Voyage 1 Limited

Beech House

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on the 22 December 2015 and was unannounced.

Beech House is a care home which is registered to provide care (without nursing) for up to six people with a learning disability. The home is a large detached building within Reading close to local shops and other amenities. People had their own bedrooms and use of communal areas that included an enclosed private garden. The people living in the home needed care and support from staff at all times and have a range of care needs.

There is a full-time manager who has commenced the process to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who use the service had a range of communication abilities. These ranged from non-verbal to limited verbal communication. Other methods of communication were used by people such as the use of pictures and symbols to indicate their needs and wishes. These were understood by staff. The manager and staff were building on and improving communication methods that were specific to people's assessed needs. This was in order to promote and respect the choices they made.

People's medicine was not always managed safely. However, processes were in place to monitor and improve the safety of giving people their medicine.

The recruitment and selection process helped to ensure people were supported by staff of good character. There was a sufficient number of qualified and trained staff to meet people's needs safely. Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse.

People were provided with effective care from a staff team who had received support through supervision, staff meetings and training. Their care plans detailed how they wanted their needs to be met. Risk assessments identified risks associated with personal and specific behavioural and or health related issues. They helped to promote people's independence whilst minimising the risks. Staff treated people with kindness and respect and had regular contact with people's families to make sure they were fully informed about the care and support their relative received.

People were encouraged to live a fulfilled life with activities of their choosing. People's families told us that they were very happy with the care their relatives received.

The manager had been employed three weeks at the time of our visit and had made a positive impact. This

had been achieved from her evaluation of the services provided and implementation of change in consultation with people, their relatives and staff. These included improvement to the environment and improved individualised care and support for the people who lived in the home.

The service had taken the necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people and their care.

Staff received the training and development they needed to care for and support people's individual needs. People received good quality care. The provider had an effective system to regularly assess and monitor the quality of service that people received. There were various formal methods used for assessing and improving the quality of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe but people's medicines were not always managed safely.

Staff knew how to protect people from abuse.

People's families felt that people who use the service were safe living there.

The provider had robust emergency plans in place which staff understood and could put into practice.

There were sufficient staff with relevant skills and experience to keep people safe.

Is the service effective?

Good

The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns.

People had their freedom and rights respected. Staff acted within the law and protected people when they could not make a decision independently.

People were supported to eat a healthy diet. They were helped to see G.Ps and other health professionals to make sure they kept as healthy as possible.

Is the service caring?

Good

The service was caring.

The manager and staff were building on improved communication methods specific to people's assessed needs. This was in order to promote individualised care around the choices they made.

Staff treated people with respect and dignity at all times and promoted their independence as much as possible.

People responded to staff in a positive manner and there was a relaxed and comfortable atmosphere in the home.

Is the service responsive?

Good

The service was responsive.

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans and provided information for staff to support people in the way they wished.

Activities within the home and community were provided for each individual and tailored to their particular needs.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Good

The service was well-led

People who use the service and staff said they found the manager open and approachable. They had confidence that they would be listened to and that action would be taken if they had a concern about the services provided.

The manager and provider had carried out formal audits to identify where improvements may be needed and had acted on these.

Beech 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 the 22 December 2015. It was carried out by one inspector and was unannounced.

Before the inspection we looked at all the information we have collected about the service. The service had sent us notifications about injuries and safeguarding investigations. A notification is information about important events which the service is required to tell us about by law.

During our inspection we observed care and support in communal areas and used a method called Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We spoke with three relatives of people who use the services. We spoke with the manager of the home and four staff. We also received feedback from a local authority adult social care professional and health care professional.

We looked at three people's records and records that were used by staff to monitor their care. In addition we looked at two staff recruitment files. We also looked at staff training records, duty rosters, menus and records used to measure the quality of the services that included health and safety audits.

Requires Improvement

Is the service safe?

Our findings

People who lived in the home were unable to tell us if they felt safe. Their families told us they felt that their relatives were "safe" in the care and support they received at Beech House.

A local authority adult social care professional informed us that they had no immediate concerns about the safety of the people who lived there. They told us there had been previous concerns as there had been no permanent manager. There had also been medication errors that had been investigated under safeguarding procedures and resolved.

The service used a monitored dosage system (MDS) to support people with their medicines safely. Using an MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right times.

There was some overstock of people's prescribed creams and 'when required' liquid medicine. Staff had not always recorded the date of opening prescribed creams to ensure they were used within the recommended period. This had also been noted during a pharmacist audit in May 2015. Although the audit had recommended improvements it had not identified anything that needed to be followed up urgently or of a safeguarding nature. The new manager informed us that this was now being actioned as a priority. The deputy manager had begun the task of auditing all medicines to identify those that needed to be returned. Staff had received medication administration training and competency assessments. These were signed off by the assessor and dated when in agreement that the staff member was confident and competent to support people with their medicine.

A person's relative told us that although they had no concerns: "there had been a massive staff turnover" and stated: "I'm aware a new manager has recently joined the staff team".

Staff were seen to respond quickly to support people safely within the home and to assist people to appointments and/or activities within the community. The manager told us that there were approximately 113 vacant hours each week that were covered by bank and agency staff. This had ensured there were sufficient staff to support people, and included one to one support at various times of the day for two of the people who use the service. Recruitment of staff was underway at the time of our visit with security checks and interviews pending.

The provider had effective recruitment practices which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers had been requested and gaps in employment history were explained.

People were kept safe by staff who had received safeguarding training. Staff told us the training had made them more aware of what constitutes abuse and how to report concerns to protect people. Staff made

reference to the organisation's whistleblowing policy; "see something say something". They told us if they were not listened to by the manager or within their organisation they would report their concerns to the local safeguarding authority or Care Quality Commission (CQC).

There were risk assessments individual to each person that promoted people's safety and respected the choices they had made. Incident and accident records were completed and actions taken to reduce risks were recorded.

Good

Is the service effective?

Our findings

People were supported to attend health care appointments with their GP and other healthcare professionals. People made healthy living choices regarding food and drink. Meals were repared and well presented to meet their individual needs, such as diabetes, lactose intolerance and raised cholesterol levels.

People were referred to a speech and language therapist (SALT) and dieticians as and when required to have their nutritional needs assessed. Effective joint work with a community nurse was evident when the staff team told us how they supported a person who has diabetes. We also received feedback from the community nurse was evident when the staff team told us ed: "We find the staff in Beech House are very friendly and approachable. They have been receptive to our advice in terms of how to care for a diabetic patient". A person's relative said: "there is a good core of staff who have been there a long time, they look after (name) needs very well".

Staff had attended regular staff meetings and had received one to one supervision and appraisal that supported their development needs. Two of the staff we spoke with, who had worked within the home for a number of years, told us they had received a good induction at that time. They told us that they completed regular updated training and were very positive about the new manager stating: "we feel a lot more motivated, it is what we needed" and "we are given clear guidance with improved delegation".

Corporate induction documentation we viewed showed that although various topics were covered, these were all signed off as completed within one day. The manager confirmed that her corporate induction, which was 3 to 4 weeks prior to our inspection, had also been signed off in one day. Topics had included; the workplace, facilities, conditions of employment, health and safety, people we support, dignity and respect and whistleblowing. It was acknowledged by the manager that this was a lot of information for new staff to take in in one day.

The manager was knowledgeable of the Care Certificate introduced in April 2015, which is a set of 15 standards that new health and social care workers need to complete during their induction period. The manager confirmed that staff training was now linked to the new standards for existing staff to refresh and improve their knowledge.

Overall staff training had been arranged for staff to meet health and safety, mandatory and statutory requirements as well as training to support specific individual needs. This included understanding behaviour and non-violent crisis intervention training (MAPA/NCI). Staff spoke of triggers, specific to each person and told us how they reduced the risk of behaviours (incidents) recurring. For example, one-to-one staff support for a person who may become anxious when visitors were in the home, to promote their safety and the safety of others.

People's rights to make their own decisions where possible, were protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the

mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Five people using the service were subject to authorisation under the Deprivation of Liberty Safeguards. The manager had a good understanding of the MCA and staff had received MCA training. Staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. During the inspection we observed staff asking people's permission and consent when working with them.

Good

Is the service caring?

Our findings

There was a comfortable and relaxed atmosphere as staff responded to people in a respectful caring manner. Relatives of people who use the service told us that: "they have always been happy with Beech House". One relative said: "(name) is always happy to go back following a visit with us at home".

Staff completed training that covered dignity and respect and made reference to promoting people's privacy when we spoke with them. Staff also referred to equality and diversity training they had received and clearly knew individuals likes and dislikes with regards to recreational activities, daily living and personal care.

There were people who had limited to no verbal communication skills. People were relaxed and comfortable with staff and responded to them in a positive way through other methods of communication. These included body language, signs and pictures that enabled people to make choices and express their views. People's care plans centred on their needs and detailed what was important to them such as contact with family and friends. Communication plans identified the method of communication individuals used. For example, one person understood verbal communication, but was unable to communicate verbally. The care plan informed staff that the person would point and use signs to communicate their needs and choices.

The manager stated: "when I first came to the home it felt sparse and was not service user or autism friendly". The manager told us that she had identified areas that needed further development. These had included improvements within the environment. A person's relative stated: "the manager has been making a difference, such as hanging pictures up, which makes the home feel more homely" and "we are now welcomed into the home when we arrive, as opposed to waiting at the door when we pick (name) up". Other areas of improvement included positive communications to promote a more person centred and caring service for the people who lived there. This had been welcomed by the staff team who spoke of improvements that so far had taken place since the manager's appointment. For example, a review of the picture format used for menus. Staff had been encouraged to use this to support people to utilise more symbols in their communications and promote the choices they made.

Staff had received communication training and understood people's requests through signs, pictures and body language. However, this training was not specific to support people's individual communication needs. The manager informed us that she had reviewed staff training and planned to reintroduce MAKATON training for all staff, which is a language programme using signs and symbols that people living at Beech House were familiar with. The manager also stated that the use of picture exchange communication system (PICS and PECS) was being promoted to enable and respect the choices people made in their daily lives.

Good

Is the service responsive?

Our findings

People were supported by staff who knew them well. People were supported to participate in recreational and community activities and festivities. For example: People had enjoyed a Christmas lunch in town with staff. The manager informed us this was the first time in 10 years this activity had taken place. On the afternoon of our visit two people were visiting a daycentre and one person was being supported to use the facilities at the leisure centre.

The home had their own transport to support people to activities within the community. It was evident that the transport was being used to support people to appointments and community events on the day of our visit. The manager and relatives of people told us that in the past this was not fully utilised due to lack of drivers. However, we were informed by the manager and staff that the duty rota had been reviewed to meet the needs of the people who use the service, by ensuring drivers were available at different times throughout the day.

External health care professionals were consulted and appropriate referrals were made when people's needs changed. Care plans included a section on recording the interventions of visiting health care practitioners. Where recommendations had been made, they were clearly recorded. Reviews of people's care and support needs were completed at least annually or as changing needs determined. Professionals and people's families were invited to their reviews and were fully involved. Comments from people's families included: "yes we are always invited to reviews; I can't remember when the last one was, but someone from (name of the local authority) had also attended".

Support plans were split into sections to describe what was important to the person such as the person's preferred communication method. Other sections described how the person wanted to be supported with personal care and whether this was with prompts from staff or physical assistance with areas of personal care. Staff said that they felt there was enough detailed information to support people in the way they wanted to be supported.

The provider had a complaints policy that was accessible to people and their visitors. People's relatives were very aware of who they could talk to if they had any concerns. A relative of a person said: "we know who the next level up to the manager is as we have in the past raised some concerns. These were resolved and we felt listened to". Families of people told us they were confident the manager and staff would listen to them and act on any concerns they had.

Good

Is the service well-led?

Our findings

There was a manager at Beech House who commenced their employment in November 2015. The manager had commenced preparation to submit an application to the Care Quality Commission (CQC) to become the registered manager.

The manager was present throughout the inspection process.

People's families told us that the manager and staff were approachable, supportive and valued the importance of ensuring their relatives (people who use the service) were encouraged and supported to keep in contact with them. They commented that the new manager had contacted them and that they were asked for their view of the services provided.

Staff told us they felt supported by the manager and that they worked well as a team. They told us the manager was approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting. They added that the manager had an open door policy and offered support and advice when needed. Comments included: "she doesn't just say it she does it". "She is very proactive and we know she will take the service to a very high standard". "We now know we have a manager, she listens and the team is getting stronger".

The provider had monitoring processes to promote the safety and well-being of the people who use the service. These included health and safety audits of the home that were completed by the manager and senior staff. Actions and outcomes were recorded. For example fire safety and cleanliness of the environment. We observed that the home was clean and comfortably furnished.

The operations manager also visited the service monthly to monitor health and safety and people's care and support plans. Records showed that the operations manager had visited the home unannounced more frequently prior to the manager's appointment.

There were audits completed by external agencies such as the supplying pharmacist and local authority. Recommendations were made and actions had been taken to improve the services provided based on those recommendations.