and friends within the supported living service. Records showed staff also assisted people to make phone calls to relatives and friends.

There were people within the service who had support from advocates in making their needs known. This support was documented with their care file.

Each person had a 'culture/spiritual' care plan. These included generic statements about staff respecting people's diversity and cultural needs. Staff had completed on-line training in equality and diversity and in

discussions were able to demonstrate people's diverse needs and how they would meet them.

Staff were aware of the need to maintain confidentiality. Discussions about people who used the service held with the registered manager or health care professionals, were taken in private. People received their mail unopened and this was only checked by staff if they needed to make a note of health appointments.

Records in the service were held securely and only accessed by people who required them. Staff personnel records were held at the main office. Computers were password protected.



## Is the service responsive?

### Our findings

People who used the service had assessments of their needs prior to admission to the service. Management completed risk assessments and information from both initial and risk assessment were used to write care plans. There was an inconsistency with the quality of care planning.

Some people had plans of care that were detailed and described the actions staff had to complete to help the person manage the task or need. Others did not have full guidance for staff in how to support people to meet their assessed needs. This meant important care could be overlooked. For example, one person had diabetes and required blood sugar level monitoring. Guidance for staff was limited in the actions they were to take should the blood sugar levels fall outside the norm, which they frequently did. The monitoring records showed very high blood sugar levels mainly in the evenings and staff gave either one or two glasses of water to the person at these times. There were no instructions in the care plan for staff to seek medical advice at these times and no instructions regarding a repeat test, which we saw was not carried out until the next morning.

One person's care plan referred to encouraging the person to eat healthily but not how this was to be achieved. Similarly, another referred to a person being confused when trying to communicate and may need staff to prompt but did not detail how this was to be carried out. Another care plan advised staff to encourage the person to vocalise thoughts, feelings and anxieties with no direction as to how this was to be done and another told staff to challenge the person when they used inappropriate language but did not say how.

Some information in care plans was contradictory and some was generic and the same for several people. For example, one care plan stated the person was unable to make hot drinks without supervision as they had previously burnt themselves. Another section of the same care plan stated they could prepare snacks and hot drinks. Similarly, one person had diabetes and had blood sugar monitoring levels taken three times a day. In one section of the care plan and their risk assessment, it stated blood monitoring was twice a week. A care plan referred to the need for support from a male care worker or an 'experienced' female care worker but did not explain why.

Care plans to manage people's self-injurious behaviour did not provide full guidance to staff on the types of behaviour, what the triggers could be and how staff were to support people in a consistent way.

Care plans were not reviewed effectively, which would help staff to update them when people's needs changed. A relative told us there had been an issue with updating a care plan and this area could be improved. They did say they were now involved in writing the care plan.

Not ensuring care was planned appropriately was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the shortfalls in care planning documentation, staff knew people's needs well and there were

examples of how staff had delivered person-centred care. People who used the service told us staff had been responsive to their needs. Comments included, "[Names of staff and registered manager/provider] are good at supporting me to do the things I want", "I didn't like one staff, it took a while to get sorted, but it did", "They [staff] are good and they do listen", "I like the staff; they work really hard" and "If I have a problem with anything I go straight to [Name of registered manager/provider]. I went to talk to them as I'm working with quite a large team and would like a smaller team in the future."

Health professionals said staff had been responsive. They said, "I would say very responsive, the staff report any issues or concerns as soon as they arise" and "The staff have managed a particularly challenging person with severe autism for the past two and a half years. The skills of a two to three core staff team have transformed the life of this person for the better. This approach is about positive challenge, honesty and life skills teaching."

People also said staff supported them with activities of daily living to enable them to be as independent as possible. Comments included, "I have £70 a week for food and activities; staff help me with budgeting. I wouldn't change anything; I like living here", "I can take my own tablets with support from staff", "They help with shopping and bills" and "They give us loads of support when cooking tea." One person said, "Staff follow my support plan, they know what is in it and they follow this the way they should and how I want them to. They know how to help me be calm when I kick off" and "When I was at other placements, I couldn't do all the things I wanted to do; I can now. I read my care plan every day and it reflects everything I want."

Relatives confirmed they were happy with the support their family member received. They confirmed the staff knew how to support their relatives. One relative told us they had seen the care plan and it reflected their relative's assessed needs.

Staff were very proactive in supporting people to access community facilities and to participate in activities and outings of their choice. These included a whole range of facilities such as shops, cafes, pubs, the cinema, points of interest, bowling and swimming. Staff supported people in obtaining work positions in voluntary organisations and shops, attendance at colleges and going to clubs. The registered manager/provider supported people to access holidays, some of which were overseas. The people who lived in Beechcroft House had a dog [Blue]. They all helped to look after Blue and take him for walks. The support staff provided to people helped them to have an improved quality of life.

Staff had also supported one person to complete a presentation of their life and achievements to staff at a local NHS Foundation Trust. This consisted of the person talking about how joint working with a number of agencies, including the registered manager/provider, helped them to live a full and productive life. Another person was supported to fulfil their goals in attending a festival and performing in front of friends at an open mic event.

The service had a complaints policy and procedure although this was not available for us to see on the day of inspection. The providers statement of purpose refers to the availability of a complaints form for people to use and we saw these were in Beechcroft House. The complaints form was not in easy read format and required review to make it more accessible for people. The registered manager/provider confirmed the complaints policy and procedure was also not in easy read and they would address this. People who used the service told us they would tell staff or their relatives if they were unhappy with anything. All the people we spoke with named specific staff or the registered manager/provider as the people they would speak with. Relatives told us they would speak with the registered manager/provider should they have any issues and were confident these would be resolved. They provided examples of when they had raised issues and said they had been addressed.

## Is the service well-led?

### Our findings

All the people who used the service knew the name of the person who was both registered manager and the provider. We saw the registered manager/provider had built up good relationships with people, knew everyone by their first name and was also familiar with their assessed needs. People who used the service told us, "[Name of registered manager/provider] has all the time in the world for me."

Relatives told us they had developed good relationships with the registered manager/provider and said, "They always try to get things sorted and they do listen", "We have a good relationship with [Name of registered manager/provider]; any problem and they will sort it out" and "I really like [Name of registered manager/provider], they have a good heart and the care is good."

Despite the good relationships developed between the registered manager/provider and people who used the service, we had concerns about the overall management and governance of the service. The registered manager/provider had lots of 'people skills' but lacked knowledge, experience and skills in ensuring the fundamental standards were met with regards to the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager/provider had not understood their registration responsibilities and had implemented a different sort of service to the one they were registered for with the Care Quality Commission (CQC). They told us they had wanted people at Beechcroft House to have the same financial advantages as their peers who used the supported living service but the funding arrangements for people in residential care and supported living are different. The registered manager/provider had supported people to sign tenancy agreements and benefit application forms when they had limited understanding of them and when they were already funded by commissioners for residential care. This situation has now ceased and people at Beechcroft House remain residents instead of tenants until the service improves and an application to change to a supported living service is completed.

Part of the registered manager/provider's registration responsibilities was to notify CQC about incidents that affected the welfare of people who used the service. We found at least three incidents had not been reported to CQC. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. We took this into account when we made the judgements in this report and it has impacted on the rating for this key question.

The registered manager/provider had developed relationships with other professionals and agencies. However, there had been miscommunication regarding the change in status to tenants of people who resided in Beechcroft House. This had led to the funding irregularities, which were being addressed.

The registered manager/provider was the benefit appointee for several people who used the service. This

role conflicted with their position as landlord and has now ceased; the local authority has taken over the role of benefit appointee where required.

Management had a lack of knowledge regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and as such people had been deprived of their liberty unlawfully. Decisions had been made on people's behalf without following the MCA code of practice in assessing capacity and recording best interest decisions.

There was no effective quality monitoring system in place to identify shortfalls in care provision, to improve practice, ensure lessons were learned and develop the service. There was no analysis of accidents and incidents to prevent a reoccurrence. A small number of audits had been completed, for example medication in Beechcroft House, but the audit had not been effective in identifying issues with an out of date medicine and a lack of clear guidance for medicines prescribed 'as and when required'. Audits had also not identified that three incidents, which had affected the welfare of people who used the service, had not been reported to CQC.

People who used the service had completed surveys, however the design of the survey was not in easy read format. People told us they were unsure of what the questions meant and staff had to assist in their completion.

The recording system for care plans and daily records was electronic and computers were password protected. However, the way this was organised meant staff could input information retrospectively to cross out or override what they had previously written. This meant there was no safe and effective audit trail and was open to misuse.

Records were not always accurate and up to date. For example, care plans had not been reviewed and updated thoroughly, there were limited protocols for 'as and when required' medicines, there was incorrect use of medication administration records and some gaps. Staff recorded on body maps when people had accidents or any bruises were noted but formal accident forms were not always completed. The training record had gaps, and policies and procedures were not always up to date. Various members of staff were related to each other and we checked five week's rotas to look at how this was managed. The rotas did not include three members of staff, the registered manager/provider and the person who was to become the new manager; this meant they were difficult to audit and check how related staff were managed.

All the above issues were a breach of Regulation 17 (Good governance and Records) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoken with described the culture of the organisation as open and 'family orientated'. They said the registered manager/provider was always available to talk to for support. Comments included, "We always receive feedback and they communicate to let us know what is going on in the company", "It's a lovely company, small like a family" and "It's just the best company I have worked for. You get lots of support and can ring [Name of registered manager/provider] anytime.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care  Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The registered provider had not ensured people's needs were fully assessed and planned for so that staff had guidance in how to meet them in ways they preferred.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care  Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The registered provider had not worked within the Mental Capacity Act 2005. This had resulted in lapsed deprivation of liberty safeguard authorisations and decisions made on people's behalf without consulting appropriate people and agencies.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care  Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered provider had not ensured care and treatment was provided in a safe way for service users by: - 12 (2) (a) (b) assessing and doing all that is reasonably practicable to mitigate risk, and (g) the proper and safe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

Personal care

The registered provider had failed to ensure adequate systems were in place to assess, monitor and improve practice.

## Regulated activity

Accommodation for persons who require nursing or personal care

Personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered provider had not ensured sufficient numbers of skilled and experienced staff were always on duty.