

Dale Care Limited

Beechfield Court

Inspection report

Beresford crescent
Middlesbrough
TS3 9JW

Date of inspection visit:
18 February 2020
19 February 2020

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01 April 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Beechfield Court is an extra care housing service. The service can support up to 75 people. People using this service lived in their own flat within a large building, or in a bungalow within the grounds of the main building. Beechfield Court provides a service to people with a range of needs including those living with physical health needs, mental health conditions and/or dementia type conditions.

Not everyone living at Beechfield Court received personal care. The Care Quality Commission only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection 40 people were in receipt of a personal care service.

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

Medicines management required improving. Staff were caring and respectful towards people. People felt safe living at the service. Staff knew how to help protect them from abuse. New staff were recruited safely. Enough staff were on duty to support people with their needs.

Most risks to people had been assessed. Care plans and risk assessments for some people living with more complex needs required reviewing more often. The management team took immediate action to address this issue.

Staff had the right training, experience and skills to care for people well. They were supported through supervision meetings with the management team and had their performance assessed.

Staff supported people to access health professionals if they needed support in this area. People had access to communal areas within the service including a bistro and a garden. Where needed people were assisted with the preparation of meals and drinks to maintain a healthy lifestyle.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported support this practice. People were able to make decisions about the care they received. Complaints were managed appropriately in line with the providers complaints policy.

Staff worked with a range of external professionals to care and support people. People, relatives and staff told us the service was well-led. They spoke highly of the management team. Most staff told us they felt supported and were listened to.

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

Rating at last inspection

The last rating for this service was requires improvement (published 24 October 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the date the service registered with CQC.

Enforcement

We have identified a breach in relation to the management of medicines at this inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Beechfield Court

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector, two medicines team inspectors and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 18 February 2019 and ended on 19 February 2019. We visited the office location on both days.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch for

feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with nine people who used the service and three relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, the assistant manager, a care coordinator, two senior care workers and five care assistants. We also spoke with two representatives of the provider and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The management of people's medicines was not always safe. Medicines records and medicine care plans required improving. This included records for medicines taken 'as required,' patches and also recordings for the application of creams by staff.
- The management of one person's medicine was not always safe. Prescribed instructions were not clear. This had resulted in some incorrect doses being administered.
- One person required a review of their pain management medicine regime as they were not always receiving their regular medicines at the time of day they wanted them. This had resulted in the person having to take high levels of breakthrough pain management medicines.
- Specific instruction in regard to the administration of medicine for example, if a medicine had to be taken with meals this had not always been adhered to.

Medicines were not managed safely. The provider failed to ensure the proper and safe management of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these issues with the management team and they took immediate actions to address many of the issues raised.
- Staff who administered or supported people to take their medicine had received training and their competency in this area was checked.

Assessing risk, safety monitoring and management

- Risks were reduced and monitored. However, staff required improved guidance around supporting people's specific medication needs.
- Care plans and risk assessments for people living with complex needs required more regular reviewing. We discussed this with the management team who told us this would be implemented immediately.
- Incidents and accidents were monitored and actions were taken to reduce the risk of them reoccurring.
- Staff were not responsible for safety checks within the premises however any concerns they had were raised with the responsible organisation.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and told us they felt safe living at Beechfield Court. One person told us, "I feel very safe. It's just a feeling about the place." Another said, "I know that there is someone there 24 hrs a day."

- The provider had a safeguarding policy in place for staff to follow.
- Staff received training in safeguarding. They knew the action to take if they felt people were at risk of abuse. They were confident the management team would address any concerns they raised in this area.

Staffing and recruitment

- The provider had safe recruitment processes in place. This included a range of checks to reduce the risk of unsuitable staff being employed.
- People told us staff usually arrived for their calls on time and stayed for the allocated period of time. One person told us, "It seems there are enough staff about, there has never been a missed call."
- Staff told us staff sickness had made completing their calls on time difficult at times however they felt this had improved recently.

Preventing and controlling infection

- Infection control measures were in place. The provider had a policy in place for staff to follow. Staff had training in infection control measures
- Plentiful supplies of gloves and aprons were available for staff to help prevent the spread of infection.

Learning lessons when things go wrong

- Incidents and accidents were monitored and reviewed. Adverse incidents were shared with the staff team so lessons were learnt. This reduced the risk of similar incidents happening again.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good and people's feedback confirmed this.

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

- People needs were assessed and reviewed. Prior to people moving into the service a pre-admission assessment took place to make sure staff could meet their needs.
- People and their relatives were involved in the development of people's plans of care. One person told us, "I'm very, very happy. It couldn't be better if I had designed it myself."
- Care plans included guidance for staff on people's preferences and how they wanted to be supported.

Staff support: induction, training, skills and experience.

- Staff had the appropriate training, experience and skills to care for people well. People and their relatives told us staff were competent in caring for them safely. One relative said, "They know what they are doing."
- The provider ensured staff received the training they required to be competent in their roles. New staff attended an induction programme and shadowed more experienced staff until they were confident in their roles.
- Staff performance was monitored through checks and competency assessments.

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

- People told us they were happy with the support they received with the preparation of their meals and drinks. Many people used the on-site bistro for meals. This was not managed by the care provider.

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

- Staff worked with a range of healthcare professionals such as district nurses and occupational therapists to make sure people received the right care.
- People and their relatives told us staff would contact healthcare services if people became unwell.

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

- The service had been designed to create opportunities for people to socialise if they chose to do so. People were able to meet together in the bistro area or garden. This helped create a sense of community. During the inspection we saw people making good use of the communal areas, spending time chatting and eating together.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires, 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether these principles were being met.

- The management team told us each person currently supported had capacity to make their own decisions.
- Staff had received training in the MCA and understood how to apply the principle in their work. One person told us, "They [staff] don't attempt to do anything without asking."

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were caring. People told us the staff team treated them very well. Relatives also spoke highly of the staff team. One person said, "Up to now it has been marvellous. Long may it continue", another person said, "I love it."
- We observed staff interactions were patient. One staff member told us, "We give lots of guidance and reassurance." One person told us, "They [staff] will always stop and have a chat. They have said don't be stuck if you want to talk to someone."

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected and promoted. Staff told us how they ensured they respected working in people's homes. One person told us, "They respect you...and ask if they can do anything for you."
- Staff encouraged people to remain as independent as possible. For example, in preparing their meals and with their personal care.

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

- Care plans included information about people's life history, likes and dislikes, what was important to them and how they wanted to be supported.
- At the time of inspection no one living at the service was supported by an advocate. Information regarding advocacy services was available for people if required.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care. Staff understood the importance of providing individualised care and support to enable people to live their lives the way they chose.

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

- Staff encouraged people to take part in activities arranged by the housing provider and residents group. This included a 'mock' wedding to raise money for a charity. People told us they had thoroughly enjoyed the event.
- Some people were allocated social calls where this was assessed as a need. People used this time to take part in the activities they chose for example to go shopping or to the library.

Improving care quality in response to complaints or concerns

- Complaints were managed appropriately. The provider had a complaints policy in place and where complaints had been received these had been dealt with in line with the provider's policy. Complaint outcomes were documented.
- People and their relatives said they knew how to complain if needed.

Meeting people's communication needs

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

- People's communication needs were met. Care plans documented people's needs in this area.
- The registered manager told us where people had specific needs in this area information it was provided for them on a bespoke basis.

End of life care and support

- The provider had a policy in place for staff to follow should a person reach the end of life stage. At the time of inspection no one was receiving end of life care. Discussions with staff showed they knew how to support people sensitively at such a time.
- People's end of life wishes were recorded in their care plans. For example, people's resuscitation preferences.

Is the service well-led?

Our findings

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

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

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

- Audits and checks took place. However, these had not identified the issues we found with the management and administration of medicines. This had put people at risk of harm. We discussed these issues with the management team who started taking immediate action to address the shortfalls.
- The service had undergone a number of changes in the management team. Staff told us they liked the current structure. One staff member said the management team were "Very organised".
- The registered manager had notified the appropriate bodies of incidents in line with regulation and their legal responsibilities.

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

- The management team ensured people were provided with opportunities to give feedback on the service. Regular meetings for residents took place. One person told us, "The new manager has got a drop-in policy. You can more or less see them anytime."
- Satisfaction surveys were sent out to people and relatives. The results of these were analysed and an action plan was developed to deal with any outstanding issues.
- We were given examples of how feedback had been acted upon. For example, some people had been escorted to places of interest they had expressed a wish to go to
- Staff told us their suggestions and ideas were listened to by the management team. Regular staff team meetings were held. Most staff told us they felt listened to and valued.

Working in partnership with others

- The management team and staff worked in partnership with other professionals such as social workers and health professionals to provide holistic care and good outcomes for people.

Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team were keen to continue improving the service and shared with us their development plans.
- Investigations were carried out appropriately when adverse events had taken place.

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12.1,2 (g) The provider failed to ensure the proper and safe management of medicines.